



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



**Children's Home Society West Palm Beach  
Safe Harbor Shelter**  
3335 Forest Hills Blvd  
West Palm Beach, FL 33406

**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 Children's Home Society, Safe Harbor (CHS Safe Harbor) for its FY 2020-2021 contract, on November 18-19, 2020, at the 3335 Forest Hills Blvd., West Palm Beach, Florida location. 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 Safe Harbor 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 Marcia Tavares, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from CHS Safe Harbor present for the entrance interview were: Lauren Fuentes, Director of Program Operations; Duane Gross, Shelter Program Manager; Ray Coleman, Residential Shift Leader; and Vincelyn Barbier, Community Counseling Supervisor. The last onsite QI visit was conducted December 4, 2019.

In general, the Reviewer found that CHS Safe Harbor is in compliance with specific contract requirements. **CHS Safe Harbor received an overall compliance rating of 100% for achieving full compliance with all eleven applicable indicators** of the CINS/FINS Monitoring Tool. Two (2) of the thirteen (13) total indicators were rated Not Applicable because: 1) the provider does not have any program inventory or recent computer purchases made with DJJ funds and, 2) the provider indicated there are no outstanding corrective action item(s) cited by any external funding source outside of the FNYFS. 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](mailto:keithcarr@forefrontllc.com)

**2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL**  
**Report Number: CM 11-18-2020-2021**

|  |                          |                                   |                                     |                          |                          |   |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
| <b>Agency Name: CHS West Palm -Safe Harbor</b>   |                          |                                   |                                     |                          |                          | <b>Monitor Name: Marcia Tavares</b>   |  |
| <b>Contract Type : CINS/FINS</b>   |                          |                                   |                                     |                          |                          | <b>Region/Office: 3335 Forest Hill Blvd.,<br/>West Palm Beach, FL 33406</b>   |  |
| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>   |                          |                                   |                                     |                          |                          | <b>Site Visit Date(s): November 18-19, 2020</b>   |  |
| <b>Major Programmatic Requirements</b>   |                          |                                   |                                     |                          |                          | <b>Ratings Based Upon:</b><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)  | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  | <b>Unacceptable</b>      | <b>Conditionally Unacceptable</b> | <b>Fully Met</b>                    | <b>Exceeded</b>          | <b>Not Applicable</b>    |   |  |
| <b>I. Administrative and Fiscal</b>  |                          |                                   |                                     |                          |                          |   |  |
| <b>DJJ Quality Improvement Peer Reviewer</b><br>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 provider currently has five certified QI Peers: Kristi Walsh, Kelly Barnett, Solange Solis, Brittany Brown, and Duane Gross. Duane Gross participated in a QI Review in December 2020.  |  |
| <b>Additional Contracts</b><br>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 three additional contracts for FY2020-2021 was provided for funding HHS-Basic Center and two foundations. The two foundations are Baxter Foundation and Betty & Leo Foundation. The list includes: name of funder; purpose of funding, amount funded, and date.<br><br>The program also maintains interagency agreements and Memorandums of Agreement (MOUs) |  |

|  |                          |                                   |                          |                                     |   |  |  |
|--|--------------------------|-----------------------------------|--------------------------|-------------------------------------|---|--|--|
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| <b>Contract Type : CINS/FINS</b>   |                          |                                   |                          |                                     | <b>Region/Office: 3335 Forest Hill Blvd.,<br/>West Palm Beach, FL 33406</b> |  |  |
| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>   |                          |                                   |                          |                                     | <b>Site Visit Date(s): November 18-19, 2020</b>                             |  |  |
| <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><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                          |                                     |   |  |  |
|  |                          |                                   |                          |                                     |   | with schools, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates.   |  |
| <b>Limits of Coverage</b><br>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> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>  | Documentation:<br>General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000 aggregate and medical payments for \$5000, effective 7/01/20-7/01/21<br><br>Auto Insurance through Alliance of Nonprofits for Insurance, with combined single limit coverage for \$1,000,000, effective 7/01/20-7/1/21<br><br>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<br><br>Umbrella policy through Alliance of Nonprofits for Insurance, with limits of |  |

|  |                          |                                   |                                     |                          |   |  |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|---|--|--|
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| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>   |                          |                                   |                                     |                          | <b>Site Visit Date(s): November 18-19, 2020</b>                             |  |  |
| <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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>  | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                                     |                          |   |  |  |
|  |                          |                                   |                                     |                          |   | \$5,000,000, each/aggregate, effective 7/01/20-7/1/21<br><br>The Florida Network of Youth and Family Services, Inc. is listed as certificate holder on the certificate of coverage.  |  |
| <b>External/Outside Contract Compliance</b><br>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"/>   | During the Entrance Conference, the provider indicated there are no outstanding corrective action item(s) cited by any external funding source outside of the FNYFS.   |  |
| <b>Fiscal Practice</b><br>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 Procedures Manual with a recent revision date of 01/01/2014 and review date of 01/01/2016. The procedures reviewed appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for accounts receivable, accounts payable, cash management, contributions, purchasing, travel, and Payroll. Fiscal files are located in the |  |

|  |                          |                                   |                                     |                          |   |   |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|---|---|--|
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| <b>Contract Type : CINS/FINS</b>   |                          |                                   |                                     |                          | <b>Region/Office: 3335 Forest Hill Blvd.,<br/>West Palm Beach, FL 33406</b> |   |  |
| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>   |                          |                                   |                                     |                          | <b>Site Visit Date(s): November 18-19, 2020</b>                             |   |  |
| <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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                                     |                          |   |   |  |
|  |                          |                                   |                                     |                          |   | agency's corporate office in Winter Park, Florida.  |  |
| 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 (Standard) for periods July-September 2020 was reviewed. CHS maintains a detailed general ledger with corresponding source documents. The General ledger is structured with account numbers and journal entries; the GL is set up to track the CINS/FINS Safe Harbor program separately.   |  |
| 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"/>  | Observation/Documentation: Reviewed petty cash Policy and Procedure 2.03 which is included in the Fiscal Policies and Procedures manual. The fund which does not exceed \$500 is utilized for purchases under \$50 unless approval is granted by Management. Petty cash is stored in a safe in the Residential Coordinator's office. The fund is reconciled as needed and submitted to the Executive Administrative Assistant/Human Resources for |  |

|  |                          |                                   |                                     |                          |   |  |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|---|--|--|
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| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>   |                          |                                   |                                     |                          | <b>Site Visit Date(s): November 18-19, 2020</b>                             |  |  |
| <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><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                                     |                          |   |  |  |
|  |                          |                                   |                                     |                          |   | refunding. Disbursements and invoices are approved by the residential program coordinator.   |  |
| 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"/>  | Reviewed Bank Statements and Bank Reconciliations for April – September 2020 for the program’s accounts payable account and payroll accounts held with Fifth Third Bank. Bank reconciliations are conducted by the Accounting Analyst each month for the activities and bank statements for the preceding month. The bank statements were all found to be reconciled consistently within six weeks of receipt and were signed by the Analyst and Controller. Financial Statements are reported on a monthly basis and were found to be current. The agency maintains individual vendor files that are kept in secure file cabinets in the fiscal office at the corporate location. |  |
| e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over  | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/>   | <b>Not applicable</b><br>No DJJ inventory was purchased over \$1000.00. Staff is aware of the  |  |

|   |                          |                                   |                                     |                          |   |  |  |
|---|--------------------------|-----------------------------------|-------------------------------------|--------------------------|---|--|--|
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| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>  |                          |                                   |                                     |                          | <b>Site Visit Date(s): November 18-19, 2020</b>                             |  |  |
| <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><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|   |                          |                                   |                                     |                          |   |  |  |
| \$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>                  |                          |                                   |                                     |                          |   | procedure for requesting inventory tags should the purchase exceed \$1000.   |  |
| 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: Copies of payroll summaries and tax liability Form 941 and Schedule B (Form 941) for the 2 <sup>nd</sup> and 3 <sup>rd</sup> quarters 2020 demonstrate the agency submits payroll taxes to the appropriate authority as required. CHS is exempt from filing Form 940 (FUTA); instead, it files Forms 941 quarterly.   |  |
| 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's income statement report for the period July 1-September 2020 was reviewed. The reports demonstrate that the provider tracks budget variances for the CINS/FINS program separately on a monthly basis. Variance to date indicates a net surplus in the program. Variances in budget are monitored on a regular basis and approved by the Executive Director and management. |  |



| <b>Agency Name: CHS West Palm -Safe Harbor</b>  |                          |                            |                                     |                          | <b>Monitor Name: Marcia Tavares</b>   |   |  |
|---|--------------------------|----------------------------|-------------------------------------|--------------------------|---|---|--|
| <b>Contract Type : CINS/FINS</b>  |                          |                            |                                     |                          | <b>Region/Office: 3335 Forest Hill Blvd.,<br/>West Palm Beach, FL 33406</b> |   |  |
| <b>Service Description: Comprehensive Onsite Compliance Monitoring</b>  |                          |                            |                                     |                          | <b>Site Visit Date(s): November 18-19, 2020</b>                             |   |  |
| Major Programmatic Requirements   | Unacceptable             | Conditionally Unacceptable | Fully Met                           | Exceeded                 | Not Applicable  | <b>Ratings Based Upon:</b><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)  | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|   |                          |                            |                                     |                          |   |   |  |
| h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the 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: Copy of financial audit conducted for year ending June 30, 2010 and 2019 by RSM US, LLP and dated 10/30/2020. 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 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: CHS maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data as follows: Policy and Procedure number: CHS 1017 (Confidentiality and Access to Client Information and Records); CHS 2001 (Records Management), CHS 5004 (Equipment and Property Assignment); and IT Disaster Recovery Plan. |  |

## CONCLUSION

CHS Safe Harbor has met the requirements for the CINS/FINS contract as a result of full compliance with all eleven (11) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two (2) of the thirteen (13) total indicators were rated Not Applicable because: 1) the provider does not have any program inventory or recent computer purchases made with DJJ funds and, 2) the provider indicated there are no outstanding corrective action item(s) cited by any external funding source outside of the FNYFS. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

If 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 Children's Home Society, West Palm Beach, FL  
Safe Harbor Program

November 18-19, 2020

**Compliance Monitoring Services Provided by**





# Quality Improvement Review

CHS West Palm Beach – November 18-19, 2020

Lead Reviewer: Marcia Tavares

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

**Percent of indicators rated Satisfactory: 71.42%**

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

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

### 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)                        | N/A          |

**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                      | Limited      |
| 3.05 Behavior Management Strategies | Satisfactory |
| 3.06 Staffing and Youth Supervision | Satisfactory |
| 3.07 Video Surveillance System      | 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: 85.71%**

**Percent of indicators rated Limited: 10.71%**

**Percent of indicators rated Failed: 3.57%**

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## Quality Improvement Review

CHS West Palm Beach – November 18-19, 2020

Lead Reviewer: Marcia Tavares

### Rating Definitions

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

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

### Reviewer

#### Members

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

Tonya Gittens - Department of Juvenile Justice

Diane Lindsay – Tampa Housing Authority

Javis Mays – NEED Inc.

Tara Shock – Youth and Family Alternatives Inc., New Beginnings



# Quality Improvement Review

CHS West Palm Beach – November 18-19, 2020  
Lead Reviewer: Marcia Tavares

## Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures) and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

### Persons Interviewed

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chief Executive Officer           | <input type="checkbox"/> Executive Director                 | <input type="checkbox"/> Chief Operating Officer    |
| <input type="checkbox"/> Chief Financial Officer           | <input checked="" type="checkbox"/> Program Director        | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator               | <input checked="" type="checkbox"/> Direct – Care Full time | <u>1</u> # Case Managers                            |
| <input type="checkbox"/> Direct – Part time                | <input type="checkbox"/> Direct – Care On-Call              | <u>1</u> # Program Supervisors                      |
| <input type="checkbox"/> Volunteer                         | <input type="checkbox"/> Intern                             | <u>0</u> # Food Service Personnel                   |
| <input type="checkbox"/> Clinical Director                 | <input type="checkbox"/> Counselor Licensed                 | <u>0</u> # Healthcare Staff                         |
| <input checked="" type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager            | <u>0</u> # Maintenance Personnel                    |
| <input type="checkbox"/> Advocate                          | <input checked="" type="checkbox"/> Human Resources         | <u>N/A</u> # 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 checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan             | <input type="checkbox"/> Visitation Logs                       |
| <input checked="" type="checkbox"/> CCC Reports                       | <input checked="" type="checkbox"/> Grievance Process/Records        | <input checked="" type="checkbox"/> Youth Handbook             |
| <input checked="" type="checkbox"/> Logbooks                          | <input type="checkbox"/> Key Control Log                             | <u>4</u> # Health Records                                      |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                   | <u>3</u> # MH/SA Records                                       |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <u>7</u> # Personnel /Volunteer Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | <u>6</u> # Training Records                                    |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | <u>13</u> # Youth Records (Closed)                             |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input checked="" type="checkbox"/> Supplemental Contracts           | <u>7</u> # Youth Records (Open)                                |
| <input type="checkbox"/> Exposure Control Plan                        | <input type="checkbox"/> Telephone Logs                              | <u>_</u> # Other:  |

### Surveys

- |                  |                              |                         |
|------------------|------------------------------|-------------------------|
| <u>6</u> # Youth | <u>2</u> # Direct Care Staff | <u>0</u> # Other: _____ |
|------------------|------------------------------|-------------------------|

### Observations During Review

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Intake                                    | <input checked="" type="checkbox"/> Census Board                     | <input checked="" type="checkbox"/> Staff Interactions with Youth  |
| <input checked="" type="checkbox"/> Program Activities             | <input checked="" type="checkbox"/> Posting of Abuse Hotline         | <input checked="" type="checkbox"/> Staff Supervision of Youth     |
| <input type="checkbox"/> Recreation                                | <input checked="" type="checkbox"/> Tool Inventory and Storage       | <input checked="" type="checkbox"/> Facility and Grounds           |
| <input type="checkbox"/> Searches                                  | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s)               |
| <input checked="" type="checkbox"/> Security Video Tapes           | <input type="checkbox"/> Discharge                                   | <input type="checkbox"/> Group                                     |
| <input checked="" type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Treatment Team Meetings                     | <input type="checkbox"/> Meals                                     |
| <input type="checkbox"/> Medication Administration                 | <input type="checkbox"/> Youth Movement and Counts                   | <input checked="" type="checkbox"/> Signage that all youth welcome |

### Comments

Due to COVID-19, this review was conducted on-site and virtually.

### 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 West Palm Beach (CHS West Palm) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) Safe Harbor residential program and non-residential services to youth and families in South Palm Beach County. The program is located at 3335 Forest Hills Boulevard in West Palm Beach, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Staff Secure shelter, Domestic Minor Sex Trafficking, and youth referred by the Juvenile Justice Court System for domestic violence and probation respite. Per the Director of Program Operations (DPO), CHS Safe Harbor is not contracted to provide Intensive Case Management or FYRAC services.

During the past year, CHS Safe Harbor was moved back to Palm Beach leadership from the Treasure Coast leadership who had previously been overseeing the program. The program fully transitioned from all Treasure Coast staff to Palm Beach staff on 10/1/2020 after joint work was done between the 2 regions during the months leading up to this full transition.

Since the last audit, the entire team of leadership over this program has also changed in addition to moving the oversight back to Palm Beach such as:

- Regional Executive Director: Charles Scherer
- Director of Program Operations: Lauren Fuentes
- Program Manager: Duane Gross
- Community Counseling Supervisor: Vincelyn Barbier

It should be noted, that while all the leadership has changed, the current program manager Duane Gross was previously in this role 2 ½ years. The feedback has been very positive from both the Florida Network as well as the juvenile community in Circuit 15 as Duane is well respected and has already improved the communication between Children's Home Society and the community.



## Quality Improvement Review

CHS West Palm Beach – November 18-19, 2020

Lead Reviewer: Marcia Tavares

CHS Safe Harbor has made prominent facility improvements by painting the bedrooms and common areas; resurfacing the basketball courts; and creating a new outdoor theater space equipped with a huge pop-up projector screen.

Due to COVID-19, the program has serviced youth in the CINS/FINS program differently to ensure keeping both staff and clients safe. This has impacted the daily census and capacity at the shelter due to social distancing. The pandemic has also introduced working with clients in a virtual format through Community Counseling to maintain contact with youth. Referrals from the school system decreased during the virtual schooling, but now with regular collaboration this is slowly starting to increase.

The program struggled this year with turnover for the Community Counseling positions and most recently the Residential Counselor position. The current leadership team is working daily to move forward in filling these vacancies and ensure coverage for these essential positions and functions.



### Narrative Summary

CHS Safe Harbor is under the leadership of a management team that consists of an Executive Director, a Director of Program Operations (DPO), a community counseling supervisor who oversees the non-residential component, a residential program manager, and a data management supervisor. The residential program is staffed by a residential counselor, one residential shift leader, six fulltime and four part-time youth care workers (YCW). At the time of the onsite visit vacancies included a part time nurse, residential counselor, 2 community counseling positions, and 1 YCW. The community counseling component of the program includes three fulltime counseling positions. The program did not have any interns or volunteers during the review period. The youth census during the QI visit was 7 youth.

Standard 1 has a total of seven indicators regarding Management Accountability. Four of the seven indicators in Standard 1 were rated satisfactory with no exceptions (1.02, 1.03, 1.05, and 1.07); one was rated satisfactory with exceptions (1.06); one was rated Limited (1.01); and one received a Failed rating (1.04).

Standard 2 has a total of ten indicators that relate to intervention and case management. One of the indicators – SNAP is not applicable as CHS Safe Harbor is not a SNAP provider. Six of the nine applicable indicators were rated satisfactory with no exceptions (2.01, 2.02, 2.04, 2.06, 2.07, 2.08) and three were rated satisfactory with exceptions (2.03, 2.05, and 2.09).

Standard 3 has a total of seven indicators regarding shelter care. Three of the seven indicators were rated satisfactory with no exceptions (3.02, 3.03, 3.06), three were rated satisfactory with exception (3.01, 3.05, 3.07), and one was rated Limited (3.04).

Standard 4, Mental Health and Health Services, is comprised of five indicators. Three of the five indicators were rated satisfactory with no exceptions (4.01, 4.04, 4.05), one was rated satisfactory with exception (4.02), and one was rated Limited (4.03).

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

#### **Standard 1:**

##### ***Indicator 1.01 – Limited***

One eligible staff's 5-year rescreening was due by 3/30/2020 but not completed until 11/18/20 during the QI review. This indicator is rated Limited due to the program's non-compliance with this indicator for 2 consecutive QI reviews.

##### ***Indicator 1.04 – Failed***



## Quality Improvement Review

CHS West Palm Beach – November 18-19, 2020

Lead Reviewer: Marcia Tavares

None of the 3 new hires had completed all mandatory trainings during the first 120 days. Two of the three in-service staff did not complete the required annual DJJ SkillPro Suicide Prevention parts 1 & 2 training.

### **Standard 2:**

None of the indicators in Standard 2 had a Limited or Failed rating.

### **Standard 3:**

#### ***Indicator 3.04 - Limited***

Logbook entries related to critical or valuable information is not highlighted and most did not include time of recorded event. Additionally, the program director/designee did not complete weekly reviews of the logbook consistently during the review period.

### **Standard 4:**

#### ***Indicator 4.03 – Limited***

Medication practices with regards to shift-to-shift counts of controlled substances, monthly reviews of medication management via Knowledge Portal, lack of training for two staff authorized to distribute medication, and non-documented medication verification protocol were found to be non-compliant with the required indicators.



## Quality Improvement Review

### CINS/FINS QUALITY IMPROVEMENT TOOL

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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>  |                                     |                                     |                              |                          |                          |   |   |
| Provider has a written policy and procedure that meets the requirement for Indicator 1.01   |                                     |                                     |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7101 was last revised 12/4/19 and approved by the Director of Program Operations.   |   |
| 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 program implemented use of the Berke pre-employment suitability assessment in September 2019 and established a pass rate of medium-high. The Berke Assessment was administered prior to the hire of six new staff during the review period.<br><br>Two of the 6 staff received a low score on the assessment; however, no documentation was provided to support the hiring of staff with sub-score results. |   |
| 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 6 background screening files were reviewed for 6 new hires. All six background screenings were completed prior to hire dates of the new staff.   |   |
| c. Five-year re-screening completed every 5 years from initial date of hire   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The program had one applicable staff (date of hire 3/30/2015) eligible for 5-year rescreening. A DJJ 5-year rescreening was not completed prior to inquiry during the QI review. Subsequently, upon request, DJJ issued an eligible 5-year rescreening for the employee effective 11/18/20.   | <b>Limited Exception</b><br>One eligible staff's 5-year rescreening was due by 3/30/2020 but not completed until 11/18/20 during the QI review. This indicator is rated Limited due to the program's non-compliance with this indicator for 2 consecutive QI reviews. |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| 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 emailed the Annual Affidavit of Compliance with Level 2 Screening form to DJJ BSU on 11/6/2019 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"/> | E-verify and proof of employment authorization is on file for all six new employees 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)<br>Policies and procedures CHS/7102 and CHS/7308 were last reviewed on 9/23/19 and approved by the Director of Program Operations.  |  |
| <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"/> | CHS code of conduct is included in the personnel policies and procedures new employees receive and acknowledge during hire.   |  |
| 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"/> | During a tour of the facility, the Florida Abuse Hotline number was observed to be posted in the dining room and dormitory hallway. All calls to the Abuse Hotline are documented in AirsWeb, the program's internal system for documenting incidents.                              |  |
| 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"/> | Youth are given a copy of the youth handbook during orientation which includes the abuse hotline information. All 6 youth surveyed stated they feel safe, have never felt threatened by staff, and indicated knowledge of the location of the abuse hotline number in the facility. |  |
| d. Management takes immediate action to address any incidents of threats or abuse  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Management has not reported any incidents or allegations of abuse by staff during the review period.  |  |
| <b>Grievance Process</b>   |                                     |                          |                              |                          |                          |   |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
| a. Agency has a formal grievance process   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The agency's grievance policy CHS/7308 describes the agency's grievance 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 facility tour, a locked grievance box and grievance forms were observed to be mounted in the dormitory. The key for the grievance box is only accessible to supervisory/management 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"/> | Per the shelter manager, youth care workers do not handle the complaints/grievance documents. Youth are instructed to place them in the grievance box.   |  |
| d. 72-hour resolution requirement by management  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Five client grievances were reviewed between the months of February and June 2020. All five were resolved, 3 within 72 hours and 2 were resolved outside of the 72 hours.                            |  |
| e. Grievance maintained on file for a minimum of 1 year  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Grievances are maintained by the shelter manager for a minimum of one 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)<br>Policy and procedure CHS/7103 was last revised 12/4/19 and approved by the Director of Program Operations.          |  |
| 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"/> | Eight CCC reports were reviewed which reflected that calls and reports were made to the CCC within the required (2) hours.   |  |
| 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"/> | Follow-up was documented on the agency's CCC spreadsheet and it clearly outlined the staff who made the calls and documented the follow-up to the CCC.   |  |
| 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 reportable incidents were documented in the agency's log books   |  |



## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| 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 4 incident report forms reviewed are signed by program supervisor or director.  |  |
| <b>1.04: Training Requirements</b><br>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)<br>Policy and procedure CHS/7103 was last revised 9/23/2019 and approved by the Director of Program Operations.   |  |
| <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"/> | Three (3) first year direct care staff training files were reviewed. Two of the three had completed more than the required 80 hours of trainings and the third staff is on target for completing the 80 hours. All three staff have been hired for more than 120 days but none of the three completed all mandatory trainings required in the first 120 days. | <b>Failed Exception</b><br>In reviewing the mandatory 120-day trainings of 3 new staff members:<br><ul style="list-style-type: none"> <li>• All (3) files were missing proof of the Managing Aggressive Behavior training - (one staff file indicated a De-Escalating Hostile Clients training)</li> <li>• Two of the staff did not complete the 2-hour Suicide Prevention training.</li> <li>• Two of the staff did not complete the CINS/FINS Core Training.</li> <li>• All three staff did not complete the Behavior Management training.</li> <li>• According to their orientation checklist, this training was listed as an "additional training", not required.</li> <li>• Two of the staff did not complete the Signs and Symptoms of Mental Health and Substance Abuse.</li> <li>• Two of the staff members did not complete the Understanding Youth/Adolescent Development Training.</li> </ul> |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes  |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items for Review        | No Practice              | Not Applicable           |  |  |
|  |                                     |                                     |                                     |                          |                          |  | <ul style="list-style-type: none"> <li>Two did not show proof of completing their CPR/First Aid Training.</li> </ul>                             |
| 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"/> | The 3 first year staff are still within the 1 <sup>st</sup> year with time remaining to complete required annual training.   |  |
| <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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The program does not have any non-licensed mental health clinical shelter staff hired during the review period.  |  |
| 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 type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A  |  |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Annual training is required on a calendar year basis. Three in-service staff training files were reviewed; two of the three exceeded the 40 hours required and the third staff has 1.5 hours to complete by 12/31/20. One of the three staff completed all required annual training; however, two did not complete the annual DJJ SkillPro Suicide Prevention parts 1 & 2. | <b>Exception</b><br>Two of the three in-service staff did not complete the required annual DJJ SkillPro Suicide Prevention parts 1 & 2 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"/> | All 6 training files provided documentation of all trainings, date completed, and hours. Training certificates and training worksheets are also included in the training files.  |  |
| <b>1.05: Analyzing and Reporting Information</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.  |                                     |                                     |                                     |                          |                          |  |  |



## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b> |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7105 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| <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"/> | Peer record reviews were conducted for the 4 <sup>th</sup> quarter FY 19-20 and 1 <sup>st</sup> quarter FY2020-2021. A total of 12 files were reviewed each quarter. Data is reported on the quarterly Compliance and Quality Record Review Aggregation Tool.  |  |
| 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"/> | Monthly team meetings are held to review incidents/accidents, grievances, satisfaction survey results, performance reviews/program outcomes, data analysis (NetMIS and JJIS), and other program related data. Trends and issues are discussed at these meetings. A review of agendas and meetings demonstrated monthly meetings held during the review period. |  |
| <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"/> | A review of agendas and meetings demonstrated customer satisfaction data is reviewed at monthly team meetings held during the review period.   |  |
| 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"/> | A review of agendas and meetings demonstrated program outcomes data is reviewed at monthly team meetings held during the review period.  |  |
| <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"/> | A review of agendas and meetings demonstrated program NetMIS data is reviewed at monthly team meetings held during the review period.  |  |
| <b>Quality Improvement Process</b>   |                                     |                          |                              |                          |                          |  |  |





### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
| 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 and JJIS data quality checks are conducted monthly by the data specialist and upon receipt of the data reports from the Florida Network.  |  |
| 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"/> | Monthly team meetings as well as staff meetings are held to review data collected in order to review trends and identify areas needing improvements resulting from analysis of data collected.   |  |
| 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"/> | CHS Quality Management department oversees the program outputs and outcomes for quality improvement purposes. Findings of data collected and reviewed are shared with staff, identifying strengths and weaknesses as well as improvements to be implemented or modified with staff input. Evidence of monthly staff meetings document practice. CHS 2000 Quality Plan, last updated 2/7/20, also outlines the process. |  |
| <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)<br>Policy and procedure CHS/7106 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| <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"/> | Program maintains a list of approved drivers for FY 2020-2021, last revised 11/9/20  |  |
| 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"/> | All staff listed as drivers are covered under the agency's insurance policy.   |  |
| <b>Third party present in the vehicle</b>   |                                     |                          |                              |                          |                          |  |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
| 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> party is NOT present in the vehicle while transporting           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The agency's policy CHS/7106 prohibits transporting a client without maintaining at least one other passenger in the vehicle during the trip and includes exceptions when a 3 <sup>rd</sup> party cannot be present.                                     |  |
| b. In the event that a 3 <sup>rd</sup> 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"/> | Six months of transportation logs reviewed indicated a single transport on September 26, 2020 that did not provide documentation of supervisor's approval.   | <b>Exception</b><br>No documentation of supervisor's approval or consideration of the client's history was on file for a single transport on September 26, 2020.                                 |
| 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"/> | Transportation logs for the past 6 months showed third party included agency staff, or other youth.  |  |
| <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"/> | The agency's transportation log records each time a youth is transported. The log entries include name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.  |  |
| <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)<br>Policy and procedure CHS/7107 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| 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 participates in local DJJ Board and Council Meetings to ensure CINS/FINS services are represented. The organization's Director of Program Operations or Residential Program Manager are the designated staff to participate in the meetings. |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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. 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 agency was able to provide a printout from NETMIS outlining the various outreach visits completed in the community.  |  |
| 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 maintains a list of 5 inter-agency agreements.  |  |
| <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)<br>Policy and procedure CHS/7201 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| 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"/> | For indicators 2.01-2.05, a total of 5 residential files (3 closed, 2 open) and 5 non-residential files (2 closed, 3 open) were reviewed. All 10 files contained screenings that were completed within 7 calendar days of the referral and were completed upon admission to the program. |  |
| 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 10 files contained signed documents stating parents/guardians receive the resident/client handbook as well as information regarding available service options, and rights and responsibilities of the youth and parent/guardian.   |  |
| 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</li> </ul>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All 10 files contained signed documents stating that parents and guardians receive the CINS/FINS brochure which includes grievance procedures and information for parents and  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| staffing committee, CINS petition, CINS adjudication)<br>• Grievance procedures   |                                     |                          |                              |                          |                          | youth about possible actions occurring through involvement with CINS/FINS.  |  |
| <b>2.02: Needs Assessment</b>   |                                     |                          |                              |                          |                          |   |  |
| <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)<br>Policy and procedure CHS/7202 was last revised 9/23/19 and approved by the Director of Program Operations.   |  |
| <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 records were reviewed. The Needs Assessment was initiated within 72 hours in all 5 records.  |  |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Five non-residential youth records were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 4 of 5 records. A needs assessment was missing for one youth who was determined to be missing by law enforcement and mom. The parent/guardian was in contact with CHS but the youth was never seen and assumed missing. There was never any contact which explains the reason for the missing assessment. |  |
| 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.  |  |
| <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"/> | Applicable to 3 of the 5 residential youth records.   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Proof of a completed Assessment of Suicide Risk conducted and/or approved by a licensed professional, was observed in the youth record.   |  |
| <b>2.03 Case/Service Plan</b>   |                                     |                                     |                              |                          |                          |   |  |
| <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)<br>Policy and procedure CHS/7203 was last revised 9/23/19 and approved by the Director of Program Operations. |  |
| 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 9 applicable youth records reviewed.  |  |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The case plans in all 10 files reviewed was observed to include all elements required by the indicator with the exception of target dates that were not documented in 4 records reviewed.   | <b>Exception</b><br>2 of 5 non-residential case plans and 2 of 5 residential case plans were missing target dates for service plans.   |
| 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 and verified in 5 files reviewed.  |  |
| <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)<br>Policy and procedure CHS/7204 was last revised 9/23/19 and approved by the Director of Program Operations. |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
| 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 counselor was assigned to the youth.  |  |
| The Counselor/Case Manager completes the following as applicable: <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"/> | All 10 records reviewed demonstrated applicable case management services were provided as needed and progress is monitored. Referral, service plan implementation, monitoring of progress, and family support was observed in all 10 records. Follow-ups after 30 and 60 days of exit was observed in 5 closed records reviewed. |  |
| <b>2.05: Counseling Services</b>  |                                     |                          |                              |                          |                          |  |  |
| <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)<br>Policy and procedure CHS/7205 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |



## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                             | Notes<br><br><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           |   |   |
| 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 demonstrated all 9 applicable youth received individual counseling services as identified during the assessment.  |   |
| <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 5 residential records reviewed. All 5 demonstrated individual and/or family counseling was offered.   |   |
| Group counseling sessions held a minimum of five days per week   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Sixteen weeks of group sessions were reviewed with Youth Care Supervisor from May – October 2020.   | <b>Exception</b><br>Out of the sixteen weeks reviewed, there were four weeks that did not demonstrate consistent (5) days of group sessions.  |
| 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"/> | Sixteen weeks of group sessions were reviewed with Youth Care Supervisor from May – October 2020.   | <b>Exception</b><br>Most of the group sessions were 30 minutes in length or longer. At times, a few sessions were short of the 30-minute requirement.<br>Some of the sign-in sheets provided were missing the topics, lacked the start and finish times, and youth names. |
| <b>Non-residential Program</b>   |                                     |                                     |                              |                          |                          |   |   |
| 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"/> | Verified in all five non-residential records reviewed. Community based services were provided to keep families intact and minimize out of home placement. |   |
| <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 9 applicable 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"/> | Program maintains an individual youth record for all 10 youth files reviewed.   |   |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| 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"/> | Legible case notes are maintained in each youth record to document services and progress in achieving goals.  |  |
| 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"/> | All 10 records reviewed were signed by the supervisor and/or licensed professional.   |  |
| <b>2.06: Adjudication/Petition Process</b>  |                                     |                          |                                     |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.06</b>  |                                     |                          |                                     |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7206 was last revised 9/23/19 and approved by the Director of Program Operations. |  |
| <b>Case Staffing Initiation and Notifications</b>   |                                     |                          |                                     |                          |                          |   |  |
| 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 agency had no case staffings 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"> <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"/> | N/A   |  |
| <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"/> | N/A   |  |
| <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"/> | N/A   |  |





### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| 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"/> | When case staffings are held , the program has standing members of the case staffing committee to include representatives from: school district, DJJ, and program staff.                    |  |
| 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   |  |
| <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"/> | 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   |  |
| <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)<br>Policy and procedure CHS/7207 was last revised 9/23/19 and approved by the Director of Program Operations. |  |
| All records are marked "confidential"  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | All youth records are 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"/> | File storage cabinets are locked and marked confidential; they were observed during facility tour to be kept in a locked room.  |  |
| 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.   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| 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.  |  |
| <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)<br>Policy and procedure CHS/7210 was last revised 9/23/19 and approved by the Director of Program Operations. |  |
| Use of youth's preferred name/pronoun:<br>a. Youth are addressed according to their preferred name and gender pronouns<br>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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Signage is throughout facility in all common areas, entrance to shelter, and in each youth bedroom. Program has copies of ZINE placed throughout the facility accessible to youth.          |  |
| <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)   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|   |   |                          |                                     |                          |                          | Policy and procedure CHS/7211 was last revised 12/4/19 and approved by the Director of Program Operations.   |  |
| <b>Staff Secure</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 checked="" type="checkbox"/> No |                          | <input type="checkbox"/> N/A        |                          |                          | The provider did not serve any youth who met the criteria for Staff Secure, DMST or FYRAC since the last QI review. CHS is not contracted to provide Intensive Case Management services. |  |
| 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"/> | Policy CHS/7211  |  |
| 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>  |   |                          |                                     |                          |                          |  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><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           |   |  |
| 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 checked="" type="checkbox"/> No |                          | <input type="checkbox"/> N/A        |                          |                          |   |  |
| Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| Services provided to these youth specifically designated services designed to serve DMST youth  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| Length of Stay:<br>a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days<br>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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          | <input type="checkbox"/> N/A        |                          |                          |   |  |
| Youth admitted to DV Respite placement have a pending DV charge and have evidence of being  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | One applicable closed DV youth record was reviewed.   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating  |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |   |
| screened by JAC/Detention, but do not meet criteria for secure detention   |   |                                     |                              |                          |                          | A DJJ Face sheet was present in the file showing JAC screening and pending DV charge for the youth  |   |
| Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | NetMIS youth listings report and JJIS discharge data entry log was reviewed.  | <b>Exception</b><br>The program's data entry into NetMIS and JJIS is required to be entered within 24 hours for admission and 72 hours for a release. One youth's admission was entered 2 days late in Netmis.  |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | One applicable DV youth did not receive DV services for up to 21 days but was transferred after 3 days to the CINS/FINS program. Length of stay in CINS/FINS was 13 days. | <b>Exception</b><br>During the QI review, the Data Manager stated that even if a youth was designated as Probation Respite (PR) or DV Respite, staff was informed by the DPO at that time that they did not have to enter them into PR or DV respite program but could admit them into general CINS/FINS population in an effort to increase bed days. Many youth who may have come in as PR/DV were added to JJIS and in 3 days flipped to general population. |
| 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 checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Case plan in youth's record reflects goals for reducing violence and coping skills.   |   |
| All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Case notes demonstrate youth received shelter services consistent with CINS/FINS program requirements.  |   |
| <b>Probation Respite</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 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"/> | Three closed probation respite (PR) youth records were reviewed. A DJJ Face sheet was   |   |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating   |                                     |   |                          |  | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><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   |   |   |
|   |  |                                     |   |                          |  | present in all 3 files showing referral to the agency.  |   |
| Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release  | <input type="checkbox"/>                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>                                 | NetMIS youth listings report and JJIS discharge data entry log for each youth showed data was entered timely for all 3 youth. | <b>Exception</b><br>The program's data entry into NetMIS and JJIS is required to be entered within 24 hours for admission and 72 hours for a release. The following data entry lags for PR youth were observed:<br><ul style="list-style-type: none"> <li>Youth 1: 1 day late for admission and 1 day late for release</li> <li>Youth 2: 3 days late admission and one day late release</li> <li>Youth 3: 9 days late for both admission and release.</li> </ul> JJIS exit data entry was 17 days late for 1 of 4 youth |
| 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"/>                                 | None of PR youth exceeded 21 days at the shelter program. Two of the 3 youth had length of stay for 3 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"/>                                 | Case plans in three youth records reflect goals for reducing violence and coping skills.                                      |   |
| All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements                                 | <input checked="" type="checkbox"/>                      | <input type="checkbox"/>            | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/>                                 | Case notes demonstrate all three youth received shelter services consistent with CINS/FINS program requirements.              |   |
| <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 |                          | CHS West Palm 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"/>                      | N/A   |   |
| Services for youth and family include:<br>a. Six (6) direct contacts per month<br>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   |   |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating   |                          |   |                          |                                     | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><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                      |   |  |
| Assessments include:<br>a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable)<br>b. An approved self-report assessment that was completed at intake<br>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   |  |
| <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 |                          |                                     | CHS Safe Harbor is not contracted to provide FYRAC services.  |  |
| 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 type="checkbox"/>                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office   | <input type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| Intake and initial assessment sessions meets the following criteria:<br>a. Face-to-face gathering of family history and demographic information   | <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<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><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. 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   |                          |                          |                              |                          |                                     |   |  |
| Life Management Sessions meets the following criteria:<br>a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit<br>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 type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| Group Sessions:<br>a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence<br>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 type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| 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 type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| <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 type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A                    | CHS West Palm is not contracted to provide SNAP services   |
| <b>SNAP Clinical Groups</b>  |                          |                          |                              |                          |                                     |   |  |
| 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   |  |





### Quality Improvement Review

| Quality Improvement Indicators   | Rating                   |                          |                              |                          |                                     | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><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                      |   |  |
| 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   |  |
| <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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | N/A   |  |
| "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   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                   |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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 Three – Shelter Care</b>   |                          |                                     |                              |                          |                          |   |  |
| <b>3.01 Shelter Environment</b><br>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)<br>Policy and procedure CHS/7301 was last revised 9/23/19 and approved by the Director of Program Operations.   |  |
| <b>Facility Inspection</b>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A tour of the shelter facility was completed during which it was observed the environment was in great repair, beautifully furnished, clean, organized, free from infestations, no graffiti, clean bathrooms, and adequate lighting. The exterior of the building was well maintained free from hazards and debris and the dumpsters were secured and covered. All interior areas were free from contraband and hazardous unauthorized metal/foreign objects. All doors including staff vehicles were locked and secure. In and out access is limited to staff with key control. The program vehicles were equipped with all required major safety equipment.<br><br>During the tour, the program displayed a detailed map and egress plans of the facility, grievance forms and box, abuse hotline information, and DJJ incident reporting number. The program also has SOGIE signs posted in each room and throughout the facility. | <b>Exception</b> <ul style="list-style-type: none"> <li>• Chemical inventory was not accurate upon review as some items had been used or added since the last weekly inventory on 11/12/20 but not perpetually updated on the inventory</li> <li>• MSDS sheets for 2 chemicals (Sanitizer and CLR) added to the inventory were not obtained by the program; MSDS were printed and filed by the program manager upon notification.</li> </ul> |



### Quality Improvement Review

| Quality Improvement Indicators        | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|                                       |                                     |                          |                              |                          |                          | <p>Current DCF license is display effective for 12 beds through 1/23/21 and COA Accreditation effective through 6/30/21.</p> <p>All chemicals are listed, approved for use, inventoried, stored securely and Material Safety Data Sheets (MSDS) are maintained on some of the items in inventory. A review of the inventory was conducted onsite and revealed inaccuracy in the count.</p> <p>The washers and dryers were operational, clean from lint and the laundry room was also clean. Each youth had their own bed with clean covered mattress, a pillow, sufficient linens and blankets. It was observed that the youth's personal belongings are locked up and kept safe upon admission.</p> <p>The program has a current satisfactory group care and food service inspection report from the Department of Health, dated 6/9/2020 citing broken bed frame. The bed was removed. All food menus were posted, current and signed by a licensed Dietician. It was observed that all cold food is properly stored, marked and labeled and dry storage/pantry area is cleaned, and food was very organized and properly stored. It was observed that all refrigerators and freezers are clean and maintained at the required temperatures and all appliances are operable and cleaned.</p> |  |
| <b>Fire and Safety Health Hazards</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The Annual fire inspection was completed by Palm Beach County Fire Rescue on 3/25/20; no violations were cited.  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
|   |                                     |                          |                              |                          |                          | <p>The program completed monthly fire drills per shift between May and October 2020. All but 3 of the drills were completed within 2 minutes or less for the past 6 months. Evacuation times for 3 of the drills reviewed were completed in within 3 minutes and one (duration 10 minutes) appeared to document the total fire drill time versus evacuation time</p> <p>The program completed quarterly mock emergency drills per shift with most occurring more frequently on a monthly basis. Summaries of the drills are documented but 11 of the 17 emergency episodic drills were not signed off by the Program Manager.</p>   |  |
| <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 a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read.</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <p>It was observed that the youth activity schedule is posted in the dining room and the program schedule is posted in the dormitory. Activities schedules include education, tutoring, recreational activities, counseling services, life and social skill trainings, and faith-based activities. In speaking with the Youth Care Supervisor, the program provides a faith-based activities and non-punitive structured activities are offered to youth who do not participate in faith-based activities. At least one hour a day of physical activity is provided daily.</p> <p>It was observed during the tour that youth have an area equipped with computers for homework, books for reading, and a quiet area to relax.</p> |  |



## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| <ul style="list-style-type: none"> <li>Daily programming schedule is publicly 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)<br>Policy and procedure CHS/7302 was last revised 9/23/19 and approved by the Director of Program Operations.   |  |
| 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"/> | The review of two active and two closed youth record indicated each youth received a program orientation and a copy of the program handbook within the first twenty-four hours after each youth's admission to the program.         |  |
| <b>Orientation includes the following</b>  |                                     |                          |                              |                          |                          |   |  |
| a. Youth is given a list of contraband items<br>b. Disciplinary action is explained<br>c. Dress code explained<br>d. Review of access to medical and mental health services<br>e. Procedures for visitation, mail and telephone<br>f. Grievance procedure<br>g. Disaster preparedness instructions<br>h. Physical layout of the facility<br>i. Sleeping room assignment and introductions<br>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"/> | The 4 youth orientation checklists reviewed included all the items required by the indicator. Room assignment was noted for all 4 youth but bed assignment was missing for 1 of the 4 files reviewed.                               |  |
| 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"/> | Components of orientation is documented on an orientation checklist that is acknowledged by the youth's dated signature as well as that of a staff. The program maintains a printed youth and guardian handbook for youth/families. |  |
| <b>3.03: Youth Room Assignment</b>   |                                     |                          |                              |                          |                          |   |  |



## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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>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)<br>Policy and procedure CHS/7303 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| <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<br>b. Initial collateral contacts,<br>c. Initial interactions with and observations or the youth<br>d. Separation of younger youth from older youth,<br>e. Separation of violent youth from non-violent youth<br>f. Identification of youth susceptible to victimization<br>g. Presence of medical, mental or physical disabilities<br>h. Suicide risk<br>i. Sexual aggression and predatory behavior | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | In all youth files reviewed there was a process in place that includes an initial classification of the youth that included a review of the youth's history, status, exposure to trauma, age, gender, history of violence, disabilities, physical size and strength, gang affiliation, suicide risk, sexually aggressive/reactive behaviors and gender identification. |  |
| An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | In reviewing the youth's files and the alert board in the staff office, all youth who had alerts identified in the initial classification of the youth was on the board and in the charts.   |  |
| <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)<br>Policy and procedure CHS/7304 was last revised 9/23/19 and approved by the Director of Program Operations.  |  |
| Log book entries that could impact the security and safety of the youth and/or program are highlighted  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Logbook reviews were conducted for full weeks, Sunday-Saturday, for the following dates: Week 1 - April ; Week 2 – May; Week 3   | <b>Limited Exception</b><br>The only noted highlighted areas were staff coming on or off shift. Incidents and/or   |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|   |                                     |                                     |                              |                          |                          | – June; Week 4 – July; Week 1 – Aug; and Week 2 – Sept. In reviewing the program's manual logbooks, daily activities, events and other major occurrences were properly recorded most of the time.  | valuable information remained unhighlighted.   |
| All entries are brief, legibly written in ink and include:<br>• Date and time of the incident, event or activity<br>• Names of youth and staff involved<br>• Brief statement providing pertinent information<br>• Name and signature of person making the entry | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All entries are brief, legible and written in ink. In reviewing the logbook most entries included dates, activities/events, name of youth and staff involved, a brief statement providing pertinent information and the name and signature of the person making the entry. | <b>Limited Exception</b><br>In reviewing the logbook, most entries where staff documented the word "note" next to the entry did not include the time of the event.   |
| 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"/> | All errors reviewed for the selected dates were recorded correctly.  |  |
| 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"/> | Reviews of logbook for the selected aforementioned dates.  | <b>Limited Exception</b><br>It was observed that the Program Director or designee did not complete a weekly logbook review. On 05/06/2020 at 3:50pm there was a note stating, "Review of logbook completed by Residential Program Manager, Dates 03/24/2020 - 05/06/2020." The program's current Residential Program Manager reports since starting his position on September 1, 2020, he has been reviewing the logbook at the same time as the camera reviews (biweekly). The program's Residential Program Manager reports moving forward he will be sure to review the logbook weekly. |
| Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | During the logbook review, there was clear evidence of staff reviewing the logbook at the beginning of each shift and documenting accordingly.   |  |
| Logbook entries include:<br>• Supervision and resident counts   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Resident counts and/or whereabouts are documented throughout the day. All program  |  |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| <ul style="list-style-type: none"> <li>• Visitation and home visits</li> </ul>  |                                     |                          |                              |                          |                          | activities and movement including visitation and home visits are documented daily.  |  |
| <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 <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7305 was last revised 9/23/19 and approved by the Director of Program Operations.   |  |
| 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 behavior management description is clearly identified in the consumer handbook and given to youth at orientation/intake. The program uses a level system that outlines goals responsibilities and rewards for each youth. Once the behavioral goal is achieved for the day the youth as documented on the point sheets, they youth received a reward.   |  |
| <b>Behavior Management Strategies must include:</b>   |                                     |                          |                              |                          |                          |   |  |
| a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions<br>b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior<br>c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program<br>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<br>e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The program's behavior interventions utilize the least amount of force necessary to address the situation and basic rights of youth are not violated. Staff will respond to the youth's inappropriate behavior by utilizing verbal interventions and de-escalation techniques. Staff will take youth aside individually to review the behaviors and explore more appropriate ways to handle the situation. Through the level system the youth are provided a wide variety of incentives such as outings, personal DVD players, video game systems and media use. The program also allows the youth to accumulate points daily that can be used once a week at the Point Store. Any violation of program expectations results in a freeze of |  |





### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| Network and DJJ are used if physical intervention is required)<br>f. Only staff discipline youth. Group discipline is not imposed<br>g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control<br>h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges |                                     |                                     |                              |                          |                          | privileges and level rewards. While on a reward freeze youth remain eligible to earn points but cannot cash them in at the Point Store. Youth must request to meet with the supervisor in order to have rewards returned. Prohibited techniques are group punishment; isolation; physical or chemical restraint; denial of food, clothing, and shelter, prescribed medication or any other basic client rights; humiliation or verbal threats. Room restriction, time out and/or seclusion are also prohibited, unless room restriction is being utilized as part of a system that ensures the least restrictive means possible to maintain the safety and security of the youth and others in the program. |  |
| <b>Program's use of the BMS</b>   |                                     |                                     |                              |                          |                          |   |  |
| All staff are trained in the theory and practice of administering BMS rewards and consequences  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of new staff receiving training on the BMS system during orientation was not provided.   | <b>Exception</b><br>There was no evidence of staff being trained in the theory and practice of administering the Behavior Management System.   |
| 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"/> | Program supervisor monitors point cards to evaluate and provide feedback to staff during staff meetings on use of behavior management system and on youth engagement.   |  |
| Supervisors are trained to monitor the use of rewards and consequences by their staff   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Evidence of supervisory training on the BMS system was not provided.  | <b>Exception</b><br>There was no evidence of supervisory training for monitoring the use of behavioral interventions by their staff.   |
| <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)   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|  |                                     |                          |                              |                          |                          | Policy and procedure CHS/7306 was last revised 10/4/19 and approved by the Director of Program Operations.   |  |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | In reviewing the logbooks and the staff schedules, the program maintains the required ratio as required by the Florida Administrative Code and contract by maintaining a minimum of 1 staff to 6 youth during the day and a minimum of 1 staff to 12 youth during the sleep period.  |  |
| 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"/> | During the current review period, the program maintained a minimum of two staff consistently.  |  |
| 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"/> | It was observed that the staff schedule is provided to staff and posted in the medication room.  |  |
| 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"/> | Youth Care supervisor indicated there is a holdover overtime rotation roster that includes contact information of staff in the medication room.  |  |
| 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"/> | In reviewing the logbook and video surveillance, it confirmed that the program is completing bed checks within the 15-minute timeframe during the sleep period. Four different overnight shifts were reviewed for 10/21/2020, 10/25/2020, 10/31/2020 and 11/10/2020 and all bed checks were completed at least every 15-minutes. All other 15-minute checks were completed according to the documented times in the logbook. |  |
| <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 <input type="checkbox"/> NO (explain)  |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |   |
|  |                                     |                                     |                              |                          |                          | Policy and procedure CHS/7307 was last revised 9/23/19 and approved by the Director of Program Operations.  |   |
| <b>Surveillance System</b>   |                                     |                                     |                              |                          |                          |   |   |
| The agency, at a minimum, shall demonstrate:<br>a. A written notice that is conspicuously posted on the premises for the purpose of security<br>b. System can capture and retain video photographic images which must be stored for a minimum of 30 days<br>c. System can record date, time, and location; maintain resolution that enables facial recognition<br>d. Back-up capabilities consist of cameras' ability to operate during a power outage<br>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.<br>f. All cameras are visible | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Sign is visibly posted on wall on the outside of the building on left side of entrance door. Videos are retained for a minimum of 30 days but up to 34 days depending on amount of recording. The video system was observed to record date, time, location based on set up, and images in which faces are easily identifiable. Cameras system has a backup battery that was purchased around 2 years ago. Sixteen total cameras are used in the CINS/FINS wing. Of the 16, 15 are on the interior and 1 on the exterior of the building. All 16 cameras are visibly mounted and can be seen on the video surveillance monitor. No cameras are mounted in bathrooms or sleeping rooms. |   |
| 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"/> | Both the Director of Program Operations and Residential Program Manager can access the video surveillance system. The list is posted in the video monitoring room.  |   |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A review of the program's bi-weekly video surveillance log was conducted for the period May-November 2020. A total of 11 dates were listed where video reviews were conducted.  | <b>Exception</b><br>In reviewing the video surveillance log provided for the months of May through November of 2020, supervisory review of videos was not documented in the log a minimum of once every 14 days. A summary of reviews conducted is as follows:<br><ul style="list-style-type: none"> <li>Once in May, June, July</li> </ul> |

### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes  |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items for Review        | No Practice              | Not Applicable           |   |  |
|  |                                     |                          |                                     |                          |                          |   | <ul style="list-style-type: none"> <li>Twice in August, September, October, and November.</li> </ul> |
| 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"/> | Policy CHS/7307 indicates third party review can be made available during investigations and in conjunction with specific incidents.  |  |
| <b>Standard Four – Mental Health /Health Services</b>  |                                     |                          |                                     |                          |                          |   |  |
| <b>4.01: Healthcare Admission Screening</b>  |                                     |                          |                                     |                          |                          |   |  |
| Provider has a written policy and procedure that meets the requirement for Indicator 4.01  |                                     |                          |                                     |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7401 was last revised 10/01/19 and approved by the Director of Program Operations.  |  |
| <b>Preliminary Healthcare Screening</b>  |                                     |                          |                                     |                          |                          |   |  |
| <b>Screening includes :</b><br>a. Current medications<br>b. Existing (acute and chronic) medical conditions<br>c. Allergies<br>d. Recent injuries or illnesses<br>e. Presence of pain or other physical distress<br>f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and<br>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"/> | A review of four closed youth Healthcare records. All four youth had a healthcare admission screening completed by a program staff at the time of admission and documentation the youth were on medication and two youth had allergies. Each youth record had a completed body chart. At the time of the annual review the program's registered nurse (RN) position was vacant and had not been filled since the last QI visit. |  |
| <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 four youth had a chronic medical condition identified.  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
| When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Two youth were applicable for having off-site emergency medical or dental care and both youth parents were notified.  |  |
| 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"/> | Program keeps a daily log which the off-site emergency medical or dental care provided to 2 applicable youth.   |  |
| 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"/> | The agency's policy states the program will work with the youth's parent/guardian as needed to ensure the youth receives proper medical care and follow-up.   |  |
| <b>4.02 Suicide Prevention</b><br>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>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)<br>Policy and procedure CHS/7402 was last revised 9/23/19 and approved by the Director of Program Operations.   |  |
| <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"/> | A total of three closed residential client files were reviewed. All youth records included the Suicide Risk Screening on the CINS/FINS intake form. Suicide Risk Screening forms were completed in their entirety and signed by the 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"/> | CHS West Palm uses the EIDS suicide assessment tool that was approved by the Florida Network  |  |
| <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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Three youth records were reviewed. All three records showed documentation a supervisor reviewed and signed the suicide screening results. Two of three youth were placed on sight and sound supervision. Documentation showed all three youth were seen by a licensed | <b>Exception</b><br>One youth EIDS indicated the youth should be placed on sight and sound supervision on 8-6-2020. The programs logbook showed the youth was not placed on observation until 8-10-2020. |



## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|  |                                     |                          |                              |                          |                          | professional. Two of the three youth were placed on the appropriate level of supervision. Two of three reviewed suicide precaution logs were completed within the required thirty-minute intervals.  |  |
| b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Observation logs documented youth on sight and sound were monitored every fifteen minutes while on constant 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"/> | The three youths' supervision level was not changed to standard supervision until the youth received a follow up Suicide Risk Assessment by the licensed clinician.  |  |
| <b>4.03: Medication</b>  |                                     |                          |                              |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy and procedure CHS/7403 was last revised 10/1/19 and approved by the Director of Program Operations.  |  |
| <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"/> | Observations of the medical room found all medications, including narcotics and controlled medication, securely stored in a Pyxis Med-Station 4000 Medication Cabinet and inaccessible to youth. During the annual compliance review period, there were no medications requiring refrigeration and no injectables or topical medications. The program maintains a locked refrigerator for medications requiring refrigeration. The temperature of the refrigerator was thirty-eight degrees Fahrenheit. When applicable, the program's |  |
| 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  |                                     |                          |                              |                          |                          |  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                   |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><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           |  |  |
|   |                          |                                     |                              |                          |                          | practice is to store oral medication separate from injectables or topical medication.  |  |
| <b>Medication Distribution</b>  |                          |                                     |                              |                          |                          |  |  |
| a. Agency maintains a minimum of 2 Super Users for the Med-Station<br>b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)<br>c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff<br>d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual<br>e. When nurse is on duty, medication processes are conducted by the nurse<br>f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy<br>g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens<br>h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Reviewed documentation confirmed the program has two site-specific Super Users for Med-Station. Only authorized staff is allowed to distribute medication. A medication distribution log was maintained for the 3 youth records reviewed.<br><br>The program's practice/protocol for verification of medication (contacting pharmacy) is the 5 Rights; however, the protocol is not documented as required by FN policy 5.06<br><br>The agency does not accept youth which were prescribed injectables medications, except for epi-pens. Two of the 3 new staff received Epi Pen training. | <b>Limited Exception</b> <ul style="list-style-type: none"> <li>2 new staff listed on the list of staff authorized to distribute medication did not have medication training documented in their training records</li> <li>The program's practice/protocol for verification of medication (contacting pharmacy) is not documented as required by FN policy 5.06</li> <li>1 of 3 new staff (Mallard) did not receive the required Epi-pen training</li> </ul> |
| <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<br>b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory<br>c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A count of all controlled medication and over-the-counter (OTC) medications were reviewed, and the inventories were accurate. The program's practice is for OTC medications to be inventoried daily by the shift supervisor.   | <b>Limited Exception</b><br>Shift to shift counts and verification by a witness was not consistently conducted and documented for controlled substances  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes  |
|--|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items for Review | No Practice              | Not Applicable           |  |  |
| 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"/> | No practice of monthly reviews of medication management via knowledge portal or med-station reports was observed as is required by the Network; however, the program's YCCW supervisor monitors medication errors and discrepancies daily  | <b>Limited Exception</b><br>No practice of monthly reviews of medication management via knowledge portal or med-station reports was observed as is required by the Network |
| Medication discrepancies are cleared after each shift.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The youth care supervisor monitors medication errors and discrepancies daily and maintains copies of the reports in a binder.  |  |
| <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)<br>Policy and procedure CHS/7404 was last revised 10/1/19 and approved by the Director of Program Operations.  |  |
| 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"/> | Four closed youth records were reviewed regarding the program's medical or mental health alert process. Each reviewed record included a general alert form reviewed by the program's staff. The program has an alert board in medical station area, which identifies each youth's special alerts such as mental health, medical, and allergies. A review of the program's alert board in comparison with the youth general alert form confirmed each youth color-coded sticker was accurate. |  |
| 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"/> | The agency's alert system includes precautions concerning the prescribed medications, medical/mental health conditions are documented on the alert form in youth's file. An alert board located in the intake office also documents the client's name and alert in a confidential manner. A nutritional alert clipboard is in the kitchen which includes a list  |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><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           |   |  |
|  |                                     |                          |                              |                          |                          | client's who have an allergy or other kind of nutritional alert.  |  |
| 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"/> | Staff are required to complete and maintain certification of CPR/First Aid training. Valid certification is maintained in the 3 in-service training files reviewed  |  |
| 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"/> | An informal interview with the program shift supervisor reported staff are made aware of alerts and precautions during the brief staff meetings on each shift. Also, the program shift supervisor reported staff have full access and reviewed the alert board prior to starting their shift.   |  |
| <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)<br>Policy and procedure CHS/7405 was last revised 10/01/19 and approved by the Director of Program Operations.  |  |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A review of four youth closed records. Two youth were applicable for having off-site emergency medical or dental care. An incident report was shown to be submitted for the medical or dental case. Upon both youths return to the program there is verification of a medical clearance, and both youth parents were notified, and a program keeps a daily log. The other two youth were baker act youth and both youths did not return back to the program once they were baker acted. |  |
| 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"/> | All staff are trained on emergency medical procedures through CPR/FIRST AID/AED training. All but two new staff training files  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>         | Notes<br><br><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 |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|   | Explain                             |                          |                              |                          |                          |   |  |
|   | Satisfactory                        | Non-compliant            | No Eligible Items for Review | No Practice              | Not Applicable           |   |  |
|   |                                     |                          |                              |                          |                          | reviewed were found to have current CPR and First Aid training.   |  |
| 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"/> | There are 3 knife-for -life in the program - one on the van keychain, one on staff key chain, and one in the medication room.         |  |
| 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"/> | The program has three first aid kits inventoried weekly: 1 in the pantry, 1 in the medication room, and 1 mobile kit used in the van. |  |