



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



**Hillsborough County  
3110 Clay Mangum Lane  
Tampa, Florida 33618**

**July 29-30, 2020**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

### Introduction

Forefront LLC conducted a joint QI and Florida Network of Youth and Family Services (FNYFS) contract monitoring visit for the Hillsborough County Children Services (HCCS) CINS/FINS program located at the 3110 Clay Mangum Lane, Tampa, Florida location, for its FY 2020-2021 contract, on July 29-30, 2020. The contract monitoring review was conducted virtually. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. Hillsborough County Children 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 2019 through June 30, 2020.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from HCCS present for the entrance interview were: Patrick Minzie, Department Director; Sarah Grimmig, Youth Program Operations Manager; Rhonda Rhodes, Clinical Services Manager; and Linda Sessions, Treatment Counselor Supervisor. The last onsite QI visit was conducted April 3, 2019.

In general, the Reviewer found that Hillsborough County Children Services is in compliance with specific contract requirements. HCCS received an overall compliance rating of 100% for achieving full compliance with all thirteen (13) indicators of the CINS/FINS Monitoring Tool. There were no corrective actions or recommendations made as a result of the monitoring visit.

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

[keithcarr@forefrontllc.com](mailto:keithcarr@forefrontllc.com)

## 2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 07-29-2019-2020

|  |                          |                            |                                     |                          |   |   |  |
|--|--------------------------|----------------------------|-------------------------------------|--------------------------|---|---|--|
| Agency Name: Hillsborough County   |                          |                            |                                     |                          | Monitor Name: Marcia Tavares                          |   |  |
| Contract Type : CINS/FINS  |                          |                            |                                     |                          | Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618 |   |  |
| Service Description: Comprehensive Compliance Monitoring I   |                          |                            |                                     |                          | Site Visit Date(s): July 29-30, 2020                  |   |  |
| <b>Explain Rating</b>  |                          |                            |                                     |                          |   |   |  |
| <b>Major Programmatic Requirements</b>   | Unacceptable             | Conditionally Unacceptable | Fully Met                           | Exceeded                 | Not Applicable  | <b>Ratings Based Upon:</b><br>I = Interview<br>O = Observation<br>D = Documentation<br>PTV = Submitted Prior To Visit<br>(List Who and What)  | <b>Notes</b><br><br>Explain Unacceptable or Conditionally Acceptable:<br><br>(Attach Supportive Documentation) |
|  |                          |                            |                                     |                          |   |   |  |
| <b>I. Administrative and Fiscal</b>  |                          |                            |                                     |                          |   |   |  |
| <b>DJJ Quality Improvement Peer Reviewer</b><br>a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested. | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                              | The provider currently has twelve (12) certified DJJ-QI Peer Reviewers namely: David Gray, Rhonda Rhodes, LCSW, Patrick Minzie, Linda Sessions Leah Saker, Kawaunda Thornton, Julie A. Edison, Deborah Bianchi, Angel Colón, Chaniqua Rembert Jocie Fletcher, and Victor Garcia-Borbon. Multiple staff participated and/or are scheduled to participate in QI Peer Reviews during the FY.   |  |
| <b>Additional Contracts</b><br>a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. <b>PTV</b>  | <input type="checkbox"/> | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                              | Documentation: A list of 5 additional contracts as of July 2020 was provided. The list includes the grant title/name, contract start and end date, the purpose, and the amount for the following funders: Eckerd (Residential Group Care), National School Lunch Program, Hillsborough County School Readiness Coalition, Department of Children and Families, and Hillsborough Community College. The program also maintains eleven (11) interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All of the |  |

|  |                          |                                   |                                     |                          |  |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|--|
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| <b>Service Description: Comprehensive Compliance Monitoring I</b>  |                          |                                   |                                     |                          | <b>Site Visit Date(s): July 29-30, 2020</b>                  |  |
|  | <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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>  |
|  |                          |                                   |                                     |                          |  |  |
|  |                          |                                   |                                     |                          |  | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b>   |
|  |                          |                                   |                                     |                          |  | agreements reviewed had current contract/agreement dates.  |
| <b>Limits of Coverage</b><br>a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b> | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: Management Budget - Certificate of Self-Insurance. Hillsborough County has elected to self-insure for General Liability, Automobile Liability, Workers' Compensation, and certain Property losses. This means that instead of purchasing commercial insurance policies, the County has budgeted funding to pay claims and recognize sufficient reserves for future claims.<br><br>General Liability coverage and Automobile Liability coverage is authorized under FS 768.28. Under this statute, the County's Tort liability sovereign immunity has been waived to the following extent: \$100,000 per person and \$300,000 per occurrence.<br><br>Workers' Compensation coverage is authorized under FS 440.38(6) and Hillsborough County is a qualified self-insurer.<br><br>Damage and losses to County owned vehicles, equipment, and uninsured property is paid from the self-insurance fund when properly reported and documented. |

|  |                          |                                   |                                     |                          |  |   |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|---|--|
| <b>Agency Name: Hillsborough County</b>  |                          |                                   |                                     |                          | <b>Monitor Name: Marcia Tavares</b>                          |   |  |
| <b>Contract Type : CINS/FINS</b>   |                          |                                   |                                     |                          | <b>Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618</b> |   |  |
| <b>Service Description: Comprehensive Compliance Monitoring I</b>  |                          |                                   |                                     |                          | <b>Site Visit Date(s): July 29-30, 2020</b>                  |   |  |
|  | <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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                                     |                          |  |   |  |
|  |                          |                                   |                                     |                          |  | Coverage includes damages in tort for money damages for injury or loss of property, personal injury, or death caused by the negligent or wrongful act or omission of the County and/or any employee while acting within their scope of office or employment. Date of coverage: October 1, 2019 until cancelled (continuous coverage).   |  |
| <b>External/Outside Contract Compliance</b><br>a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>  | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Interview:<br>During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.   |  |
| <b>Fiscal Practice</b><br>a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. <b>PTV</b> | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: Hillsborough County Clerk of the Circuit Court, BOCC Accounting Department, July 2004. Fiscal Policies and Procedures are issued and maintained by the Accounting Department. The procedures reviewed appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for: cash collection and accounting; check disbursement; receipting system; bank deposits; collection security; armored car service; credit card services; electronic payments; escrow deposits; tax collection; and other general accounting procedures. |  |
| b. Agency maintains a general ledger and the   | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: Detailed General   |  |

|  |                          |                                   |                                     |                          |  |   |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|---|--|
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| <b>Contract Type : CINS/FINS</b>   |                          |                                   |                                     |                          | <b>Region/Office: 3110 Clay Mangum Lane, Tampa, FL 33618</b> |   |  |
| <b>Service Description: Comprehensive Compliance Monitoring I</b>  |                          |                                   |                                     |                          | <b>Site Visit Date(s): July 29-30, 2020</b>                  |   |  |
|  | <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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>   | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|  |                          |                                   |                                     |                          |  |   |  |
| 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>  |                          |                                   |                                     |                          |  | Ledger for the current FY through June 2020 was provided that tracks the activities for the CINS/FINS program (12792) separately. The general ledger is structured to track all funding sources as well as activities for the CINS/FINS program. The GL includes the following items: fund code, fund name, account category, cost center code, cost center name, account code, account name, adopted budget, revised budget, encumbrance, current month actual, YTD actual, funds available balance. |  |
| c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) <b>-ON SITE</b>  | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Observation/Documentation:<br>Reviewed Board Policy and Procedure 2.17 which was approved by the county Board of Commissioners on April 1, 2019. Per the Youth Programs Operation Manager, the program does not have a petty cash fund for CINS/FINS. Instead, P-cards are used with the authorized user being the Residential Services Coordinator.  |  |
| d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). <b>ON SITE</b> | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Interview:<br>The Senior Accounting Manager provided copies of bank statements from January-June 2020 for a Wells Fargo Concentration account held by the County. The program has access to the account. Financial records and reports are maintained offsite by  |  |

|  |                          |                                   |                                     |                          |  |  |  |
|--|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|--|--|
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|  |                          |                                   |                                     |                          |  |  |  |
|  |                          |                                   |                                     |                          |  | Hillsborough County Clerk of the Court. The County accountant does the bank reconciliations; copies are not provided to the program.   |  |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation:<br>There is no capital improvement in the current FY, therefore, no capital purchases were made for this grant. No DJJ inventory in excess of \$1000 was purchased since the last onsite review.  |  |
| 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:<br>The agency provided copies of 941s for the 1 <sup>st</sup> and 2nd quarters of 2020 from the EFTPS, of payroll taxes being paid. No balances were noted as due on the quarterly reports.   |  |
| g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>   | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: Agency provided a Revenue and Expenditures statement, as of June 2020, with budget to actual comparison for the current FY. A review of these documents was conducted.<br>The report tracks the overall budget variances for the CINS/FINS program. Per the Program Director, the accountant and/or a team reconcile variances monthly. There is informal sharing between the team and directors. Invoices are submitted monthly with supporting documentation. |  |

|   |                          |                                   |                                     |                          |  |  |  |
|---|--------------------------|-----------------------------------|-------------------------------------|--------------------------|--|--|--|
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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><br><b>I = Interview</b><br><b>O = Observation</b><br><b>D = Documentation</b><br><b>PTV = Submitted Prior To Visit</b><br><b>(List Who and What)</b>  | <b>Notes</b><br><br><b>Explain Unacceptable or Conditionally Acceptable:</b><br><br><b>(Attach Supportive Documentation)</b> |
|   |                          |                                   |                                     |                          |  |  |  |
| h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b> | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: The agency provided website link ( <a href="http://hillsclerk.com/Records-and-reports/financial-reports-county">http://hillsclerk.com/Records-and-reports/financial-reports-county</a> ) to The Hillsborough County, Florida, Single Audit document as well as a hard copy of the audit prepared by the County Finance Department and audited by RSM US LLP 4/30/2020 for the fiscal year ended September 30, 2019. Per the program director, the county has 6 months from the end of the FY to complete the audit which was completed within that timeframe.<br><br>A separate Management Letter was issued by the auditor solely for the purpose of information. Per the management letter, corrective actions were taken to resolve findings and recommendations made in the prior year's audit (2018a and 2018b). |  |
| i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. <b>ON SITE</b>  | <input type="checkbox"/> | <input type="checkbox"/>          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                     | Documentation: Review of the following policies and procedures: Information Management policy 1.20, effective 11/1/2019 and Storing/Disposition of Client Records, policy 4.37, effective 8/1/2018. Both policies ensure the security and privacy of data and maintenance of a backup system in case of accidental loss.   |  |



## CONCLUSION

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

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

July 29-30, 2020

**Compliance Monitoring Services Provided by**





# Quality Improvement Review

Hillsborough County CS – July 29-30, 2020  
Lead Reviewer: Marcia Tavares

## 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    | Satisfactory |
| 1.06 Client Transportation                  | Satisfactory |
| 1.07 Outreach Services                      | Satisfactory |

**Percent of indicators rated Satisfactory: 100.00%**  
**Percent of indicators rated Limited: 0.00%**  
**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                             | Limited      |
| 2.06 Adjudication/Petition Process                   | Satisfactory |
| 2.07 Youth Records                                   | Satisfactory |
| 2.08 Sexual Orientation, Gender Identity/ Expression | Satisfactory |
| 2.09 Special Populations                             | Limited      |
| 2.10 Stop Now and Plan (SNAP)                        | N/A          |

**Percent of indicators rated Satisfactory: 77.78%**  
**Percent of indicators rated Limited: 22.22%**  
**Percent of indicators rated Failed: 0.00%**

### Standard 3: Shelter Care & Special Populations

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

**Percent of indicators rated Satisfactory: 85.71%**  
**Percent of indicators rated Limited: 14.29%**  
**Percent of indicators rated Failed: 0.00%**

### Standard 4: Mental Health /Health Services

|  |              |
|--|--------------|
| 4.01 Healthcare Admission Screening      | Limited      |
| 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: 80.00%**  
**Percent of indicators rated Limited: 20.00%**  
**Percent of indicators rated Failed: 0.00%**

### Overall Rating Summary

**Percent of indicators rated Satisfactory: 85.71%**  
**Percent of indicators rated Limited: 14.29%**  
**Percent of indicators rated Failed: 0.00%**

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## Quality Improvement Review

Hillsborough County CS – July 29-30, 2020  
Lead Reviewer: Marcia Tavares

### Rating Definitions

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

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

### Reviewer

#### Members

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

Melissa Johnson - Department of Juvenile Justice

Lashonda Chavis – Miami Bridge Youth and Family Services Inc

Paivi Johnson – Florida Keys Children’s Shelter

Joe Mabry – Family Resources St. Petersburg



# Quality Improvement Review

Hillsborough County CS – July 29-30, 2020

Lead Reviewer: Marcia Tavares

## Methodology

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

### Persons Interviewed

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer           | <input type="checkbox"/> Executive Director          | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer           | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager         |
| <input checked="" type="checkbox"/> Program Coordinator    | <input type="checkbox"/> Direct – Care Full time     | _____ # Case Managers                            |
| <input type="checkbox"/> Direct – Part time                | <input type="checkbox"/> Direct – Care On-Call       | <b>2</b> # Program Supervisors                   |
| <input type="checkbox"/> Volunteer                         | <input type="checkbox"/> Intern                      | _____ # Food Service Personnel                   |
| <input checked="" type="checkbox"/> Clinical Director      | <input type="checkbox"/> Counselor Licensed          | _____ # Healthcare Staff                         |
| <input checked="" type="checkbox"/> Counselor Non-Licensed | <input type="checkbox"/> Case Manager                | _____ # Maintenance Personnel                    |
| <input type="checkbox"/> Advocate                          | <input type="checkbox"/> Human Resources             | _____ # Other (listed by title): _____           |
| <input checked="" type="checkbox"/> Nurse – Full time      | <input type="checkbox"/> Nurse – Part time           |  |

### Documents Reviewed

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Table of Organization            | <input type="checkbox"/> Visitation Logs           |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan             | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports                       | <input checked="" type="checkbox"/> Grievance Process/Records        | <b>5</b> # Health Records                          |
| <input checked="" type="checkbox"/> Logbooks                          | <input type="checkbox"/> Key Control Log                             | <b>6</b> # MH/SA Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                   | <b>20</b> # Personnel /Volunteer Records           |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <b>7</b> # Training Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | <b>26</b> # Youth Records (Closed)                 |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | <b>3</b> # Youth Records (Open)                    |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input checked="" type="checkbox"/> Supplemental Contracts           | <b>_</b> # Other:                                  |
| <input type="checkbox"/> Exposure Control Plan                        | <input type="checkbox"/> Vehicle Inspection Reports                  |  |

### Surveys

- |                  |                               |                         |
|------------------|-------------------------------|-------------------------|
| <b>4</b> # Youth | <b>16</b> # Direct Care Staff | <b>0</b> # Other: _____ |
|------------------|-------------------------------|-------------------------|

### Observations During Review

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

### Comments

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

### Overview

#### Monitoring Purpose:

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

#### Strengths and Innovative Approaches

Hillsborough County Children Services (HCCS) is a Hillsborough County operated department that focuses on keeping children, young adults, and families protected and empowered to live safe, healthy lives. Services provided include Children in Need of Services/Families in Need of Services (CINS/FINS); Child Care; Case Management & Case Staffing; Safe Place; and Residential Group Care. The CINS/FINS program for runaway and ungovernable children and their families, offers counseling services to reunite families and prevent runaway behavior, as well as short-term residential respite and shelter. Emergency shelter care is available for dependent, abused, or neglected children. For long-term foster care of adolescent females, there is a pre-independent living group home program. Additionally, there are training classes for parents to improve their parenting skills. The agency also provides services to special populations who meet the criteria for staff secure shelter, domestic minor sex trafficking, intensive case management, and youth referred by the Juvenile Justice Court System for domestic violence, probation respite, and Family/Youth Respite Aftercare Services (FYRAC). HCCS is currently accredited by the Council of Accreditation (COA) effective through June 30, 2021.

Since the last onsite QI review on April 3, 2019, HCCS transitioned its Foster Care Services to a non-profit corporation, Eckerd, Connects. The focus is now geared towards prevention and emergency shelter for at-risk youth by providing short term residential services.

As a result of the COVID-19 pandemic, HCCS implemented Telehealth services particularly in the non-residential program, allowing staff to continue providing counseling for families while maintaining social distancing.

Major personnel positions were realigned to better fit their roles within the Children's Services' department as the agency transitioned to the new federal child welfare regulation, Family First Prevention Services Act (FFPSA). The changes are as follows:

- Patrick Minzie II was promoted from Youth Program Operations Manager to Department Director. The incumbent was transferred to another department.

## Quality Improvement Review

Hillsborough County CS – July 29-30, 2020

Lead Reviewer: Marcia Tavares

- Clinical Services Division Director position reclassified to Clinical Services Manager
- Residential Services Coordinator, Sarah Grimmig promoted to Youth Program Operations Manager.

### Narrative Summary

The Hillsborough County Department of Children's Services provides both Residential and Non-Residential CINS/FINS services for youth and their families in Hillsborough County, Florida. The program located at 3110 Clay Mangum Lane, Tampa, Florida is under the leadership of the Hillsborough County Government. The Department Director oversees the residential and non-residential components of the program, including the volunteer and outreach initiatives. The shelter is licensed for 22 beds by the Department of Children and Families effective through July 31, 2020. Another shelter houses foster care youth and is licensed for 30 beds, also effective through July 31, 2020. The agency's administrative offices and youth shelters are housed in buildings located on a beautiful, large campus.

During the QI review, it was observed that the HCCS policies and procedures do not have signatures of approval, just effective dates, review dates and expiration dates. Policy Section 1.19 outlines the protocol for the establishment and review of policies and procedures. HCCS policies and procedures will be reviewed and revised at least every two to three years or when practices, procedures, legal requirements, or regulations change. Within the three-year time frame or as needed, HCCS program managers or their designees are responsible for reviewing, updating, or establishing policies under their area(s) of responsibility. The program manager or designee works with their QI workgroup to prepare a draft of the new or revised procedure. The updated policy is then submitted to the QI Committee Chair who forwards the draft policy to legal for review. If the legal review is completed and no edits are required, the QIC Chair completes the bottom section of the Revised Procedures Coversheet and forwards the policy and coversheet to the Department Director for approval.

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

Standard 1 has a total of seven indicators regarding Management Accountability. All seven indicators in Standard 1 were rated satisfactory with no exceptions. It was noted that the policy and procedure for Indicator 1.06, Client Transportation, did not fully address the requirement and was missing procedures to be followed in the event a 3<sup>rd</sup> party cannot be present in the vehicle while transporting youth.

Standard 2 has a total of ten indicators that relate to intervention and case management. One of the ten indicators was not applicable as HCCS is not contracted to provide SNAP services. Three of the nine applicable indicators were rated satisfactory with no exceptions (2.02, 2.06, and 2.07), four were rated satisfactory with exceptions (2.01, 2.03, 2.04, and 2.08), and two received a limited rating (2.05 and 2.09).

Standard 3 has a total of seven indicators regarding shelter care. Five of the seven indicators were rated satisfactory with no exceptions (3.01, 3.02, 3.04, 3.05, and 3.07), indicator 3.03 was rated satisfactory with exceptions, and indicator 3.06 received a limited rating.

Standard 4, Mental Health and Health Services, is comprised of five indicators. Three of the five indicators were rated satisfactory with no exceptions (4.03, 4.04, and 4.05); however, it was noted that the policy and procedure for indicator 4.03 was missing the requirement for monthly reviews of the Knowledge Portal reports. Indicator 4.02 was rated satisfactory with an exception and indicator 4.01 received a limited rating.

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

#### **Standard 2:**

**Indicator 2.05 – Limited.** The indicator requires group counseling to be provided at least five (5) times per week with documentation consisting of the following: 1) clear leader; 2) relevant topic; 3) opportunity for youth to participate, and; 4) length of the group is at least 30 minutes or longer. Based on the period reviewed from January through July 2020, there were a total of 122 group notes for Cottages E and F and one from the therapist. There was no evidence to support groups were conducted five times per week as required. None of the 4 youth records reviewed demonstrated youth attended group counseling 5 times per week during their stay. Out of the 122 group notes reviewed, 23 had a duration of 30 minutes or more – the dates for these were as follows: Cottage E: 1/8, 2/7, 2/8, 3/2, 3/12, 3/25, 3/30, 3/31, 5/20, 6/11, 6/14, 6/15 and 7/6. For Cottage F: 01/02, 1/27, 1/31, 2/10, 2/17, 2/24, 3/3, 3/9, 6/8, and 6/9. Nineteen of the 119 had no duration listed and for the remainder (80), the duration listed was less than 30 minutes.

**Indicator 2.09 – Limited.** Three youth files were reviewed for data entry into NetMIS and JJIS within 24 hours of intake and 72 hours of discharge. One DV respite youth's intake entry was 1-day over the 24 hours required and 2 youth discharge entries were over the 72 hours required (3 days and 8 days, respectively). Intensive Case Management timeframes required were not consistently met for the CBCL and Self-Report Assessments as follows: None of the 3 youth records reviewed demonstrated the CBCLs were initiated and/or completed within 14 days of intake as required. In



addition, none of the 3 youth completed the Self-Report Assessment at intake nor every 90 days of intake, or at discharge for 2 applicable youth.

### **Standard 3:**

**Indicator 3.06 – Limited.** A review of 3 random overnight bed checks revealed staff did not consistently conduct 15-minute bed checks and falsified documentation on more than one occasion, 7/5/20 and 7/16/20. On 7/5/20, bed checks were observed on video at 12:11am and the next bed check was not done until 12:30am. However, the logbook documented an additional bed check that was not observed to be done by the staff at 12:22 am. The same staff person missed bed checks on 7/16/20 and falsification of documentation for the bed checks of 12:13am, 12:23am and 12:26am. Per the video, bed checks were conducted at 12:03am and was not done again until 12:29am. A CCC call was made by the program on 7/31/20 @ 5pm. A CCC operator did not answer. A voicemail message was left. CCC Reporter called back at 5:17pm report # 2020-04723

### **Standard 4:**

**Indicator 4.01 – Limited.** The exception observed during the review was also noted as an exception in last year's report. which results in a limited rating. The nursing assessment documented recommendations for follow-up in three of the five youth records. There was no documentation to support a referral was made and that the parents were made aware of the nursing recommendations. Two other youth had nursing recommendations and the youth receive follow-up dental and general physical care.

## Quality Improvement Review

Hillsborough County CS – July 29-30, 2020

Lead Reviewer: Marcia Tavares

### CINS/FINS QUALITY IMPROVEMENT TOOL

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| <b>Standard One – Management Accountability</b>   |                                     |                          |                              |                          |                          |  |  |
| <b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>  |                                     |                          |                              |                          |                          |  |  |
| <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)<br>Policy 3.05 - Employee Screenings, effective date 10/1/19; policy 3.09 – Volunteers effective 11/30/16; and policy 3.19 - Pre-employment Assessment, effective date 10/16/19.   |  |
| a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A total of nine new staff were hired since the last onsite QI review. Three of the nine staff met the criteria for pre-screening assessment. The agency uses the Berke Assessment and completed the screening prior to hire for the three applicable staff. The position titles for the remaining six non-applicable staff were: supervisor (2), clerical (1), dietary staff (1), and counselor (2). |  |
| 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 9 new hires and 2 interns were background screened prior to hire and volunteer service start dates.   |  |
| c. Five-year re-screening completed every 5 years from initial date of hire   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Program employee roster shows nine eligible staff were eligible for 5-year rescreening. The agency maintained active retained prints for all nine staff meeting the requirement for rescreening.   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/16/2020.   |  |
| e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Documentation of approval of E-Verify work eligibility was provided for all nine new staff hired.   |  |
| <b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>                  |                                     |                          |                                     |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</b>                                   |                                     |                          |                                     |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 3.18- Six Pillars of Attestation, effective 2/23/2018. The policy regarding Child Abuse and Reporting is addressed in three different policies: 1) Employees Involved in Reports of Child Abuse 4.07 (1/15/17); 2) Reporting Criminal Behavior, Child Abuse or Neglect 6.04 (3/1/17); and 3) Abuse Reporting 4.07 (3/1/18). |  |
| <b>Abuse Free Environment</b>  |                                     |                          |                                     |                          |                          |   |  |
| a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Policy-3.18 Code of Conduct effective 2/23/18. Staff sign the Code of Conduct/Six Pillars Attestation form upon hire; the form is kept in the employee's electronic personnel file.   |  |
| b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Child Abuse telephone number was observed during the video tour to be posted on a bulletin board in each youths' cottage.   |  |
| 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 four youth surveyed indicated knowledge of the location of the abuse hotline number in the facility.  |  |
| d. Management takes immediate action to address any incidents of threats or abuse  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Conflict of Interest and Ethical Conduct policy 1.09 (9/1/18). No incidents of abuse or threats was identified and/or reported during the review period needing management action.  |  |
| <b>Grievance Process</b>   |                                     |                          |                                     |                          |                          |   |  |
| a. Agency has a formal grievance process   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Client Grievance process 6.07, effective 11/15/17.  |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| b. Locked box accessible to only management and available to youth in a common area  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | During the video tour it was observed that the program has an accessible grievance box that is locked and located in each cottage alongside grievance forms. The residential coordinator keeps the key to the grievance box.  |  |
| c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Only one grievance was reported during the review period. The grievance was reviewed and resolved by the Residential Services Coordinator.  |  |
| d. 72-hour resolution requirement by management  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The one grievance reported was resolved within 24 hours.  |  |
| e. Grievance maintained on file for a minimum of 1 year  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Policy 6.07 requires grievances to be maintained on file for a minimum of 1 year.   |  |
| <b>1.03: Incident Reporting</b>  |                                     |                          |                              |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO (explain)<br>Policy 6.04 -Reporting Criminal Behavior, Child Abuse, or Neglect, effective 1/25/2019   |  |
| a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | There were thirteen CCC incidents in the last six months reported by the agency. All thirteen incidents were reported within the two-hour required timeframe.   |  |
| b. The program completes follow-up communication tasks/special instructions as required by the CCC   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All CCC incidents that required followed up were completed.   |  |
| c. Incidents are documented in the program logs and on incident reporting forms  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All incidents were documented on agency forms called Information Report Form, Incident Report Form, and CCC call in log. There were three logbook entries that were randomly selected regarding CCC incidents and reviewed. All incidents were entered into logbook by shelter staff. |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| d. All incident reports are reviewed and signed by program supervisors/directors   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All incident reports were reviewed by programs Supervisors/Directors and were signed.   |  |
| <b>1.04: Training Requirements</b><br>Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions  |                                     |                          |                              |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 1.17 - Required Staff Training, revised 8/1/2019.   |  |
| <b>First Year Direct Care Staff</b>  |                                     |                          |                              |                          |                          |   |  |
| a. Direct care staff receives all mandatory training during the first 120 days of employment   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | There were three (3) first year direct care staff files reviewed and all three had more than 80 hours of training required and had completed the mandatory training required during the first 120 days. One employee was a re-hire after being separated for one year. All of the orientation and first 120 day trainings were completed in 2018 during the previous employment period. |  |
| b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first-year employment.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All 3 staff completed the required FL Network, Skill-Pro, and In-Service Component trainings.   |  |
| <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 were two Non-Licensed Mental Health Clinical files reviewed but only one was applicable due to the other being a Licensed Social Worker.  |  |
| b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The Non-Licensed Mental Health file that was observed had all five (5) Suicide Assessments required within one year, signed by a licensed mental health professional, and dated 2/18/2020.  |  |
| <b>In-service Direct Care Staff</b>  |                                     |                          |                              |                          |                          |   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| 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"/> | Three (3) in-service employee training files were reviewed and all three had completed the required annual training in excess of 40 hours.   |  |
| <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 were a spreadsheet with all trainings, date completed, and hours. Also, in 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>                      |                                     |                          |                              |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>  |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 1.05 - Quality Improvement, effective 11/1/2019 and Quality Improvement Plan (QIP) for FY20-23.  |  |
| <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"/> | For the period January-June 2020, documentation of monthly case record reviews for the residential program and quarterly reviews for the non-residential programs supported reviews were conducted for a total of 73 and 239 cases, respectively |  |
| 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 and trend data is included in a Metrics Report on a quarterly basis and discussed at management team meetings. The Metrics report for FY2020 was reviewed for quarters 1-3.            |  |
| <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"/> | Metrics report for FY2020, quarters 1-3, showed customer satisfaction data is reviewed quarterly for each program.   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| 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"/> | Program outcomes/service utilization is monitored by management and reported on the Metrics report for FY 2020, quarters 1-3. The findings are reviewed by management and communicated to staff and stakeholders.   |  |
| <b>Monthly Reviews</b>  |                                     |                          |                              |                          |                          |   |  |
| The program conducts a monthly review of NetMIS data reports  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Netmis data reports received from the Florida Network are sent to the agency's management team and discussed at QI committee meetings monthly. Minutes of the meetings held in January, April, and May 2020 supported this practice. March, June, and July's meetings were canceled due to the pandemic.  |  |
| <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"/> | Utilization data is checked by the Business Analyst through comparison of the daily planning meeting and information in the electronic system to ensure it matches. When it becomes an ongoing issue, a meeting is set to review the flow of data input to identify root causes for data loss or changes. Follow-up on documentation for monthly of review of NetMIS Data Report. |  |
| b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Findings are discussed at monthly QI Committee meetings   |  |
| c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The QI committee determines necessary action based on a review of data collected. Recommendations for corrective actions and/or policy changes are made by the committee.   |  |
| <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> |                                     |                          |                              |                          |                          |   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>   |                                     |                          |                              |                          |                          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Policy 6.47- Transporting Clients, revised 11/4/2019  | Policy 6.47 does not include procedures to be followed in the event a 3 <sup>rd</sup> party is not in the vehicle while transporting youth.  |
| <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 provided a list of 27 staff approved by administration to drive clients in agency vehicles.   |  |
| 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"/> | Agency provided supporting insurance documents of approved drivers having a valid driver's license and are covered under the company insurance 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"/> | The policy states drivers are discouraged from transporting a client unless accompanied by another client or staff, and exceptions should be made only when no other option is available. The policy requires supervisor's approval for all transport including single client transport. This was verified in 282 transport records reviewed of which 67 were single transport.                      |  |
| b. In the event that a 3 <sup>rd</sup> party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Staff completes a request of Authorization for off campus activities form which is reviewed by Supervisor before a youth leaves off campus. In the event an employee must transport a client alone, staff is required to email Supervisor requesting permission for single transport and Supervisor responds back giving approval. During review, emails were sent with request and approvals given. |  |
| c. The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Transportation logs for the past 6 months showed third party included agency staff, or other youth.  |  |
| <b>Transportation documentation</b>  |                                     |                          |                              |                          |                          |  |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Transportation logs includes client name, type of client, staff name, activity, time, vehicle, and approver's name/signature.  |  |
| <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. 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   |                                     |                          |                              |                          |                          | Policy 1.22 - Community Outreach and Partnerships effective on 3/18/2020.  |  |
| b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.  |                                     |                          |                              |                          |                          | The Program Coordinator and Clinical Staff share the joint responsibility in leading efforts to provide outreach information, referrals, and services to community members and stakeholders. Clinical staff and Program Coordinator is designated to participate in the DJJ Board and Council meeting. |  |
| c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.  |                                     |                          |                              |                          |                          | Agency provided Circuit 13 Juvenile Justice Board Meeting Minutes with names of attendees for the Months of November 2019-February 2020, and May 2020.<br><br>The meetings for March and April 2020 were cancelled. Agency has evidence of outreach events by providing Netmis outreach list.          |  |
| <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</b>  |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)  |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                                 |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                       | Notes   |
|--|-------------------------------------|-------------------------------------|---------------------------------|--------------------------|--------------------------|---|---|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items<br>For Review | No Practice              | Not Applicable           |   |   |
| <b>for Indicator 2.01</b>  |                                     |                                     |                                 |                          |                          | Policy 9.01 and 9.07/Screening & Eligibility and Residential Youth Orientation, effective 11/1/2019   | <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 |
| Eligibility screening is completed within 7- calendar days of referral   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | All nine (9) records reviewed (4 residential and 5 non-residential).  |   |
| Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> <li>Available service options</li> <li>Rights and responsibilities of youth and parents/guardians</li> </ul>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | All nine (9) records reviewed (4 residential and 5 non-residential).  |   |
| The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> <li>Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</li> <li>Grievance procedures</li> </ul> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | No documentation was found in the 5 non-residential files reviewed to support information was provided to youth and parents/guardian.               |   |
| <b>2.02: Needs Assessment</b>  |                                     |                                     |                                 |                          |                          |   |   |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>   |                                     |                                     |                                 |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 4.03 Needs/Bio Psychosocial Assessment, effective 11/1/2019 |   |
| <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"/> | Four residential youth records were reviewed. The Needs Assessment was initiated within 72 hours in all 4 records.                                  |   |
| b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> updated, if most recent assessment is over 6 months old  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | Five non-residential youth records were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 5 records.          |   |

### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |  | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                                  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  |
|--|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--|--|---|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable   |  |   |
| 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 nine 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 9 Needs Assessment reviewed.   |   |
| <b>Suicide Risk as a Result of the Needs Assessment</b>  |                                     |                                     |                              |                          |  |  |   |
| a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>   | Applicable to 5 of the 9 youth records, 3 residential and 2 non-residential youth. All five applicable youth were identified with an elevated risk of suicide. |   |
| b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>   | Proof of a completed Assessment of Suicide Risk, conducted by a qualified professional, was observed in all 5 records reviewed.                                |   |
| <b>2.03 Case/Service Plan</b>  |                                     |                                     |                              |                          |  |  |   |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>   |                                     |                                     |                              |                          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Policy 4.17, Treatment Plans, effective 2/19/2019 |  | Policy 4.17 does not include all the elements required by the indicator regarding frequency of services.  |
| Case/Service plan is developed within 7 working days of Needs Assessment   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>   | Service plans were completed within 7 working days of Needs Assessment in 7 of the 9 records reviewed.   | <b>Exception</b><br>In two (2) of the five (5) non-residential records reviewed, service plans were not initiated within seven (7) days of completion of needs assessment.  |
| <b>Case/Service Plan includes:</b>   |                                     |                                     |                              |                          |  |  |   |
| <ul style="list-style-type: none"> <li>Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>Service type, frequency, location</li> <li>Person(s) responsible</li> <li>Target date(s) for completion and Actual completion date(s)</li> <li>Signature of youth, parent/guardian, counselor, and supervisor</li> </ul> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>   | All 5 non-residential files included all elements required by the indicator  | <b>Exception</b><br>In four (4) out of four (4) residential files, there was no evidence of dates for completion of goals, location, and type of service. The service plans did not include a section where staff can document if the goals were met, partially met or not met. |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                    | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| <ul style="list-style-type: none"> <li>Date the plan was initiated</li> </ul>   |                                     |                                     |                              |                          |                          |  |  |
| Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Applicable to 4 non-residential files reviewed. Three of the 4 files demonstrated service plan reviews every 30 days for the first three months. | <b>Exception</b><br>One (1) out of four (4) applicable nonresidential service plans was not reviewed on time within the required 30 and 60-day timeframe.  |
| <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Policy 4.15, CINS/FINS Case Management, effective 7/1/2018      | Policy for 4.15 for Case Management does not include all the case management service elements required for this indicator.   |
| Counselor/Case Manager is assigned  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Each of the 9 records reviewed showed a counselor was assigned to the youth.   |  |
| The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> <li>Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>Coordinates service plan implementation</li> <li>Monitors youth's/family's progress in services</li> <li>Provides support for families</li> <li>Monitors out-of-home placement (if necessary)</li> <li>Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>Refers the youth/family for additional services when appropriate</li> </ul> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Eight of the nine records reviewed demonstrated case management services were provided as needed and progress is monitored.                      | <b>Exception</b><br>In one (1) of the four (4) residential records reviewed, there was no evidence of case termination notes/discharge summary documented in the youth record.                   |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                       | Notes  |
|--|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| <ul style="list-style-type: none"> <li>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> |                                     |                                     |                              |                          |                          |   | <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>2.05: Counseling Services</b>   |                                     |                                     |                              |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>   |                                     |                                     |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 4.08, Individual and Family Counseling, effective 11/1/2019 |  |
| Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Service plans and case notes maintained demonstrated all 9 youth received individual counseling services as identified during the assessment.       |  |
| <b>Shelter Program</b>   |                                     |                                     |                              |                          |                          |   |  |
| Shelter programs provides individual and family counseling   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Applicable to 4 residential records reviewed. All 4 demonstrated individual and/or family counseling was offered.                                   |  |
| Group counseling sessions held a minimum of five days per week   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Group notes from January - July 2020  | <p><b>Limited Exception (2.05)</b><br/>           The indicator requires group counseling to be provided at least five (5) times per week with documentation consisting of the following: 1) clear leader; 2) relevant topic; 3) opportunity for youth to participate; and 4) length of group is at least 30 minutes or longer. Based on period reviewed from January through July 2020 (15 uploaded records consisting of Cottages E and F and one specific group from the therapist) resulted in a total of 122 group notes. There was no evidence to support groups were conducted five times per week as</p> |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes  |
|--|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
|  |                                     |                                     |                              |                          |                          |  | required. None of the 4 youth records reviewed supported youth attended group counseling 5 times per week during their stay.   |
| Group counseling sessions consist of: <ul style="list-style-type: none"> <li>Length of at least 30 minutes</li> <li>Opportunity for youth engagement</li> <li>Clear and relevant topic (informational/developmental/educational)</li> <li>Clear leader or facilitator</li> </ul> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Group notes from January - July 2020   | <b>Limited Exception (2.05)</b><br>Out of the 122 group notes reviewed, 23 had a duration of 30 minutes or more – the dates for these were as follows: Cottage E: 1/8, 2/7, 2/8, 3/2, 3/12, 3/25, 3/30, 3/31, 5/20, 6/11, 6/14, 6/15 and 7/6. For Cottage F: 01/02, 1/27, 1/31, 2/10, 2/17, 2/24, 3/3, 3/9, 6/8, and 6/9. Nineteen of the 119 had no duration listed and the for the remainder (80), the duration listed was less than 30 minutes. |
| <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 5 non-residential youth records reviewed. Therapeutic services provided by agency staff are documented in the case notes. Referral needs were established and provided to all 5 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 9 files reviewed.   |  |
| Maintain individual case files on all youth and adhere to all laws regarding confidentiality   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Individual youth record is maintained for all 9 youth files reviewed.  |  |
| Case notes maintained for all counseling services provided and documents youth's progress  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All 9 youth records included case notes that document 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"/> | Clinical supervisor provided documentation of clinical reviews conducted at team meetings with staff.  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| <b>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)<br>Policy 4.29, Case Staffing Referrals and Services, effective 1/15/2020.                                  |  |
| <b>Case Staffing Initiation and Notifications</b>   |                                     |                          |                              |                          |                          |   |  |
| If parent/guardian initiates, staffing is held within 7 days  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Two applicable case staffing youth records were reviewed for the QI period. The case staffing was requested by the parent in 1 of the 2 records.  |  |
| 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"/> | Notification was sent via email to the committee and youth/family more than 5 days prior to the case staffing for each youth.   |  |
| <b>Case Staffing Committee</b>  |                                     |                          |                              |                          |                          |   |  |
| <b>Must include:</b><br>a. DJJ rep. or CINS/FINS provider<br>b. Local school district representative  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Each case staffing included a DJJ representative/ CINS/FINS provider and a local school district 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"/> | No additional parties other than the committee members and youth/family were in attendance at the 2 case staffing meetings held and reviewed  |  |
| 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"/> | Members of the case staffing committee include representatives from: school district, DJJ, Youth Advocate Program, PACE, Tampa Housing Authority, DCF, and DJJ Assistant General Counsel. |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| The program has an 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 4.29   |  |
| <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"/> | Revised service plans incorporating the committee's recommendations were implemented for the two youth.   |  |
| Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | The parent/guardian is provided a report of the committee recommendations at the end of the case staffing meeting.  |  |
| If applicable, the program works with the circuit court for judicial intervention for the youth/family   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | None of the two youth records reviewed was applicable for judicial intervention for the youth/family.   |  |
| Case Manager/Counselor completes a review summary prior to the court hearing   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No court intervention was required for the records reviewed.  |  |
| <b>2.07: Youth Records</b>   |                                     |                          |                                     |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>   |                                     |                          |                                     |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 4.23, Client Records Management and Security, effective 10/18/19 and 4.37, Storing/Disposition of Client Records, effective 8/1/2018. |  |
| All records are marked "confidential"  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | All nine youth records reviewed were stamped confidential   |  |
| All records are kept in a secure room or locked in a file cabinet that is marked "confidential"  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | During the video tour, files were observed to be stored in locked file cabinets marked confidential.  |  |
| When in transport, all records are locked in an opaque container marked "confidential"   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | When the youth records are transported offsite, they are stored in a secured lock box with a combination lock/key.  |  |



## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  |
|---|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|--|---|
|   | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |  |   |
| All records are maintained in a neat and orderly manner so that staff can quickly and easily access information   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All nine files reviewed were observed to be organized and maintained in a neat order with cover pages for each section of the file.  |   |
| <b>2.08: Sexual Orientation, Gender Identity, Gender Expression</b>   |                                     |                                     |                              |                          |                          |  |   |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>  |                                     |                                     |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 6.02, Sexual Orientation, Gender Identity, and Gender Expression, effective 1/30/2020. |   |
| Use of youth's preferred name/pronoun:<br>a. Youth are addressed according to their preferred name and gender pronouns<br>b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Two applicable closed residential youth files were reviewed.   | <b>Exception</b><br>The two youth files reviewed indicated both youths had expressed preference for being called another name and use of gender related pronoun. Although this was noted in at least two places in each of the youth's file, there was insufficient reference to the youth's pronoun and name preference throughout the youth records on completed forms, treatment plans, progress notes, and communication with other agencies. There was insufficient evidence provided in the two closed youth records to validate youth's preference was incorporated.<br><br>Documentation was provided supporting training of 55 of 68 staff; thirteen staff were not validated as completing the required training in FN policy # 5.08. |
| Youth in need of specialized support is referred to qualified resources (as applicable)   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <b>Documentation – youth record</b>  |   |
| Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The two youth's preference for room assignment was honored by the program and youth was not roomed in isolation.   |   |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating   |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory   | Non-compliant            | No Eligible Items For Review        | No Practice              | Not Applicable           |  |  |
| Youth 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"/> | None of the two youth records indicated youth requested items that affirm their gender identity.   |  |
| The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Video tour of the facility showed signage on a bulletin board in each youth cottage.   |  |
| <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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Policy 4.36, Special Populations Services, effective 1/15/2019. |                          |                                     |                          |                          | Policy #4.36, section for Probation Respite does not include requirement for case records to include evidence that case management and counseling needs are considered and have been addressed as well as services provided to probation youth be consistent with all other CINSFINS program requirements. The policy for ICM does not include the requirements for the completion of: 1) CBCL within 14 days of intake; 2) completion of self -report assessment at intake and every 90 days thereafter; 3) implementation of case plans that have a strength based trauma informed focus; and 4) the provision of an ICM program that has a strength based perspective and approach. |  |
| <b>Staff Secure</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 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> </ul> | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |  |  |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|---|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory  | Non-compliant            | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| <ul style="list-style-type: none"> <li>Enhanced supervision and security with emphasis on control and appropriate level of physical intervention</li> <li>Parental involvement</li> <li>Collaborative aftercare</li> </ul>  |   |                          |                                     |                          |                          |   |  |
| 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:<br>a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time<br>b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth<br>c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| 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.  |  |
| 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.  |  |

### Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                                     |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                       | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below     |
|---|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory  | Non-compliant                       | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| Length of Stay:<br>a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days<br>b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.) | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| <b>Domestic Violence</b>  |   |                                     |                                     |                          |                          |   |  |
| Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (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"/> | Three closed DV youth records were reviewed. A DJJ Face sheet was present in all 3 files showing JAC screening and pending DV charge for each youth |  |
| Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | NetMIS youth listings report and JJIS data entry log for each youth.  | <b>Limited Exception (2.09)</b><br>One DV youth's intake entry was 1-day over the 24 hours required and 2 youth discharge entries were over the 72 hours required (3 days and 8 days, respectively). |
| 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"/> | DV intake and exit date for each youth record did not exceed 21 days.   |  |
| Case plan in file reflects goals focusing aggression management, family coping skills, or other   | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Case plans in the three youth records reflect goals for reducing violence and coping skills.  |  |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                          |                              |                              |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|---|--------------------------|------------------------------|------------------------------|--------------------------|--|--|
|   | Satisfactory  | Non-compliant            | No Eligible Items For Review | No Practice                  | Not Applicable           |  |  |
| intervention design to reduce reoccurrence of violence in the home  |   |                          |                              |                              |                          |  |  |
| All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements                         | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Case notes demonstrate all three youth received shelter services consistent with CINS/FINS program requirements.   |  |
| <b>Probation Respite</b>  |   |                          |                              |                              |                          |  |  |
| Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review") | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |                              | <input type="checkbox"/> N/A |                          |  |  |
| Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status                                | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Three closed probation respite youth records were reviewed. A DJJ Face sheet was present in all 3 files showing probation status of each youth. In addition, approvals by the Florida Network were obtained for each youth as evidenced by the probation respite referrolators in each file. |  |
| Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | NetMIS youth listings report and JJIS exit data entry.   |  |
| Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)           | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Probation respite intake and exit date for each youth record was not more than 14 to 30 days.  |  |
| All case management and counseling needs have been considered and addressed   | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Case plans in the three youth records reflect goals for reducing violence and coping skills.   |  |
| All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements                                 | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Case notes demonstrate all three youth received shelter services consistent with CINS/FINS program requirements.   |  |
| <b>Intensive Case Management (ICM)</b>  |   |                          |                              |                              |                          |  |  |
| Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review") | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                          |                              | <input type="checkbox"/> N/A |                          |  |  |
| Youth receiving services was court ordered or referred by case staffing committee   | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> | Three closed youth records were reviewed. All three were referred by the case staffing committee.  |  |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating  |                                     |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                           | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below   |
|---|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory  | Non-compliant                       | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| Services for youth and family include:<br>a. Six (6) direct contacts per month<br>b. Six (6) collateral contacts per month  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Case notes for all 3 youth demonstrate each youth and family had a minimum of 6 direct and 6 collateral contacts each month.                            |  |
| Assessments include:<br>a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable)<br>b. An approved self-report assessment that was completed at intake<br>c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Three closed youth records were reviewed for evidence of completed assessments.   | <b>Limited Exception (2.09)</b><br>ICM assessment timeframes were not consistently met for the completion of the CBCL and Self-Report Assessments as follows: None of the 3 youth records reviewed demonstrated the CBCLs were initiated and/or completed within 14 days of intake as required. In addition, none of the 3 youth completed the Self-Report Assessment at intake nor every 90 days of intake, or at discharge for 2 applicable youth. |
| Case plan demonstrates a strength-based, trauma-informed focus  | <input checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Case plans in the three youth records reflect goals for reducing violence and coping skills.  |  |
| 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 checked="" type="checkbox"/>                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Case plans for all three youth demonstrate goals and interventions are strength based, trauma informed focused, and strives to engage the youth/family. |  |
| <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.  |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                   |                          |                                     |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>             | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory             | Non-compliant            | No Eligible Items For Review        | No Practice              | Not Applicable           |   |  |
| 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:<br>a. Face-to-face gathering of family history and demographic information<br>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:<br>a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit<br>b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No applicable youth files to review.  |  |
| Group Sessions:<br>a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence<br>b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A<br>HCCS is not a SNAP Provider |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                   |                          |                              |                          |                                     | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i> | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|--------------------------|--------------------------|------------------------------|--------------------------|-------------------------------------|---|--|
|  | Satisfactory             | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable                      |   |  |
| <b>SNAP Clinical Groups</b>  |                          |                          |                              |                          |                                     |   |  |
| Youth are screened to determine eligibility of services  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | HCCS is not a SNAP Provider.  |  |
| Needs assessment is completed at initial intake, or within two face-to-face sessions   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| SNAP Assessments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| b. Teacher Report Form (TRF) completed by the teacher (pre & post)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| c. TOPSE (pre & post)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| d. Prevention Assessment Tool (PAT) (pre & post)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| SNAP® discharge report summary   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| SNAP® Boys/SNAP® Girls Child Group Evaluation Form   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| SNAP® Boys/SNAP® Girls Parent Group Evaluation Form  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |
| "Class Shoot for Your Goal" sheet  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |   |  |





### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                                     | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|-------------------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable                      |  |  |
| Pre and Post Evaluations  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |
| One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |  |
| <b>Standard Three – Shelter Care</b>  |                                     |                          |                              |                          |                                     |  |  |
| <b>3.01 Shelter Environment</b>   |                                     |                          |                              |                          |                                     |  |  |
| The shelter’s environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development. |                                     |                          |                              |                          |                                     |  |  |
| Provider has a written policy and procedure that meets the requirement for Indicator 3.01   |                                     |                          |                              |                          |                                     | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 5.02 – Safety and Sanitation Inspections, effective 4/1/2018, and policy 6.84 – Residential Youth Living, effective 8/1/2018.  |  |
| Facility Inspection   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/>            | A video tour of the facility was conducted with one of the Residential Services Coordinator for the shelter. The tour of two cottages, E and F, included: the lobby, all common/living areas, youth bedrooms, bathrooms, kitchen, laundry room, staff offices, and the exterior of the building. The tour of the facility revealed that the furnishings were in good repair, the beds were neatly made in all rooms and the atmosphere was inviting. There were no visible indication of insects or pests and the agency has pest control services conducted routinely. All bathrooms appeared clean. Walls were free from graffiti. No lighting issues were observed. There were no observed hazards on the grounds during the virtual tour. Egress plans, maps, client rules, hotline information, |  |



### Quality Improvement Review

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|---------------------------------------|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|                                       | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
|                                       |                                     |                          |                              |                          |                          | etc. were posted in the cottages on a bulletin board. Chemicals were kept in a locked cabinet and were labeled accordingly. All doors are secure, and access was limited to staff. On the exterior, no visible debris was observed on the exterior.  |  |
| <b>Fire and Safety Health Hazards</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | <p>A video tour was conducted and inspection documents were reviewed as follows:<br/> <b>DCF</b> was on location to audit the facility on 7/28/20. The Emergency Shelter is licensed as a Child Caring Agency for 46 beds under the current DCF License with an expiration date of 7/31/20. The new DCF license certificates have not yet been received.<br/> <b>COA</b> Certificate-Accreditation through 6/30/21<br/> <b>DOH</b> Food Inspection exp 9/30/20.<br/> <b>Annual fire inspection</b> was conducted by Hillsborough County Fire Rescue on 6/11/2020 for all the cottages and buildings. No violations were noted for cottages E&amp;F used for CINS/FINS. Alarm and Fire Equipment Inspection effective dates are; Building A, 8/7/19, Building B, 8/7/19, Building C 8/7/19, Building G, 8/7/19, Children's Services Building 5, 7/17/20, Children's Services Building CCL 53, 7/15/20, Children's Services Shuttle Hall, 7/15/20, Children's Services Gym, 7/15/20.<br/>           Fire drills and episodic emergency drills for the past 6 months indicate the agency has completed a minimum of 1 fire drill per month within a 2-minute time period and 1 mock emergency drill per shift per quarter.</p> <p>A satisfactory <b>Food Inspection</b> was completed by the Department of Health on 1/29/2020.</p> |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                     | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| <b>Youth Engagement</b>  |                                     |                          |                              |                          |                          |   |  |
| <ul style="list-style-type: none"> <li>Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal.</li> <li>At least one hour of physical activity is provided daily.</li> <li>Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities.</li> <li>Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read.</li> <li>Daily programming schedule is publicly posted and accessible to both staff and youth.</li> </ul> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | As observed during the walking virtual tour on the posted activity schedule.  |  |
| <b>3.02: Program Orientation</b>   |                                     |                          |                              |                          |                          |   |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 3.02</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 9.07, Residential Youth Orientation, effective 1/15/2019. |  |
| Youth received a comprehensive orientation and handbook provided within 24 hours   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Orientation checklist was observed in all 4 closed residential files.   |  |
| <b>Orientation includes the following</b>  |                                     |                          |                              |                          |                          |   |  |
| a. Youth is given a list of contraband items<br>b. Disciplinary action is explained<br>c. Dress code explained   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Orientation checklist was observed in all 4 closed residential files.   |  |

### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                            | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  |
|---|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|--|---|
|   | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |  |   |
| d. Review of access to medical and mental health services<br>e. Procedures for visitation, mail and telephone<br>f. Grievance procedure<br>g. Disaster preparedness instructions<br>h. Physical layout of the facility<br>i. Sleeping room assignment and introductions<br>j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts  |                                     |                                     |                              |                          |                          |  |   |
| 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 observed in all 4 closed residential files. All the orientation checklists were 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)<br>Policy 9.07, Residential Youth Orientation, effective 1/15/2019.        |   |
| <b>A process is in place that includes an initial classification of the youths, to include:</b>   |                                     |                                     |                              |                          |                          |  |   |
| a. Review of available information about the youth's history, status and exposure to trauma<br>b. Initial collateral contacts,<br>c. Initial interactions with and observations or the youth<br>d. Separation of younger youth from older youth,<br>e. Separation of violent youth from non-violent youth<br>f. Identification of youth susceptible to victimization<br>g. Presence of medical, mental or physical disabilities<br>h. Suicide risk<br>i. Sexual aggression and predatory behavior | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The room assignment procedure is implemented during the intake process. The CINS/FINS Intake forms for 4 closed residential youth records were reviewed. | <b>Exception</b><br>All four residential files reviewed did not indicate youth's history of violence, gang affiliation and sexually aggressive or reactive behavior due to this information being left blank on the CIN/FINS Intake form (under room assignment section). |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | CINS/FINS Intake forms for 4 closed residential youth records. Alerts for the youth are marked with colored dots on the front of the files and colored dots on the youth alert board in the shelters.  |  |
| <b>3.04: Log Books</b>  |                                     |                          |                              |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 3.04</b>  |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 6.86, Logbooks, effective 7/1/2019.  |  |
| Logbook 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"/> | One-week samples of the program logbook for each of the two cottages for the past six months were reviewed. The program uses the Note Active eLogbook. Dates reviewed are as follows: January 1-10; February 1-7; March 1-7; April 1-7; May 1-7, and June 1-7, 2020. |  |
| All entries are brief, legibly written in ink and include:<br>• Date and time of the incident, event or activity<br>• Names of youth and staff involved<br>• Brief statement providing pertinent information<br>• Name and signature of person making the entry | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All entries reviewed were observed to meet the requirements of the indicator.  |  |
| Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | No redaction entries were observed.  |  |
| The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Program director or designee reviews the logbook every week and makes a note stating dates reviewed with signature.  |  |
| Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Supervisors and all staff review the logbook at least the previous two shifts and include the dates they have reviewed.  |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                          | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| 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 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)<br>Policy 4.02, Behavior Management System, effective 2/23/2018.         |  |
| 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 agency is currently using a point-based Behavior Management System that is clearly identified in the Client Handbook and given to youth at intake. |  |
| <b>Behavior Management Strategies must include:</b>   |                                     |                          |                              |                          |                          |  |  |
| a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions<br>b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior<br>c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program<br>d. Appropriate consequences and sanctions are used by the program and consequences for behavior are logical and designed to promote skill-building for the youth<br>e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida Network and DJJ are used if physical intervention is required)<br>f. Only staff discipline youth. Group discipline is not imposed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Policy 4.02, youth handbook and BMS point sheets.  |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control<br>h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges |                                     |                          |                              |                          |                          |  |  |
| <b>Program's use of the BMS</b>  |                                     |                          |                              |                          |                          |  |  |
| All staff are trained in the theory and practice of administering BMS rewards and consequences   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Training files for three new hires.  |  |
| There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Program policy 4.02.   |  |
| 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"/> | As observed in the training files, supervisors are trained and monitor the use of behavioral interventions by their staff to include the point based and level based 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)<br>Policy 6.13, Staffing and Client Supervision, effective 7/1/2019.                           |  |
| The program maintains minimum staffing ratios as required by Florida Administrative Code and contract.<br>• 1 staff to 6 youth during awake hours and community activities<br>• 1 staff to 12 youth during the sleep period                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Monthly staff schedules for January – June 2020.   |  |
| 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"/> | Monthly staff schedules for January – June 2020.   |  |
| 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"/> | Posted in offices as observed during virtual walking tour.   |  |



### Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  |
|---|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|---|---|
|   | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |   |   |
| 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"/> | There is a holdover overtime rotation and a staff phone book for staff that are available for on call in the admin office.  |   |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | A review of the video surveillance for 3 randomly selected overnight shifts, during the 30-day period prior to the QI review, was conducted. The dates selected were: 7/5/2020, 7/16/2020, and 7/23/2020. | <b>Limited Exception (3.06)</b><br>A review of 3 random overnight bed checks revealed staff did not consistently conduct 15-minute bed checks and falsified documentation on more than one occasion, 7/5/20 and 7/16/20. On 7/5/20, bed checks were observed on video at 12:11am and the next bed check was not done until 12:30am. However, the logbook documented an additional bed check that was not observed to be done by the staff at 12:22 am. The same staff person missed bed checks on 7/16/20 and falsified documentation for the bed checks for 12:13am, 12:23am and 12:26am. Per the video, bed checks were conducted at 12:03am and was not done again until 12:29am. A CCC call was made by the program on 7/31/20 @ 5pm. A CCC operator did not answer. A voicemail message was left. CCC Reporter called back at 5:17pm report # 2020-04723 |
| <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)<br>Policy 5.18, Video Camera Surveillance System, effective 7/1/2019.   |   |
| <b>Surveillance System</b>  |                                     |                                     |                              |                          |                          |   |   |
| The agency, at a minimum, shall demonstrate:<br>a. A written notice that is conspicuously posted on the premises for the purpose of security                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Video surveillance review was conducted via Teams conference and interview with Residential Services Coordinator. Video   |   |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| b. System can capture and retain video photographic images which must be stored for a minimum of 30 days<br>c. System can record date, time, and location; maintain resolution that enables facial recognition<br>d. Back-up capabilities consist of cameras' ability to operate during a power outage<br>e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters.<br>f. All cameras are visible |                                     |                          |                              |                          |                          | surveillance dates reviewed were 7/5/20, 7/16/20, 7/21/20, 7/23/20 and 7/26/20.<br><br>The written notice of surveillance was observed to be posted during the video walking tour. |  |
| 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"/> | List of personnel designated to access the system is maintained by the Department Director.  |  |
| Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | The morning and evening RSC, Shift Leader or other designee conducts reviews of the surveillance once every 7 days.  |  |
| Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Policy 5.18  |  |
| <b>Standard Four – Mental Health /Health Services</b>  |                                     |                          |                              |                          |                          |  |  |
| <b>4.01: Healthcare Admission Screening</b>  |                                     |                          |                              |                          |                          |  |  |
| Provider has a written policy and procedure that meets the requirement for Indicator 4.01  |                                     |                          |                              |                          |                          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Policy 7.07, Medical, Mental health, Substance Abuse Screening and Alerts, effective 4/1/2019.    | The procedure does not address the program's referral process and the mechanisms for follow-up for medical care.   |
| <b>Preliminary Healthcare Screening</b>  |                                     |                          |                              |                          |                          |  |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below  |
|--|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|---|---|
|  | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |   |   |
| <b>Screening includes :</b><br>a. Current medications<br>b. Existing (acute and chronic) medical conditions<br>c. Allergies<br>d. Recent injuries or illnesses<br>e. Presence of pain or other physical distress<br>f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and<br>g. Observation for presence of scars, tattoos, or other skin markings | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Five closed residential youth records were reviewed for the completion of a healthcare screening. All five records contained a screening completed by a non-medical staff as well as a nursing assessment completed by the medical staff at the time of intake. |   |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/>            | <input 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 checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Nursing assessments and case notes were reviewed in five closed youth records to identify recommendations made by the nurse for medical follow up care and notification of parent/guardian.   | <b>Limited Exception (4.01)</b><br>The nursing assessment documented recommendations for follow-up in three of the five youth records. There was no documentation to support that the parents were made aware of the nursing recommendations.   |
| All medical referrals are documented on a daily log.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Program logbook and Episodic Care Log   |   |
| The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Nursing assessments were reviewed in five closed youth records to identify recommendations made by the nurse for medical follow up care.  | <b>Limited Exception (4.01)</b><br>The exception observed during the review was also noted as an exception in last year's QI report which results in a limited rating. The nursing assessment documented recommendations for follow-up in three of the five youth records. There was no documentation to support a referral was made. Two other youth had nursing recommendations and the youth receive follow-up dental and general physical care. |

## Quality Improvement Review

| Quality Improvement Indicators  | Rating                              |                                     |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|-------------------------------------|------------------------------|--------------------------|--------------------------|---|--|
|   | Satisfactory                        | Non-compliant                       | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| <b>4.02 Suicide Prevention</b><br>There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS. |                                     |                                     |                              |                          |                          |   |  |
| Provider has a written policy and procedure that meets the requirement for Indicator 4.02   |                                     |                                     |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 4.19, Suicide Prevention and Intervention, effective 1/15/2020.   |  |
| <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"/> | All six records contained a suicide risk screening completed during the screening and initial intake screening process.   |  |
| 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"/> | HCCS uses the Assessment of Suicide, Homicide, Assault Risk tool effective July 2012.   |  |
| <b>Supervision of Youth with Suicide Risk</b>   |                                     |                                     |                              |                          |                          |   |  |
| a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Three of the six youth were placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional under the direct supervision of the licensed professional.                    |  |
| b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Observation logs documented youth were monitored every thirty minutes while on constant supervision. The youth's behavior, and the staff's initials were documented every thirty-minutes. Youth on elevated supervision had observation logs where the youth's behavior was documented every ten-minutes. |  |
| c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Observation logs and Assessment of Suicide Risk tool for 3 applicable closed youth record were reviewed. .  | <b>Exception</b><br>Two youth were downgraded from elevated supervision to standard supervision. There   |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                                 |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes  |
|--|-------------------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items<br>For Review | No Practice              | Not Applicable           |  |  |
| the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?   |                                     |                          |                                 |                          |                          |  | was no follow-up ASR completed prior to moving the youth to standard supervision as required by Florida Network Policy 3.02. One youth record contained a progress note indicating the youth had an individual therapy session the day the youth was downgraded to standard supervision, however; there was no documentation to provide details of the information obtained in order to make the proper assessment. The other youth record did not contain any information to support the therapist completed a follow-up assessment prior to moving the youth back to standard supervision. |
| <b>4.03: Medication</b>  |                                     |                          |                                 |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</b>   |                                     |                          |                                 |                          |                          | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain)<br>Multiple policies as follows:<br>Policy 7.01, Storage, Access, Inventory, and Disposal, effective 11/1/2017<br>Policy 7.02, Controlled Substance Accountability and Inventory, effective 10/23/19<br>Policy 7.03, Medication Documentation, effective 10/24/2019<br>Policy 7.04, Medication Administration, effective 6/26/2019 | None of the medication policies address the monthly review of the Knowledge Portal or Pyxis Med-Station reports or indicate syringes and sharps are secured and inventoried weekly.  |
| <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)<br>b. Oral medications are stored separately from injectable epi-pen and topical medications | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | During the annual review, pictures of the Pyxis Med-Station 4000 medication cabinet were provided to the review team and an interview was conducted with nurse. The Pyxis Med-Station is located in the medical room and is inaccessible to youth. All medications are stored  |  |

## Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>   | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|---|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |   |  |
| <p>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.)</p> <p>d. Narcotics and controlled medications are stored in the Med-Station</p>   |                                     |                          |                              |                          |                          | in the Pyxis Med-Station 4000 medication cabinet. Oral medications are stored separately from topical medications located in the locked medical cabinet. All narcotic and controlled medications are stored in the Pyxis Med-Station 4000 medication cabinet.   |  |
| <b>Medication Distribution</b>   |                                     |                          |                              |                          |                          |   |  |
| <p>a. Agency maintains a minimum of 2 Super Users for the Med-Station</p> <p>b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)</p> <p>c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff</p> <p>d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual</p> <p>e. When nurse is on duty, medication processes are conducted by the nurse</p> <p>f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy</p> <p>g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens</p> <p>h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse</p> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Interview was conducted with the nurse and a list of Super Users was provided. There is list of designated staff delineated to have access to secured medication located on the wall next to the Pyxis Med-Station. Training documents support all applicable staff were trained by the program's medical staff in medication distribution. A review of three youth records supported they took medication while in the program. All three records contained a Medication Distribution Log completed as required. Use of the epi-pen is limited to the program nurse. |  |
| <b>Medication Inventory</b>  |                                     |                          |                              |                          |                          |   |  |
| <p>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</p>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Documentation- Medication inventory – Pyxis. One youth reviewed was taking controlled medication while at the program. Documentation in the youth's record supported the perpetual inventory with running balances  |  |

### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory<br>c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly |                                     |                          |                              |                          |                          | for the youth's controlled medication. Documentation also supported a shift-to-shift count was completed and verified by a witness. Documentation supported weekly inventory was completed for all over the counter (OTC) medication and sharps. Pictures provided to the review team supported the OTC medication and the sharps were maintained in the secure medical room. A comparison of three OTC medications and one of the sharps supported the weekly inventory matched the actual amount maintained in the medical room. |  |
| 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"/> | Documentation – Pyxis reports  |  |
| Medication discrepancies are cleared after each shift.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Documentation – Pyxis reports<br>The program nurse indicated there have been no medical discrepancies. No medical discrepancies were found in any of the documentation reviewed during the annual review.  |  |
| <b>4.04: Medical/Mental Health Alert Process</b>   |                                     |                          |                              |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 4.04</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 7.07, Medical, Mental health, Substance Abuse Screening and Alerts, effective 4/1/2019.  |  |
| 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"/> | Documentation – 5 youth records reviewed   |  |
| 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"/> | Documentation – 5 youth records reviewed   |  |



### Quality Improvement Review

| Quality Improvement Indicators   | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|--|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|  | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| 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"/> | Documentation – staff training<br>Three new staff training record reviewed provided documentation of training in MHSA, CPR and First Aid   |  |
| A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that are contraindicated, or other pertinent mental health treatment information, is communicated to all staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Documentation – policy & youth records.<br>The program uses a color-coded alert system with specific colors to address the following topics: mental health/suicide alert, medical issues, substance abuse issues, behavioral issues, domestic violence, and exigent youth.   |  |
| <b>4.05: Episodic/Emergency Care</b>   |                                     |                          |                              |                          |                          |  |  |
| <b>Provider has a written policy and procedure that meets the requirement for Indicator 4.05</b>   |                                     |                          |                              |                          |                          | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)<br>Policy 7.15, Medical Emergencies, effective 7/1/2020.   |  |
| <b>Off-site Emergency Services</b>   |                                     |                          |                              |                          |                          |  |  |
| a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Documentation – 3 youth records reviewed. All three youth required off-site emergency services. Documentation supported parental notification was made in all three incidents. All three incidents were reported to the Central Communications Center (CCC). All three incidents were documented in the daily log. |  |
| b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file  |                                     |                          |                              |                          |                          |  |  |
| c. Youth's parent/guardian was notified  |                                     |                          |                              |                          |                          |  |  |
| d. A daily log is maintained for emergency care provided   |                                     |                          |                              |                          |                          |  |  |
| All staff are trained on emergency medical procedures  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Documentation – all 6 training records reviewed included certifications in Basic First Aid support, Automatic External Defibrillator (AED), and Cardiopulmonary Resuscitation (CPR).   |  |
| 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"/> | Video tour: Each cottage has a knife-for-life in a secure contraband closet in the kitchen. A review of the two cottages confirm the knife-for-life was present on both cottages.  |  |



### Quality Improvement Review

| Quality Improvement Indicators                            | Rating                              |                          |                              |                          |                          | Review Based Upon<br><br>Document Source:<br><i>E.g. Interview/Surveys,<br/>Observation, and/or Type of<br/>Documentation</i>                  | Notes<br><br><b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below |
|---|-------------------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--|--|
|   | Satisfactory                        | Non-compliant            | No Eligible Items For Review | No Practice              | Not Applicable           |  |  |
| 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"/> | Video tour: First aid kits are in each cottage above the refrigerator and in each transport vehicle. They are inventoried weekly by the nurse. |  |