



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

**Crosswinds Youth Services  
1407 Dixon Boulevard  
Cocoa, FL 32922**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Crosswinds Youth Services for the FY 2020-2021 at its program office located at 1407 Dixon Boulevard, Cocoa, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Crosswinds Youth Services is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2020 through June 30, 2021.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representative from Crosswinds Youth Services present for the entrance interview were: Karen Locke, COO, Marcus Lumpkin, Shelter Coordinator, and John Weimann, Director of Counseling Services. The last onsite QI visit was conducted November 20 - 21, 2019.

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

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

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

Report Number: CM 11-04-2020

<b>Agency Name: Crosswinds Youth Services</b>					<b>Monitor Name: Ashley Davies, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1407 Dixon Blvd., Cocoa, FL</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): November 4 - 5, 2020</b>		
<b>Major Programmatic Requirements</b>	<b>Explain Rating</b>					<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The following staff members have been trained as Certified QI Peer Reviewers: Lynn Cowart, Pierre Bando, John Weinman, and Raylene Coe.	<b>No recommendation or Corrective Action.</b>
<b>Additional Contracts</b> a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The provider reported fifteen additional funding/contracts outside of FNYFS funding: Brevard County Housing and Human Services Department; Brevard County Housing Finance Authority; Brevard County Sheriff's Office; Brevard Family Partnership; Community Based Care of Brevard Inc; State of Florida Department of Children and Families; Brevard Production Inc.; Communities Connected for Kids; National Safe Place; Partnership for Strong Families, Inc.; School Board of Brevard	<b>No recommendation or Corrective Action.</b>

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			<b>Explain Rating</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> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)		<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
					County; Brevard Homeless Coalition; Children's Network of Southwest Florida; Kids Central, Inc.; and Community Partnership for Children. Information on the aforementioned programs included type of program, funding source, program description, contract period, and funding amount.		
<b>Limits of Coverage</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Documentation: General Liability through Wesco Insurance Company with limits of coverage of \$1,000,000 each/\$3,000,000 aggregate, \$5,000 medical expenses. Effective 10/21/2020 through 10/21/2021.  Automobile Liability through Wesco Insurance Company with combined single limit of \$1,000,000 and medical payments of \$5,000. Effective 10/21/2020 – 10/21/2021.  Workers Compensation and Employers Liability through Associated Industries Ins. Co. with limits of coverage of \$100,000 each accident,		<b>No recommendation or Corrective Action.</b>

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<b>Major Programmatic Requirements</b>			<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>		
						<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>		
							\$100,000 each employee, and \$500,000 policy limit. Effective 5/1/2020 – 5/1/2021.  Professional Liability and Sexual/Physical Abuse & Molestation through Wesco Insurance Company with limits of coverage of \$1,000,000 each/\$3,000,000 annual aggregate. Effective 10/21/2020 – 10/21/2021.  Florida Network is listed as Loss Payee on the certificate.		
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A –</b> During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	<b>No recommendation or Corrective Action.</b>
<b>Fiscal Practice</b> a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency has an Accounting Procedures Manual that is designed to be consistent with Generally Accepted Accounting Procedures (GAAP) and provide for limited internal controls. Records indicate that this manual was last updated January 2019 and was approved by the agency's CEO.	<b>No recommendation or Corrective Action.</b>

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					<b>Ratings Based Upon:</b>		<b>Notes</b>		
					<b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>		<b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>		
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Agency maintains a detailed cost accounting general ledger system with corresponding source documents. General Ledger is structured to track all funding sources and there are separate funds for each revenue source. The GL for the CINS/FINS cost center for the current FY July 2020–September 2020, was reviewed and was found to meet the requirements of the indicator.	<b>No recommendation or Corrective Action.</b>
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: Petty cash is stored in a secure location in the Shelter Manager’s office. The agency designates an alternate custodian in the absence of the COO as needed. All cash disbursements are allowable and are documented on a Petty Cash listing. Receipts are submitted for reconciliation and record keeping. The established petty cash fund amount is \$300 and may be increased if necessary. The agency provided reconciliations for the past six months. Copies of the petty cash process and fund reconciliations were reviewed.	<b>No recommendation or Corrective Action.</b>

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						<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>		
							Petty cash is replenished and reconciled weekly or on as needed basis.		
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"/>	Documentation: Documents reviewed included Bank Statements and Bank Reconciliations for account with Bank of America for the period April 2020 through September 2020. Financial Statements are reported on a monthly basis. Statements are consistent with bank reconciliations and are also conducted on a monthly basis. These are generated within the first two weeks of the following month for the prior month's statements. The Agency's CFO oversees the process, and a Business Specialist documents the journal entries on a monthly basis. All accounts payable and cash receipts are still being recorded. The agency maintains individual vendor files which are kept in secure file cabinets in the finance office and disbursements are approved by management. Monthly invoices for the Florida Network are submitted with supporting documentation.	<b>No recommendation or Corrective Action.</b>

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			<b>Ratings Based Upon:</b>			<b>Notes</b>			
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e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	<b>No recommendation or Corrective Action.</b>
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency uses a contracted payroll service provider to do payroll. The agency uses Paycor for payroll and taxes. Evidence of the submission of the required quarterly payroll taxes was provided via copies of 941s, 2nd and 3rd quarters of 2020, demonstrating the filing of payroll taxes. No overages or adjustments were documented on the last quarter's report. ADP also submits the W2s electronically.	<b>No recommendation or Corrective Action.</b>



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			<b>Notes</b>				
			<b>Explain Unacceptable or Conditionally Acceptable:</b>				
			<b>(Attach Supportive Documentation)</b>				
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: The Combined Funds Status Report was reviewed for the current fiscal year, July 1 – September 30, 2020. The CEO and CFO review the variances monthly and quarterly with the finance committee of the Board of Directors. Expenses are approved prior to expenditure to place controls on spending.				
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: The agency has a single audit that was completed by Whittaker Cooper Financial Group for year ending June 30, 2019. Per the audit report, a management letter was not required. This document had no reported audit findings. As a result of this, a corrective action response plan was not required. The program reported a copy was submitted directly to the FNYFS.				
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: CINS/FINS residential and non-residential services Standard Operating Procedures for Confidentiality, Record Retention, Record Loss Prevention, Client				
			No recommendation or Corrective Action.				
			No recommendation or Corrective Action.				
			No recommendation or Corrective Action.				

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documents are shredded and computer hard drives are wiped prior to discarding. <b>ON SITE</b>						Record Management, and Mobile Computing and Storage Devices are maintained and were reviewed. No changes were made to these documents.	

## CONCLUSION

Crosswinds Youth Services has met the requirements for the CINS/FINS contract as a result of full compliance with eleven applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen indicators were not applicable because: 1) the provider does not have any outstanding corrective action item(s) cited by an external funding source, and 2) does not have any current inventory purchased with DJJ/FN Funds. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

## SUMMARY OF RECOMMENDATIONS

### **Recommendation**

There were no recommendations as a result of this review.

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



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Crosswinds Youth Services  
CINS/FINS Program

November 4 – 5, 2020

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



# Quality Improvement Review

Crosswinds Youth Services – November 4 - 5, 2020

Lead Reviewer: Ashley Davies

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

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

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

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

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

### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Satisfactory

**Percent of indicators rated Satisfactory: 100.00%**

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

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

### Standard 3: Shelter Care & Special Populations

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

**Percent of indicators rated Satisfactory: 100.00%**

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

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

### Standard 4: Mental Health /Health Services

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

**Percent of indicators rated Satisfactory: 100.00%**

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

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

### Overall Rating Summary

**Percent of indicators rated Satisfactory: 93.10%**

**Percent of indicators rated Limited: 6.90%**

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



## Quality Improvement Review

Crosswinds Youth Services – November 4 - 5, 2020

Lead Reviewer: Ashley Davies

### Rating Definitions

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

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

### Reviewer

#### Members

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

Teresa Andersen - Department of Juvenile Justice

David Gray – Hillsborough County

Julia Coley – Family Resources

Kristi Walsh – Children’s Home Society



# Quality Improvement Review

Crosswinds Youth Services – November 4 – 5, 2020

Lead Reviewer: Ashley Davies

## Methodology

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

### Persons Interviewed

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

### Documents Reviewed

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Table of Organization            | <input type="checkbox"/> Visitation Logs           |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan             | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports                       | <input checked="" type="checkbox"/> Grievance Process/Records        | <b>5</b> # Health Records                          |
| <input checked="" type="checkbox"/> Logbooks                          | <input checked="" type="checkbox"/> Key Control Log                  | <b>5</b> # MH/SA Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                   | <b>3</b> # Personnel /Volunteer Records            |
| <input checked="" type="checkbox"/> Contract Monitoring Reports       | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <b>6</b> # Training Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | <b>5</b> # Youth Records (Closed)                  |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | <b>5</b> # Youth Records (Open)                    |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> List of Supplemental Contracts              | <b>NA</b> # Other: _____                           |
| <input type="checkbox"/> Exposure Control Plan                        | <input checked="" type="checkbox"/> Vehicle Inspection Reports       |  |

### Surveys

- |                  |                              |                         |
|------------------|------------------------------|-------------------------|
| <b>5</b> # Youth | <b>9</b> # Direct Care Staff | <b>0</b> # Other: _____ |
|------------------|------------------------------|-------------------------|

### Observations During Review

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

### Comments

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

### 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

Crosswinds re-organized its organizational structure and provided additional training to all direct staff to help meet the needs of the changing milieu in the shelter.

Crosswinds added new positions that included Leads, Program Coordinator, and a Compliance Administrator. They also instituted a pay increase for all Direct Care Workers.

Crosswinds received CARES Act supplemental funding which was used to purchase Personal Protection Equipment (PPE). PPE included shoe covers, face masks, disposable gowns, disposable gloves, and quality touch thermometers for youth and staff in the shelter.

Crosswinds is working with local medical facilities and clinics that can respond to youth requiring testing, and/or medical intervention, as a result of being exposed to, or infected with, COVID-19. All program staff are provided with contact information for these medical partnerships and trained on how to respond to COVID-19 exposure and infection.

Crosswinds conducted a thorough cleaning of the buildings on campus by a professional company specializing in COVID-19. Crosswinds purchased an adequate supply of disinfecting products, including disinfecting wipes, disinfecting cleaners, hand sanitizers, and bleach. Crosswinds ensured that staff and youth are trained on the safe and proper use of disinfecting products. Staff have been engaged in the cleaning and sanitizing of all shelter spaces, as prescribed by the CDC guidelines, to prevent the spread of COVID-19.

Crosswinds made many IT upgrades in the last few months. Crosswinds purchased computers and tablets for both youth and staff. The Wi-Fi was upgraded. Crosswinds implemented technology to allow staff to work remotely and offered counseling for CINS/FINS families using telehealth while the youth were in the shelter or at home. The remote technology is also providing a vehicle to provide aftercare and follow-up





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services. The use of Doxy.me enable staff to conduct counseling sessions by video conference.

The Community Counseling Program has adapted to the challenges of dealing with COVID-19 by providing virtual services through Zoom and the HIPAA compliant website used by doctor offices, Doxy.me. The Case Staffing Committee has also met virtually using Zoom, with family invited to participate virtually also. Referrals have been a challenge because the schools were out for most of the last fiscal year, but they have picked up their numbers significantly over the past month.

Jesse Jordan, Youth Ambassador was hired to work with youth and staff to develop and support additional programming for educational, recreational, and cultural activities that adhere to social distancing guidelines. The shelter was re-branded with the use of Mr. Jordan's photography work and art created by youth.

Counselors and Youth Care Workers used art to help the youth cope during the mandatory lockdown. With the help of Jesse Jordan youth created, produced, printed, and gifted t-shirts and stickers, with client's original art displayed on each piece.

SNAP used ZOOM to complete spring 2020 sessions due to the pandemic.

### Narrative Summary

Crosswinds Youth Services is a contracted member agency with the Florida Network of Youth and Family Services, Inc. to provide Children in Need of Services and Families In Need of Services (CINS/FINS). Crosswinds also provides a broad range of services to families and youth under 18 years of age with various risks. The agency serves many profiles, including youth that have run away, truant, and/or ungovernable in Brevard County. Further, other programs and services include transitional housing and skills training for young adults, street outreach for homeless youth, assistance for youth aging out of the foster care system, and intervention services for youth that may be headed toward or involved in the juvenile justice system. Crosswinds non-residential program services are provided to youth and families in Brevard County in the local schools, community locations (such as libraries, community centers, youth after school programs), or in their homes.

During and after the QI review the Forefront team received several anonymous phone calls from staff members at the program voicing complaints about upper management. The complaints ranged from favoritism being shown to certain staff, staff members being treated disrespectfully, and overall poor/hostile working conditions. The staff reported that they have tried to report their concerns to management; however, due to their complaints being against upper management their complaints are intercepted and are never addressed or followed-up on. During the review, there were nine staff members surveyed and out of the nine, four staff reported working conditions at the program to be poor to very poor. The comments on the surveys as to why staff felt this way were complaints against upper management showing favoritism, disrespectfulness from upper management, and staff arguing and using profanity in front of the youth.

The overall findings for the QI review for Crosswinds Youth Services are summarized as follows:

Standard 1: This standard has a total of seven indicators regarding management accountability. Five of the indicators were rated satisfactory. Indicator 1.05 Analyzing and Reporting Information and 1.06 Transportation was rated limited. There were also exceptions noted in indicators 1.02 Abuse Free Environment and 1.04 Training Requirements. The exception noted in 1.02 was due the staff surveys reporting staff members hearing other staff members using profanity when speaking to the youth. The exception noted in 1.04 was due to staff missing some required trainings during the first year of employment.

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Standard 2: This standard has a total of ten indicators that relate to intervention and case management. All ten indicators were rated satisfactory with exceptions noted in 2.02 Needs Assessment, 2.09 Special Populations, and 2.10 Stop Now and Plan (SNAP). The exception noted in 2.02 was due to one Needs Assessment completed late. The exceptions noted in 2.09 and 2.10 was due to the policies for those indicators not containing some of the required elements.

Standard 3: This standard has a total of seven indicators regarding shelter care. All seven indicators were rated satisfactory with an exceptions noted in 3.01 Shelter Environment and 3.07 Video Surveillance. The exceptions noted in 3.01 was due to the boys' bathroom had some pooling water next to a drain outside the shower creating a potential slipping hazard and it was observed that the insides of the vans were observed to be dirty and in need of cleaning. The exception noted in 3.07 was due to some missing supervisor reviews of the video surveillance.

Standard 4: This standard has a total of five indicators regarding mental health and health services. All five indicators were rated satisfactory with exceptions noted in 4.01 Healthcare Admission Screening and 4.02 Suicide Prevention. The exception noted in 4.01 was due to none of the preliminary healthcare screenings being reviewed by a Registered Nurse (RN). The exception noted in 4.02 was due to some missing thirty-minute observations of youth on suicide precautions.

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

**Standard 1:** Indicator 1.05 Analyzing and Reporting Information was rated a limited due to very minimal documentation of strengths and weaknesses being identified and any improvements being implemented or modified. This exception was also noted in the program's last QI report dated November 20 – 21, 2019.

Indicator 1.06 Transportation was rated as limited due to not being able to determine if supervisor approval for single client transports occurred prior to the transport taking place. This exception was also noted in the program's last QI report dated November 20 – 21, 2019.



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### CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 1-4 Background Screening. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of three new staff were hired since the last onsite QI review. All three staff met the criteria for a pre-screening assessment. The agency uses the Berke Assessment and completed the screening prior to hire for two of the three staff. The third staff was a re-hire and had a Berk Assessment completed by the program that was less than one year old, therefore, did not need another one completed.	
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 three new staff were hired since the last on-site QI review. All three staff were background screened prior to hire.	
c. Five-year re-screening completed every 5 years from initial date of hire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no employees applicable for a five-year re-screening.	
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/24/2020.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of approval of E-Verify work eligibility was provided for all three new staff hired.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<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) The program has four policies relating to the Provision of an Abuse Free Environment. The four policies are 1-2 Abuse Reporting - by Client, 1-3 Abuse Reporting - by Staff, 1-8 Employee Conduct and Ethics, and 1-21 Grievances. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Abuse Free Environment</b>							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 1-8 Employee Conduct and Ethics.  Policy indicates all staff must adhere to the programs code of ethics.	Exception: There were nine staff surveyed and four staff reported they have heard a co-worker use profanity when speaking with the youth. One staff reported hearing a co-worker use treats, intimidation, or humiliation when interacting with the youth.
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse telephone number was observed posted in the dayroom of the shelter during the on-site tour of the facility.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five residential files reviewed documented the youth were informed of the Abuse Hotline number during orientation.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program reported there were no incidents of abuse or threats identified and/or reported during the review period needing management action.	
<b>Grievance Process</b>							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 1-21 Grievances.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the on-site tour it was observed that the program has an accessible grievance box, that is locked and located in the dayroom of the shelter.	
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"/>	The clinical director or shelter manager check the grievance box daily. It was reported shelter staff do not handle youth grievances. All grievances were signed by the clinical director or shelter manager.	
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three grievances in the last six months. All three were reviewed and signed within 72 hours, one the same day and two the following day.	
e. Grievance maintained on file for a minimum of 1 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program had all grievances maintained in a file from the past year.	
<b>1.03: Incident Reporting</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has two policies relating to Incident Reporting. The two policies are 1-11 Incident Reporting and 1-18 Central Communication Center. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were two CCC incidents in the last six months reported by the agency. Both incidents were reported within the two-hour required timeframe.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both reports documented all follow-up was completed as required.	
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"/>	Both incidents were documented on the agency incident reporting form. One incident	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						was documented in the program log book correctly. The second incident documented the initial call in the program log book, where the program had to leave a message. However, it was observed that the call back from the CCC on the same day was not documented in the log book.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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"/>	Both CCC reports were reviewed and signed by program leadership.	
<b>1.04: Training Requirements</b> Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 1-23 Training Requirements. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>First Year Direct Care Staff</b>							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were two first year direct care staff files reviewed.	Exception: Neither staff completed MAB training in the first 120 days. Both staff had the training completed; however, it was outside the 120-day requirement. One of the staff also did not document completion of Understanding Youth and Adolescent Development.
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"/>	Both staff documented more than the required 80 hours of training for the first year of employment. One staff had completed their first year of employment and documented all additionally required trainings, outside of the 120-day requirement, were completed. The second staff had approximately three months left to complete one training, Serving LGBTQ Youth.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one applicable staff. The staff documented the required Assessment of Suicide Risk training with twenty hours of training and five supervised Assessments of Suicide Risk.	
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All trainings and supervised Assessments of Suicide Risk were completed by and signed by the Licensed Mental Health Counselor.	
<b>In-service Direct Care Staff</b>							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually ( <i>40 hours if the program has a DCF child caring license</i> ).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four in-service employee training files were reviewed and all four had completed the required annual trainings and documented over 40 hours of training for 2020.	
<b>Required Training Documentation</b>							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all training files there was a spreadsheet with all trainings, date completed, and hours. Also, training files included training certificates and training worksheets.	
<b>1.05: Analyzing and Reporting Information</b>							
<b>The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has two policies relating to Analyzing and Reporting Information. The two policies are 1-15 Quality Improvement Initiatives and 1-27 Analyzing and Reporting Information. The policies were last reviewed in	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						August 2019 and signed by the Chief Executive Officer.	
<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"/>	A sample of case records are reviewed each month. The last six months, April through September 2020, were reviewed to confirm this practice.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievances are reviewed monthly in the shelter staff meetings and at the QIC meetings. The last six months, April through September 2020, of meeting minutes from both meetings were reviewed to confirm this practice.	
<b>Annual Reviews</b>							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction data is reviewed annually and was last documented being reviewed in the September 2020 QIC meeting.	
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcome data is reviewed annually and was last documented being reviewed in the September 2020 QIC meeting and the August 2020 shelter staff meeting.	
<b>Monthly Reviews</b>							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data is sent out monthly to key program leaders for review. The data is then discussed at the monthly shelter staff meeting. The last six months of meeting minutes were reviewed, April through September 2020, to confirm this practice.	
<b>Quality Improvement Process</b>							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data reports from the FNYFS are reviewed monthly by key program leaders for reconciliation. Changes are then made as needed.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	There was documentation through meeting minutes that findings are communicated to staff and stakeholders.	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the last six months of meeting minutes, April through September 2020, for two different meetings, QIC meetings and shelter staff meetings.	<b>Exception:</b> Although all required data was discussed in the meeting minutes reviewed, there was very minimal documentation of strengths and weaknesses being identified and any improvements being implemented or modified. This exception was also noted in the program's last QI report dated November 20 – 21, 2019.
<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)	
						A policy is in place titled 5-12 Transportation of Youth. The policy was last reviewed in February 2019 and signed by the Chief Executive Officer.	
<b>Approved agency drivers</b>							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a list of staff approved to drive clients.	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff have a valid Florida driver's license and is covered under the company policy.	
<b>Third party present in the vehicle</b>							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 <sup>rd</sup> 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"/>	Reviewed policy 5-12 Transportation of Youth.	
b. In the event that a 3 <sup>rd</sup> party cannot be obtained for transport, the agency's supervisor or	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation logs from 3/12/2020 through 10/21/2020 were reviewed. There were thirteen	<b>Exception:</b> Supervisor approval on the log was not documented with a date or time so

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
managerial personnel consider the clients' history, evaluation, and recent behavior						single client transports documented. All thirteen documented a supervisor's approval.	it was unable to be determined if the approval occurred prior to the transport taking place. This exception was also noted in the program's last QI report dated November 20 – 21, 2019.
c. The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 5-12 Transportation of 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed transportation logs from 3/12/2020 through 10/21/2020. All logs documented the date, the start time, the mileage, the number of passengers, the purpose of travel, and the location.	<b>Exception:</b> There were three instances on the transportation logs the driver did not document initials, there were four instances the end time was not documented, and there were three instances that the program was not documented.
<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)	
						A policy is in place titled 1-14 Public Awareness and Targeted Outreach Services. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting agendas and minutes provided to show participation in Circuit 18 Juvenile Justice Advisory Board meeting from January and March 2020. There was documentation a staff participated in the JAC Advisory Board meetings in January, July, September, and October 2020.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency provided an outreach report which included title of event, date of event, number of youth and adults in event, purpose of event, and what area event took place in the	

## Quality Improvement Review

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Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
educational CINS/FINS services to youth and families.						community. Report was provided from November 2019 – October 27, 2020 and included outreach events at local schools and community events each month.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has thirty-five formal interagency agreements with community partners including local schools, mental health and substance abuse facilities, and sheriff's department. All agreements were current.	
<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) A policy is in place titled 2-2 Screening and Intake. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (two open and three closed) and five non-residential (three open and two closed.) All ten had eligibility screening completed within seven calendar days of referral.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> <li>• Available service options</li> <li>• Rights and responsibilities of youth and parents/guardians</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (two open and three closed) and five non-residential (three open and two closed.) All ten files documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> <li>• Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (two open and three closed) and five non-residential (three open and two closed.) All ten files documented the youth and parents received all required information at intake.	

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Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> <li>• Grievance procedures</li> </ul>							
<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) A policy is in place titled 2-3 Needs Assessment. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Completion of Needs Assessment</b>							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed (two open and three closed). The Needs Assessment was initiated within 72 hours in all five files.	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> updated, if most recent assessment is over 6 months old	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed (three open and two closed.) The Needs Assessment was completed within 2 to 3 face-to-face contacts in four out of the five files.	<b>Exception:</b> One file documented the Needs Assessment was not initiated until the fourth session.
c. Needs Assessment is conducted by a Bachelor's or Master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Needs Assessments were conducted by a bachelor's or master's level staff member.	
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all Needs Assessments reviewed.	
<b>Suicide Risk as a Result of the Needs Assessment</b>							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth identified with an elevated risk of suicide as a result of the Needs Assessment.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth identified with an elevated risk of suicide as a result of the Needs Assessment.	
<b>2.03 Case/Service Plan</b>							
<b>Provider has a written policy and procedure that meets the requirement</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>for Indicator 2.03</b>							
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"/>	A policy is in place titled 2-4 Service Planning. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.  There were ten files reviewed, five residential (two open and three closed) and five non-residential (three open and two closed.) Nine applicable files had a Service Plan developed within seven days of the Needs Assessment. One non-residential file did not have a Service Plan initiated yet due to the family only attending one intake session so far.	
<b>Case/Service Plan includes:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All nine applicable files included all elements required by the indicator.	
<ul style="list-style-type: none"> <li>Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>Service type, frequency, location</li> <li>Person(s) responsible</li> <li>Target date(s) for completion and Actual completion date(s)</li> <li>Signature of youth, parent/guardian, counselor, and supervisor</li> <li>Date the plan was initiated</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	There were six Service Plans applicable for 30-day reviews. All six documented all reviews were completed as required.	
<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) The program has two policies relating to Case Management and Service Delivery. The two policies are 2-5 Services and 2.06 Case Management. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	

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Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the ten files reviewed showed a counselor was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> <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 nine applicable files established referral needs and coordinated referrals for services.  All nine applicable files coordinated service plan implementation.  All ten files monitored the youth's and family's progress in services.  All ten files provided support for families.  None of the files were applicable for monitoring out-of-home placement.  None of the files were applicable for referrals to the case staffing committee.  None of files were applicable for accompanying the youth or parent to court hearings or appointments.  All six applicable files referred the youth/family for additional services when needed.  All ten files provided case monitoring.  All five applicable files provided case termination notes.  All five applicable files provided follow-up after 30 days of exit.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						All three applicable files provided follow-up after 60 days of exit.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>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) The program has two policies relating to Counseling Services. The two policies 2-7 Counseling/Youth Records and 3-8 Group Counseling. The policies were last reviewed in January 2019 and signed by the Chief Executive Officer.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and/or case notes maintained demonstrated all nine applicable youth received individual counseling services as identified during the assessment process. One non-residential file had only attended an intake session so no other information was able to be gathered from this file.	
<b>Shelter Program</b>							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files reviewed. All five demonstrated individual and/or family counseling was offered.	
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All five files documented group sessions at least five days per week.	
Group counseling sessions consist of: <ul style="list-style-type: none"> <li>Length of at least 30 minutes</li> <li>Opportunity for youth engagement</li> <li>Clear and relevant topic (informational/developmental/educational)</li> <li>Clear leader or facilitator</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It was observed through progress notes in the five residential files reviewed that group counseling is provided at least five days per week. Documentation of the groups included date and time of the group and a list of participants. It was observed through the group notes that there is a clear leader or facilitator, a relevant topic, opportunity for youth to	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						participate and the group sessions are thirty minutes or longer.	
<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"/>	Applicable to four non-residential youth files. Therapeutic services provided by agency staff were documented in the case notes. Referral needs were established and provided to all four youth.	
<b>Counseling Services</b>							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all nine 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"/>	Individual youth file was maintained for all ten youth files reviewed, marked confidential, and securely maintained.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All nine applicable files included case notes that documented services provided including counseling.	
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A sample of case records are reviewed monthly. Record reviews were reviewed for the past six months, from April through May 2020. All assessments and treatment forms in all ten files reviewed were signed and reviewed by a supervisor.	
<b>2.06: Adjudication/Petition Process</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 2-10 Case Staffing Committee. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Case Staffing Initiation and Notifications</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There were three case staffing files reviewed. The parent or guardian did not initiate the staffing in any of the three files. In all three files the staffing was initiated by the school and Crosswinds staff.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three files documented the youth, family, and case staffing committee were contacted within a minimum of five working days	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three files documented the staffing included the CINS/FINS provider and a school representative.	
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three files documented a law enforcement representative was present at the staffing.	
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has an established committee with regular communication.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy titled 2-10 Case Staffing Committee.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all three cases the youth and family were provided a revised plan for services.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all three cases a written report was provided to the parent or guardian within seven days of the staffing.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
recommendations and reasons behind the recommendations							
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two applicable files documented the program worked with the circuit court for judicial intervention for the youth and family.	
Case Manager/Counselor completes a review summary prior to the court hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the two applicable files, the counselor completed a review summary prior to the court hearing.	
<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) A policy is in place titled 2-7 Counseling/Youth Records. The policy was last reviewed in January 2019 and signed by the Chief Executive Officer.	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the on-site tour, files were observed to be stored in locked file cabinets marked confidential.	
When in transport, all records are locked in an opaque container marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the youth files are transported offsite, they are locked in an opaque container marked confidential.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed were observed to be organized and maintained in a neat and orderly manner.	
<b>2.08: Sexual Orientation, Gender Identity, Gender Expression</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-34 Sexual Orientation, Gender Identity, and Gender Expression. The policy was last reviewed in	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						August 2019 and signed by the Chief Executive Officer.	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the on-site tour of the facility signage was observed in the dayroom of the shelter.	
<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) The program has five policies relating to Special Populations. The five policies are 3-27 Staff Secure Services, 3-31 Domestic Violence Respite, 3-32 Domestic Minor Sex Trafficking, 3-33 Probation Respite, and 3-35 Family-Youth Respite Aftercare Services (FYRAC). The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	<b>Exception:</b> The policy for Domestic Violence Respite does not address data being entered into JJIS and NetMIS within 24 hours of admission and 72 hours of release. The policy also states the length of stay should not exceed 14 days instead of 21 days.
<b>Staff Secure</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating “No eligible items for review”)</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for staff secure since the last QI review.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> <li>In-depth orientation on admission</li> <li>Assessment and service planning</li> <li>Enhanced supervision and security with emphasis on control and appropriate level of physical intervention</li> <li>Parental involvement</li> <li>Collaborative aftercare</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 3-27 Staff Secure Services.	
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Staff Assigned: <ol style="list-style-type: none"> <li>One staff secure bed and assigned staff supervision to one staff secure youth at any given time</li> <li>Program assign specific staff during each shift to monitor location/ movement of staff secure youth</li> <li>Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift</li> </ol>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency provides a written report for any court proceedings regarding the youth’s progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
<b>Domestic Minor Sex Trafficking (DMST)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating “No eligible items for review”)</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for DMST since the last QI review.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

## Quality Improvement Review

Crosswinds Youth Services – November 4 - 5, 2020

Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
<b>Domestic Violence</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<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 screened by JAC/Detention, but do not meet criteria for secure detention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was one closed DV file available for review for the last six months. The file had a face sheet indicating a pending DV charge and was screened by the JAC and did not meet criteria for secure detention.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence of data entry at intake and release.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth did not exceed 21 days in the program.	
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"/>	The Service Plan focused on anger management and family 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"/>	The youth received all other general CINS/FINS required services.	
<b>Probation Respite</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for Probation Respite since the last QI review.
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All case management and counseling needs have been considered and addressed	<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 Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
<b>Intensive Case Management (ICM)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				This provider is not contracted to provide ICM services.

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Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>		
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
<b>2.10: STOP NOW AND PLAN (SNAP)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>						<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO (explain)</span>	<b>Exception:</b> Policy 6-5 SNAP in Schools does not address weekly attendance

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Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						The program has five policies relating to Stop Now and Plan (SNAP). The five policies are 6-1 SNAP Group Delivery, 6-2 SNAP Fidelity, 6-3 SNAP Intake, 6-4 SNAP Discharge, and 6-5 SNAP in Schools. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  sheets to be completed, pre and post evaluations to be completed, and does not address "Class Shoot for your Goal" sheet to be completed.
<b>SNAP Clinical Groups</b>							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five closed files reviewed. All five files had NetMIS Screening form and SNAP Brief Intake Screening form.	
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs Assessment was initiated at intake in all five files.	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre CBCL was completed in all five files. A post CBCL was completed in two of the five files. The remaining three files documented the family withdrew from services so the post paperwork could not be completed.	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)							
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five files documented a pre TRF was sent to the teacher to complete; however, was not returned. None of the five files had a post TRF completed. All five files contained documentation a post TRF could not be completed due to school going virtual due to COVID and not being able to get a hold of the teacher.	
c. TOPSE (pre & post)							
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre TOPSE was completed in all five files. A post TOPSE was completed in two of the five files. The remaining three files documented the family withdrew from services so the post paperwork could not be completed.	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A pre PAT was completed in all five files. A post PAT was completed in two of the five files. The remaining three files documented the	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						family withdrew from services so the post paperwork could not be completed.	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five files had a SNAP discharge report summary.	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five files had Child Group Evaluation Form.	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five files had Parent Group Evaluation Form.	
<b>SNAP in Schools</b>							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The last SNAP in Schools cycle was in 2019 and was reviewed during the QI review on November 20 – 21, 2019. Therefore, there was not a SNAP in Schools cycle available for review during this review period.	
“Class Shoot for Your Goal” sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The last SNAP in Schools cycle was in 2019 and was reviewed during the QI review on November 20 – 21, 2019. Therefore, there was not a SNAP in Schools cycle available for review during this review period.	
Pre and Post Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The last SNAP in Schools cycle was in 2019 and was reviewed during the QI review on November 20 – 21, 2019. Therefore, there was not a SNAP in Schools cycle available for review during this review period.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The last SNAP in Schools cycle was in 2019 and was reviewed during the QI review on November 20 – 21, 2019. Therefore, there was not a SNAP in Schools cycle available for review during this review period.	
<b>Standard Three – Shelter Care</b>							
<b>3.01 Shelter Environment</b>							

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Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<p>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.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.01</p>						<p><input checked="" type="checkbox"/> YES                      <input type="checkbox"/> NO (explain)</p> <p>The program has seven policies relating to Shelter Environment. The seven policies are 3-6 Daily Schedule, 3-7 Faith Based Opportunities, 3-9 Linens, 3-14 Shelter Environment, Cleanliness, and Maintenance, 3-15 Food Services, 3-30 Sleeping Rooms, and 4-1 Emergency Drills. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.</p>	
<p>Facility Inspection</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An on-site tour of the facility revealed furnishings were in good repair. The program was free of insect infestation. Grounds were landscaped and maintained. Bathrooms were clean and functional. The boys side bathroom did have some pooling water next to a drain outside the shower creating a potential slipping hazard. No graffiti was observed. Lighting was adequate. Exterior areas were free of debris and grounds were free of hazards. Dumpster and garbage cans were covered. Doors are secure with key access required. Egress plans were posted in several locations along with grievance forms, abuse hotline number, and DJJ Incident Reporting numbers. Agency vehicles were locked. During the initial inspection of the vehicles, two vans had outdated fire extinguishers, and some missing and expired items in the first aid kits. These issues were resolved during the review, new fire extinguishers were placed in the vans and first aid kits were updated. The vans did have the required seat belt cutter-glass</p>	<p><b>Exceptions:</b> The boys side bathroom did have some pooling water next to a drain outside the shower creating a potential slipping hazard. The insides of the vans were observed to be dirty and needed cleaning.</p>

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<p>breaker, air bag deflator tool, and flashlight. The insides of the vans were observed to be dirty and needed cleaning. Interior areas of the facility did not contain contraband and were free of hazardous items. Chemicals were stored behind locks and inventories and MSDS were maintained. The washers and dryers were operational and clean of lint. Current DCF license is displayed. Each youth has their own individual bed with clean, covered mattress, pillow, and sufficient linens.</p>	<p><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</p>
<b>Fire and Safety Health Hazards</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The annual fire inspection was completed on November 21, 2019 and shows the facility in compliance with fire safety codes. The annual fire safety equipment inspection was completed on November 16, 2019 and August 18, 2020 and shows fire safety equipment is valid and up to date. At least one fire drill was completed monthly on each shift since April 2020. Mock emergency drills were completed at least monthly on each shift since April 2020. Residential Group Care and Food Service inspection was completed on January 16, 2020. Menus were posted and signed by a licensed dietician. Cold food is properly stored, marked, and labeled, and dry storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.</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> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Observed daily schedule posted and observed shelter activities during on-site tour.</p> <p>The daily schedule reveals that youth are engaged in meaningful, structured activities seven days a week. The schedule also</p>	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> <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> <li>Daily programming schedule is publically posted and accessible to both staff and youth.</li> </ul>						<p>provides for at least one hour of physical activity. Youth are given the opportunity to participate in faith-based activities with non-punitive activities offered for those who choose not to participate in those activities. Youth are given the time and opportunity to do homework and read. The program has a library with a variety of books for the youth to read.</p>	
<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) A policy is in place titled 3-12 Orientation. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five closed residential files reviewed, two open and three closed.  Orientation checklist was observed in all five files completed on the day of admission.	
<b>Orientation includes the following</b>							
a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files and covered all required elements.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts							
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files and signed by the youth and staff.	
<b>3.03: Youth Room Assignment</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-5 Classification. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>A process is in place that includes an initial classification of the youths, to include:</b>							
a. Review of available information about the youth's history, status and exposure to trauma b. Initial collateral contacts, c. Initial interactions with and observations or the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth f. Identification of youth susceptible to victimization g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential files reviewed, two open and three closed.  The Client Room Assignment section on the Admission Form was completed in all five files and documented all required information.	
An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the Admission Forms for the five residential files. Alerts for the youth were documented on the intake forms in all five files. For the two open files, alerts were also documented on the census board in the shelter.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
substance abuse, physical health or security risk factors							
<b>3.04: Log Books</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-28 Log Book. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook entries were reviewed for the first week of April 2020, the second week of May 2020, the third week of June 2020, the fourth week of July 2020, the first week of August 2020, and the second week of September 2020. The program utilizes the electronic log book.  Entries that impacted the safety and security of the youth or program were observed to be highlighted.	
All entries are brief, legibly written in ink and include: • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All entries were brief and legible, included the date and time of the event, included names of youth and staff involved, provided a brief statement, and included the name and signature of the person making the entry.	
Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Errors were observed to be struck through with a single line and initialed.	
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviewed the logbook every week and made a note stating dates reviewed with any recommendations.	



## Quality Improvement Review

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Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors and all staff reviewed the logbook for at least the previous two shifts and included the dates they reviewed.	
Logbook entries include: <ul style="list-style-type: none"> <li>Supervision and resident counts</li> <li>Visitation and home visits</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for counts, visitation, and home visits.	
<b>3.05: Behavior Management Strategies</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-2 Behavior Management Motivation System. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
The program has a detailed written description of the BMS and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program utilizes the Crosswinds Behavior Model based on the Girls and Boys Town model. The program has a written description of the behavior management plan that includes positive incentives to encourage participation. The behavior management system is outlined in the Resident's Manual and in the intake paperwork.	
<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 b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program d. Appropriate consequences and sanctions are used by the program and consequences for	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program uses a motivation system called the Assessment System that is designed to promote positive youth behavior, accountability, and social responsibility. Each youth is placed on the system upon entering the shelter and stays on it for 3 days. While on the Assessment System, the youth use a point card, earning points for appropriate behaviors and losing points for inappropriate behaviors. Youth can exchange points for privileges that can be used the following day. If the youth has more total points lost in one day, he/she does	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
behavior are logical and designed to promote skill-building for the youth e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida Network and DJJ are used if physical intervention is required) f. Only staff discipline youth. Group discipline is not imposed g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges						not have privileges for the next 24 hours. If a youth is in the negative total points, the youth forfeits privileges until they receive enough points to get back to zero or above. This is to encourage more positive behaviors. All consequences appear fair in respect to the behavior management plan. The system does not allow for group discipline, room restriction, and does not deny the youth of basic rights.	
<b>Program's use of the BMS</b>							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training files for two new hires were reviewed and documented the staff are trained on the program's BMS at hire.	
There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 3-2 Behavior Management Motivation System.	
Supervisors are trained to monitor the use of rewards and consequences by their staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training files for four staff were reviewed and on-going training was documented for staff on the use of the BMS system.	
<b>3.06: Staffing and Youth Supervision</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-19 Staffing and Youth Supervision. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five random samples of video surveillance reviewed, October 6, 2020 from	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<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>						12am – 2am, October 10, 2020 2am – 4am, October 16, 2020 4am – 6am, October 25, 2020 11:30pm – 1:30am, and October 29, 2020 4pm – 6pm.  A review of the above video surveillance sample, staff schedules, and log book entries documented the required staffing ratios were met for awake hours and sleeping hours.	
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"/>	There were five random samples of video surveillance reviewed, October 6, 2020 from 12am – 2am, October 10, 2020 2am – 4am, October 16, 2020 4am – 6am, October 25, 2020 11:30pm – 1:30am, and October 29, 2020 4pm – 6pm.  The random sample above and log book entries documented two staff were present on these over night shifts.	
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"/>	During the on-site tour the schedule was observed posted and visible to staff.	
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"/>	The program maintains a holdover and overtime roster with staff names and numbers.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five random samples of video surveillance reviewed, October 6, 2020 from 12am – 2am, October 10, 2020 2am – 4am, October 16, 2020 4am – 6am, October 25, 2020 11:30pm – 1:30am, and October 29, 2020 4pm – 6pm.  The random sample reviewed above documented that staff observed the youth at least every 15 minutes during the overnight sleeping hours.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<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) A policy is in place titled 5-14 Video Surveillance System. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Surveillance System</b>							
The agency, at a minimum, shall demonstrate: a. A written notice that is conspicuously posted on the premises for the purpose of security b. System can capture and retain video photographic images which must be stored for a minimum of 30 days c. System can record date, time, and location; maintain resolution that enables facial recognition d. Back-up capabilities consist of cameras' ability to operate during a power outage e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed cameras and written notices during the on-site tour. Video surveillance system was reviewed on site with program staff. System can capture and retain video images for up to thirty days. A review of random samples of overnight video surveillance revealed the system records date, time, location, and enables facial recognition. Cameras have back-up capabilities in case of power outage. All cameras were visible and no cameras were located in the 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"/>	Reviewed list of designated staff who have access to video surveillance system.	
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation of supervisory review of video from April 2020 through September 2020. Video was reviewed every fourteen days in April, May, and June. For the months of July August, and September there was only one documented review of video.	<b>Exception:</b> For the months of July August, and September there was only one documented review of video recordings.

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Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled 5-14 Video Surveillance System.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>Standard Four – Mental Health /Health Services</b>							
<b>4.01: Healthcare Admission Screening</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 3-17 Healthcare Admission Screening. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Preliminary Healthcare Screening</b>							
<b>Screening includes :</b> a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. Admission Form was completed in all five files and included all required elements.	Exception: None of the preliminary healthcare screenings were reviewed by the Registered Nurse (RN).
<b>Referral and Follow-up</b>							
Youth with chronic medical conditions have a referral to ensure medical care (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the five youth presented with chronic conditions requiring a referral to ensure medical care.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth required follow-up medical appointments.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
All medical referrals are documented on a daily log.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented on Episodic Care Log and in the log book.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 3-17 Healthcare Admission Screening.	
<b>4.02 Suicide Prevention</b>							
<b>There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.</b>							
<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) The program has four policies relating to Suicide Prevention. The four policies are 4-12 Suicide Prevention, 4-13 Non-Residential Suicide Risk Screening, 4-14 Suicide Prevention Plan – Identification, and 4-15 Suicide Prevention Plan – Risk Screening. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Suicide Risk Screening and Approval</b>							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. All five files contained a suicide risk screening completed during the initial intake screening process that was signed by a supervisor.	
b. The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the programs Suicide Risk Assessment tool.	
<b>Supervision of Youth with Suicide Risk</b>							
a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five youth were placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional	

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						under the direct supervision of the licensed professional.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In three of the five files observation logs, it documented the youth were monitored at least every thirty minutes while on sight-and-sound supervision.	<b>Exception:</b> Of the two remaining files, one file was missing one thirty-minute observation and the other file was missing four thirty-minute observations.
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth were removed from sight-and-sound supervision after ASR was completed by or reviewed with the licensed professional.	
<b>4.03: Medication</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has three policies relating to Medication. The three policies are 4-6 Medication Verification at Admission and Consent, 4-7 Medication Storage, Access, Inventories, and Disposal, and 4-8 Medication Supervision and Monitoring. The policies were last reviewed in August 2019 and signed by the Chief Executive Officer.	
<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"/>	An on-site tour of the Pyxis Med-Station and medical room was completed with program staff.	
b. Oral medications are stored separately from injectable epi-pen and topical medications						The Pyxis Med-Station is located in a secure room and is inaccessible to youth. All medications are stored in the Pyxis Med-Station 4000 medication cabinet. Oral medications are stored separately from topical medications and located in the locked medical cabinet. There is	
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.)							

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



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c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly						and found to be accurate. There were no syringes on-site.	
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RN completes monthly reviews of medication management via the Knowledge Portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of the review there were no open discrepancies. Staff interviewed knew the procedures for closing out a discrepancy accurately.	
<b>4.04: Medical/Mental Health Alert Process</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) A policy is in place titled 4-11 Medical and Mental Health Alert Process. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed, two open and three closed. The program uses a dot system, with color-coded dots corresponding with the different alerts. All files had the appropriate color-coded dots placed on the file.	
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, two open and three closed. Precautions were noted on Medication Distribution Logs and side effect sheets.	
Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six staff training files reviewed. All staff were trained in Emergency Medical Procedures.	
A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program uses a color-coded dot system to identify alerts. Intake and Assessment Forms are maintained in the youth's file and document all alerts and the reasons for the alerts. Then the applicable color-coded dots are placed on the	

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are contraindicated, or other pertinent mental health treatment information, is communicated to all staff						youth's file. The applicable color-coded dots are also placed next to the youth's name on the census board in the shelter.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>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) A policy is in place titled 4-9 Episodic/Emergency Care. The policy was last reviewed in August 2019 and signed by the Chief Executive Officer.	
<b>Off-site Emergency Services</b>							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth requiring off-site emergency medical care in the last six months.	
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six staff training files reviewed, and all trained on Emergency Medical Procedures.	
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the on-site tour knife-for-life and wire cutters were observed.	
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the on-site tour first aid kits in the shelter were observed to be fully stocked and inventoried.	