



Florida Network for Youth and Family Services Compliance Monitoring Report for



Orange County Youth and Family Services
1800 East Michigan Ave.
Orlando, FL 32806-4900

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint QI and Florida Network of Youth and Family Services (FNYFS) contract monitoring visit for Orange County Youth and Family Services (OCYFS) CINS/FINS program located at 1800 East Michigan Avenue, Orlando, Florida location, for its FY 2020-2021 contract, on September 2-3, 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. OCYFS 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 OCYFS present for the entrance interview were Tracy Salem, Division Manager; Johonna Brown, Senior Program Manager; Paulette Hinton, residential Program Manager; Angela Patton, Family Counseling Program Manager; and other residential and non-residential staff members. The last onsite QI visit was conducted May 16, 2019.

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

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

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 09-02-2020-2021

Agency Name: Orange County Youth and Family Services					Monitor Name: Marcia Tavares		
Contract Type: CINS/FINS					Region/Office: 1800 E. Michigan Ave., Orlando, FL 32806		
Service Description: Comprehensive Compliance Monitoring I					Site Visit Date(s): September 2-3, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The provider currently has nine (9) certified DJJ-QI Peer Reviewers namely: Stephanie Ware; Melissa Boeing; Turquoisia Green; Patricia Fleurant; Sudonna Harris; Tracy Salem; Paulette Hinton; Christine Morgan; and Rodney Dailey. Staff have participated and/or are scheduled to participate in QI Peer Reviews during the FY.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- A list of nine contracts including Florida Network contracts (5) for FY2019- 2020 was provided. The list includes name of program, description of services, amount funded and, and the funding agency. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates.	

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Limits of Coverage			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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. PTV			D - This is to inform you that Orange County, a political subdivision of the State of Florida, has an ongoing inter-local self-insurance program for workers' compensation, general liability, auto liability, and property. This program covers the employees, officials, and most of the constitutional officers of Orange County, Florida. The County's self-insured property deductible is \$2,500 with a \$1,000,000 limit. The County also purchases commercial property insurance. The property program consists of several layers with several insurance carriers participating with a limit of \$1,000,000,000. Policy effective date 4/1/2020-4/1/2021. The County also elects to purchase excess liability coverage above and beyond the limits of the inter-local self-insurance program (\$1,000,000). However, the limits of the self-insurance program and the purchasing of excess coverage should not be construed as a waiver of the County's						

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						sovereign immunity or the provisions of Section 768.28 of the Florida Statutes. Florida Network is listed on the Worker's Compensation certificate as certificate holder.		
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I - During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Fiscal Policies and Procedures are maintained in the agency's Procurement Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed May 20, 2020.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- General ledger (GL) for Department 062 (CINS/FINS) for the period July 2019 through August 2020 as of 8/11/2020. The agency maintains a detailed general ledger with corresponding source documents. The general ledger is structured to track all funding sources and there is a

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					separate GL for the CINS/FINS program.				
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) -ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.) ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					D, I - Bank reconciliations are prepared for the Payroll and Accounts Payable accounts by the Analyst. Bank reconciliations for the past 6 months were reviewed. Reconciliations are signed monthly by the Analyst within 3 weeks of receipt and approved by the Controller.				
					D, I - Fiscal reconciliation transactions related to the CINS/FINS contract are handled by its Comptroller's office. The County monitors all fiscal transactions and expenditures related to children's program grants. An interview was conducted with Jamille Clemens, Fiscal Specialist with the Orange County Comptroller's Office. Ms. Clemens stated in an interview that all CINS/FINS transactions are processed by the fiscal staff located on the campus where the shelter is				

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					located on a weekly basis. All expenditures and transactions are processed at that program level by Diana Mendez in the Youth and Family Services Division. Ms. Mendez, budget staff person with the Youth and Family Services division is required to process all Invoices and fiscal transactions on a weekly basis, and they are reconciled each month with the Comptroller's office. The Comptroller's office is then required to reconcile all grant funding monthly on the grant cycle's fiscal year. The Comptroller must reconcile children's grant programs in the counties generic bank or large consolidated reconciliation account for all grants on a monthly basis. Reconciliations specific to the County's CINS/FINS contract were conducted for each month for the fiscal year starting July 1, 2019 – June 30, 2020 as required.		

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						All discrepancies are investigated by the Comptroller's management staff and justifications must be submitted for any programs that do not meet the budget revenue projections (programs that do not meet their contract unit of services or underperform) and over expenditures.			
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - The agency provided copies of Form 941 Employer's Quarterly Federal Tax Return for the 1 st and 2 nd quarters 2020. The tax payments are submitted and demonstrate that the agency submits payroll taxes to the appropriate authority as required. No balances due were reported on the 941s.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - Agency provided budget-to-actual report for period 6/30/2020 – 9/30/2020 with budget, expenditures, and balance remaining for the period to date. A review of these documents was conducted. The report tracks the P&L for the Florida Network programs separately. The variances for both the residential and non-residential programs reflected Net Income amounts.	

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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. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D- Copy of financial audit conducted for year ending September 30, 2019 by Cherry Bekaert, LLP and dated March 11, 2020. No Management Letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.				
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D- Confidentiality Policy and Procedures include: 1) Employee records management, reviewed 5/26/2020 2) Financial and Risk Management, reviewed 6/20/2020 3) Security of Case Records, reviewed 6/2/2020 4) Confidentiality, reviewed 5/27/2020. All sensitive information is saved on the U: drive and daily back-ups are made to keep data back-up current. The Program Manager reported no employee had a laptop with this information.				

CONCLUSION

Orange County Youth and Family 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 or recommendations made as a result of the contract monitoring. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, all of the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Orange County Youth and Family Services - Orlando
CINS/FINS Program

September 2-3, 2020

Compliance Monitoring Services Provided by

 FOREFRONT



Quality Improvement Review

Orange County Youth and Family Services

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	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Satisfactory

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care & Special Populations

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

Percent of indicators rated Satisfactory: 85.71%

Percent of indicators rated Limited: 14.29%

Percent of indicators rated Failed: 0.00%

Standard 4: Mental Health /Health Services

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

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 96.55%

Percent of indicators rated Limited: 3.45%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Orange County Youth and Family Services
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 - Consultant-Forefront LLC/Florida Network of Youth and Family Services

Tamara Mahl-Adkins - Department of Juvenile Justice

Sheryl Kincy – Youth Advocate Programs Inc.

Nyesha Logan – N.E.E.D.

Pam Palmer – Stewart Marchman Act Behavioral Health



Quality Improvement Review

Orange County Youth and Family Services
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 checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input checked="" type="checkbox"/> Direct – Care Full time | _____ # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | 2 # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | _____ # Food Service Personnel |
| <input checked="" type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | 1 # 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 | 4 # Health Records |
| <input checked="" type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | 6 # MH/SA Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | 17 # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 6 # Training Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 22 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 10 # Youth Records (Open) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> List of Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports | |

Surveys

2 # Youth **15** # Direct Care Staff **0** # 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 type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage | <input 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 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



Quality Improvement Review

Orange County Youth and Family Services
Lead Reviewer: Marcia Tavares

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

Orange County Youth and Family Services (OCYFS) is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary residential and non-residential services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program. The agency is located at 1758 E. Michigan Street, Orlando, Florida. OCYFS serves both male and female youth between the ages of ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The program is also contracted to provide services for Staff Secure Shelter and is a provider for youth referred through the Juvenile Justice Court System for domestic violence, probation respite, domestic minor sex trafficking, Family/Youth Respite Aftercare Services (FYRAC), and SNAP. The agency's accreditation by the Council of Accreditation (COA) was effective through July 31, 2020; however, COA's re-accreditation visit was being conducted during the week of the QI review.

Programmatic accomplishments since the last onsite QI review on May 16-17, 2019 are as follows:

The agency received the 2019 "Best Care Provider" award winner for CINS/FINS program as a result of its outstanding QI Audit and one of the direct care staff received the 2019 "Youth Care Worker of the Year" award. In addition, the Florida Network featured one of the staff in the May Newsletter, highlighting the staff's creativity in sewing and providing face masks for youth as well as teaching them how to use a sewing machine.

Shelter

Staff training

- Staff attended the Florida Network Clinical Recharge and Domestic Violence Training.
- One of the staff assisted in facilitating the Adolescent Domestic Battery Typology Tool Training.



Quality Improvement Review

Orange County Youth and Family Services

Lead Reviewer: Marcia Tavares

- Two counselors attended “Managing Aggressive Behaviors (MAB) Training and are now certified trainers.
- Three staff are trained Quality Improvement (QI) Peer Reviewers.

Programmatic

- The “Way to Go” point store for youth was been remodeled with all new items for the store and a new menu so youth can see the cost of each item.
- The Trauma Informed Care (TIC) sensory cart was enhanced with more age appropriate items for individual artwork and a variety of stress balls.
- An upgraded intercom system at the front entrance allows the staff to see and talk to visitors at the front door from the control room without the visitor knowing that they are being monitored.
- The agency installed a campus-wide alert system that alerts staff and youth to take shelter immediately for a multitude of potential reasons such as inclement weather, etc.
- Due to the off-campus restrictions, youth participated in a virtual field trip to the Amazon Rain Forest, exploring the ecosystems and its vegetation.
- The program is in the process of replacing their sinks with sensor sinks and sensor soap dispensers to assist in minimizing the potential spread of COVID-19. Personal Protection Equipment (PPE) has been distributed and continues to be available to all staff. This includes face shields, cloth masks, disposable masks, shoe covers, garments, gloves, hand sanitizer, signage, and protective shields.

Family Counseling

- Family Counseling staff assisted with the Emergency Operation Center (EOC), and COVID-19 Rental Assistance Project to help with handing out Personal Protection Equipment to the public.
- In October 2019, Orange County Family Counseling joined Rock Springs Elementary in their Parent Mental Health Night to raise awareness about mental health and community resources available to them.
- New measures were developed to continue to provide high quality services to assist families during this COVID-19 pandemic. Tele-counseling options were implemented to clients through Webex.
- SNAP program served two new schools and SNAP Core graduated 23 youth and their families from the SNAP program. Seven new staff were hired for the SNAP program including two bilingual staff to conduct future Spanish Speaking SNAP groups.

Narrative Summary

Orange County Youth and Family is under the leadership of the Youth and Family Services Manager, a Senior Program Manager, a residential Program Manager, and a Family Counseling Program Manager. The shelter is licensed for 20 beds by the Department of Children and Families effective through December 19, 2020.

The overall findings for the QI review for Orange County Youth and Family 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 noted.

Standard 2 has a total of ten indicators that relate to intervention and case management. Nine of the ten indicators were rated satisfactory with no exceptions (2.01 - 2.08 and 2.10) and one was rated satisfactory with exception (2.09).

Standard 3 has a total of seven indicators regarding shelter care. Six of the seven indicators were rated satisfactory with no exceptions (3.01-3.05 and 3.07) and one received a limited rating (3.06).

Standard 4, addressing mental health and health services, is comprised of five indicators. All five indicators were rated satisfactory with no exceptions (4.01- 4.05).

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

Standard 3:

Indicator 3.06 – Limited. Upon video review it was observed the shelter conducted the 15 minute bed checks consistently except for the following dates and times: On 8/12/20 on the Boy's hall, no 15-minute bed checks were conducted from 3:13am to 3:59am, 4:13 to 4:44am and 4:44am to 5:15am. All other checks occurred within 15-minute time frames. On 8/12/20, on the Girl's hall, no 15-minute bed checks were conducted from 3:13am to 3:58am and 4:13am to 4:45am. All other checks occurred within 15-minute time frames. On 8/16/20 on the Girl's hall, no 15-minute bed checks were conducted from 4:44am to 5:13am. All other checks occurred within 15-minute time frames. On 8/16/20, on the Boy's hall, no 15-minute bed checks were conducted from 3:44am to 4:15 and no 15-minute bed checks from 4:30am-5:14am. All other checks occurred within 15-minute time frame.

Upon review of the Resident Accountability Checklist for 8/12/20 and 8/16/20, it was discovered that the 15-minute bed checks that were not observed on video surveillance

Quality Improvement Review



Orange County Youth and Family Services
Lead Reviewer: Marcia Tavares

but were documented in the logbook as occurring. Also, the Resident Accountability Checklist had prepopulated bed check times listed instead of allowing staff to document in real time.



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CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy is titled Background Screening and was last reviewed 10/8/19. Agency maintains a record of program manager's signature of approval dated 7/30/2019 for all policies and procedures.	
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 ten new staff were hired since the last onsite QI review and two interns were utilized by the program. The agency uses the Criteria Score tool pre-assessment and completed the screening prior to hire for all ten staff and the two interns. All twelve personnel received a passing score of medium or high on the tool.	
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 10 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 five program staff were eligible for 5-year rescreening. The agency maintained active retained prints for all five staff meeting the requirement for rescreening.	
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 two Annual Affidavit of Compliance with Level 2 Screening, one for the Orange County shelter program and the other	



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Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						for Family Counseling. DJJ 2019-2020 list of Annual Affidavits received from providers validated receipt from the programs on 1/14/2020 and 1/15/2020, respectively.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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 ten new staff hired.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy is entitled Provision of an Abuse Free Environment was last reviewed 10/8/19. Agency maintains a record of program manager's signature of approval dated 7/30/2019 for all policies and procedures.					It was observed that there is a formal Grievance Policy that meets the standard but does not specifically say Management has 72 hours to resolve grievances.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed 8 Staff Files, 3 of which were new hires, all 8 files indicated that the agency has a code of conduct and staff completed training demonstrating they are aware of the agency's code of conduct	
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"/>	Observed during tour that the Child Abuse Registry telephone number is visible to youth and posted in the common areas of the facility	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All youth are given a copy of the youth handbook during orientation which includes the abuse hotline information. One of two youth surveyed indicated not knowing about the abuse hotline or location of the hotline telephone 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"/>	No incidents of abuse or threats by staff was identified and/or reported during the review period needing management action.	
Grievance Process							



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has a policy entitled Grievance Policy that details a formal grievance process	
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour it was observed that the program has an accessible grievance box that is locked and located in a common area alongside grievance forms.	
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 retrieved and reviewed by the program manager. The policy states a program manager or designee will address the grievance.	
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed 1 grievance documented that was reviewed and resolved before 72-hours. The agency's grievance policy does not specifically state they are operating with a 72-hour resolution by management.	
e. Grievance maintained on file for a minimum of 1 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The grievance policy states that the program manager maintains a separate file of grievances for at least one year for analysis.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Incident Reporting was last reviewed 7/28/19. Agency maintains a record of program manager's signature of approval dated 7/30/2019 for all policies and procedures.	
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"/>	Reviewed 8 CCC reports over the past 6 months; all 8 incidents were reported to Department's CCC no later than two hours after any reportable incident occurred or within two hours of the program learning about the incident.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	There were three (3) incidents out of the eight (8) reviewed that needed a follow up or special instructions as required by the CCC, the program completed follow up or special instructions for all three (3) incidents.	
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"/>	Reviewed monthly logs and all incidents were documented in the program logs and on the incident reporting forms	
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 8 incident reports were reviewed by program supervisor and were signed.	
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Policy entitled Training Requirements was approved 9/26/19.	The current policy reviewed did not list required Fire Safety training and DJJ Skill Pro Course #111, Sexual Harassment training, as required during the first year of employment. Upon notification, the program revised the policy and procedure, effective 9/2/2020, to include both training topics.
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three (3) first year direct care staff files reviewed and all three had more than 80 hours of training documented and had completed the mandatory training topics required during the first 120 days.	
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 first year direct care staff completed the required SkillPro training.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not hired any non-licensed mental health clinical shelter staff since the last QI review.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See above.	
In-service Direct Care Staff							
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 with an excess of 40 hours annually.	
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Separate training files were maintained for each staff containing a list of all trainings completed, dates completed, and hours. The training files also included training certificates, training participation forms, and training worksheets.	
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Program Reviews, reviewed 6/19/19 and Incident Reporting and Risk Management was last reviewed 7/28/2019	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For 2 nd and 3 rd quarters FY 2019-2020, documentation of quarterly case record reviews for the residential program and quarterly reviews for the non-residential programs supported reviews were conducted for a total of 40 cases for each program.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	Documentation for the 2 nd and 3 rd quarters of FY 2019-2020 demonstrated incidents, accidents, and grievances are reviewed quarterly and documented on a Quarterly Risk Management Review Report that include other metrics collected such as abuse calls, physical restraints, program staffing, facility observation and grievances. The report is reviewed at staff and management meetings.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcomes report for FY2019-2020, is a quarterly compilation rolled up into an annual report of program outcomes and customer satisfaction data.	
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 Outcomes report for FY 2019-2020. The findings are reviewed by management and communicated to staff and stakeholders.	
Monthly Reviews							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netmis data reports received from the Florida Network are sent to the agency's management team and discussed at supervisors and staff meetings monthly. Minutes of the meetings that are held monthly February-July 2020 supported this practice.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilization data is checked by the Business Analyst through comparison of the daily planning meeting and information in the electronic system is reviewed 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.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						There is follow-up on documentation for the monthly review of the 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"/>	Risk management data is collected and reviewed quarterly and includes abuse calls, incidents, accidents, and grievances. Quarterly program reviews include Data/COA verification of critical standards to verify services provided. Program data verification is a review of all backup programmatic data submitted through the review process. Findings of reviews are discussed, and questions/issues are clarified. Non-compliance is addressed formally in a written response including responses to recommendations. Critical issues identified requires a corrective action plan in writing to the Senior Program Manager (SPM) within 10 business days of the review report. SPM has 30 days to validate action plan and initiate response.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Client Transportation was last reviewed 7/25/19.	
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has two (2) lists, one for each program documenting a total of 38 agency staff that have been approved by administrative personnel to drive clients(s) in agency or approved private vehicles.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	The agency provides a commercial automobile insurance policy for those who drive agency vehicles. Human resources identifies employees eligible to drive on behalf of the agency upon hire and is responsible for notifying the insurance carrier and receive authorization for driving privileges. The agency conducts an annual check of all regular full time and part-time employees' motor vehicle history.	
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed agency's Transportation Policy and it states it prohibits the transporting of a client without maintaining at least one other passenger in the vehicle during the trip and in the event a 3 rd party cannot be obtained for transport the client's and employee's recent and past behavior is considered.	
b. In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed 6 months of transportation logs that report a total of eighty (80) transportation trips. Of the eighty (80) trips twenty-three (23) of them were single client transports and all twenty-three (23) received signed documentation from the agency's supervisor or managerial personnel consider the clients' history evaluation and recent behavior. The agency's policy also states they will consider the transporting employee's work performance, history, and length of employment all indicate that no inappropriate behavior is likely to occur.	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed eighty (80) transportation logs out of the eighty (80), fifty-seven (57) documented a 3 rd party approved intern, volunteer, agency staff, or other youth. The remaining twenty-three (23) had single transport approval.	
Transportation documentation							



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	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"/>	As verified on transportation logs reviewed over past 6 months.	
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Outreach Services was last reviewed 7/28/19.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed that agency has a designated staff who attended every meeting over past 6 months, with the exception of cancelled meetings due to the pandemic.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed outreach log over the past 6 months. Outreach and prevention services were provided to a total of 423 youth and 401 adults. There was a total of 161 activities, 1 for Safe Place, 16 for Street Outreach and 144 for general awareness.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOUs with 8 community agencies are on file that list the services provided and a comprehensive referral process between the agencies.	
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled 24 Hour Access to Services was last reviewed 7/28/2019.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten applicable case files were reviewed for five (5) residential youth, two (2) open and three (3) closed files and five (5) non-residential youth, two (2) open and three (3) closed files.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Intake and Assessment Process was last reviewed 7/26/2019	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth records were reviewed. The Needs Assessment was initiated within 72 hours in all 5 records.	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth records were reviewed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 5 records.	
c. Needs Assessment is conducted by a Bachelor's or Master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten Needs Assessments were conducted by a Bachelor's or Master's level staff member.	
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all 10 Needs Assessments reviewed.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth files reviewed 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files identified	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Service/Case Plan & Case Plan Review was last reviewed 9/26/19	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 10 files included all elements of the service plans required by the indicator. One file did not have the youth's signature on the service plan due to COVID-19 and 5 files did not have the parent's signature on the service plan also due to COVID-19; however, these service plans were initiated/implemented via phone or telehealth with youth/parent.	
Case/service plans are reviewed for progress/revise by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to and verified in 3 non-residential files and 3 residential files reviewed	
2.04: Case Management and Service Delivery							



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Service Provision/CINS/FINS Services/Case Management was last reviewed 7/26/19	
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the 10 records reviewed showed a counselor was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs Coordinates service plan implementation Monitors youth's/family's progress in services Provides support for families Monitors out-of-home placement (if necessary) Makes referrals to the case staffing to address problems and needs of the youth/family Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 10 records reviewed demonstrated applicable case management services were provided as needed and progress is monitored. Follow-ups were applicable to the 6 closed files reviewed (3 residential and 3 non-residential). All closed files indicate that the agency provides follow-ups 30 and 60 days after exit from agency.	
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
for Indicator 2.05						Policy entitled Counseling Services was last reviewed 7/28/19	
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 10 youth received individual counseling services as identified during the assessment.	
Shelter Program							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and case notes maintained demonstrated all 5 residential youth received individual counseling services as identified during the assessment.	
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 5 residential files reviewed, and group log indicate group counseling is provided at least 5 days per week.	
Group counseling sessions consist of: <ul style="list-style-type: none"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of group sessions was provided to support: date and times of groups; length of group for at least 30 minutes; youth engagement and list of youth participants; relevant topics; and facilitator.	
Non-residential Program							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all five non-residential records reviewed.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all 10 files reviewed.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual youth record is maintained for all 10 youth files reviewed.	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in all ten records reviewed.	
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisor and clinical director reviewed and signed off on review of files to document their case review.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Case Staffing Committee, was last reviewed 7/28/2019	
Case Staffing Initiation and Notifications							
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"/>	Three applicable case staffing youth records were reviewed for the QI period. The case staffing was requested by staff in the two records.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> Notification to youth/family no less than 5 working days prior to staffing Notification to committee no less than 5 working days prior to staffing 	<input 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.	
Case Staffing Committee							
Must include: <ul style="list-style-type: none"> a. DJJ rep. or CINS/FINS provider b. Local school district representative 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All files indicate that a local school district representative and DJJ representative or CINS/FINS provider attended the case staffing.	
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the staffings reviewed included representatives other than DJJ and CINS/FINS provider.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Mental health representative 							
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, and program staff.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlined in case staffing policy	
As a result of the Case Staffing							
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 for three applicable 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 three youth records reviewed were 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.	
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled File Organization was last reviewed 7/28/19	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth records reviewed were stamped confidential	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During 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	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						transported offsite, they are stored in an opaque, secured, box with a lock.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed were observed to be organized and maintained in a neat order with cover pages for each section of the file.	
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled SOGIE was last reviewed 10/8/2019	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Since the last QI visit the program has not served any youth who meets the criteria for this indicator. However, policies and procedures are established to meet the requirements.	
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During video tour, signage was observed to be posted throughout the facility in common areas. Published materials providing information and education for SOGIE youth is accessible throughout the facility. .	
2.09: Special Populations							



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST, DV, PR, ICM and FYRAC.						<input checked="" type="checkbox"/> YES NO (explain) Agency has a Policy is entitled Special Populations that applies to Staff Secure, DMST, DV, PR, and ICM that was last reviewed 9/26/19. Agency has a Policy is entitled Family/Youth Respite Aftercare Services (FYRAC) was last reviewed 10/10/19.	
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A			No cases in the last 6 months or since last QI Review	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"> • In-depth orientation on admission • Assessment and service planning • Enhanced supervision and security with emphasis on control and appropriate level of physical intervention • Parental involvement • Collaborative aftercare 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency Policy – Special Populations	
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Staff Assigned: <ol style="list-style-type: none"> a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth 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.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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.	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				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	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review	
Domestic Violence							



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (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"/>	Two closed DV youth records were reviewed. A DJJ Face sheet was present in all 2 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.	Exception One (1) of two (2) DV youth data entry timeframe was not met for 24 hours of intake and 72 hours of discharge.
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"/>	None of the DV youth exceeded 21 days in the DV program. Two of the three youth were transitioned to CINS/FINS on the 21 st day with supporting documentation.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case plans in two youth records reflect goals for reducing violence and coping skills. The 3 rd youth was discharged prior to case plan implementation.	
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.	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> N/A			Agency has had three (3) cases in the last six months or since the last QI review was conducted.	
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"/>	Reviewed three (3) closed cases, all residential, all cases documented that Youths' Probation Respite Referral came from DJJ Probation and both youths were referred on probation regardless of adjudication status.	
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"/>	Reviewed log and confirmed that one of three reviewed Youth labeled as PR residents was	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						entered into NetMIS and JJIS within 24 hours of admission and 72 hours of release with one lag day on entry and one lag day on exit. The youths' data entry lag for the other two closed cases reviewed was impacted by COVID-19 and staff not working in the offices and a waiver was granted by the FN per the program manager. This finding is not rated as an exception due to the external control factor.	
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"/>	Reviewed three (3) closed cases, all residential, 2 of the 3 cases documented that Youths' length of stay is no more than fourteen (14) to thirty (30) days. 1 of the 3 cases, Youth's placement was beyond thirty (30) days but the Agency documented approval for longer stay from the JPO and/or CPO.	
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"/>	Reviewed three closed cases and confirmed that all three (3) residents had documentation that all case management and counseling needs have been considered and addressed.	
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"/>	Reviewed three closed cases and confirmed that all three (3) residents had documentation that all other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				Orange County Youth and Family is not contracted to provide Intensive Case Management services
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Services for youth and family include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Six (6) direct contacts per month b. Six (6) collateral contacts per month							
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> N/A			Agency has had one case in the last six months or since the last QI review was conducted.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed one (1) closed case non-residential, documentation confirmed that Youth was referred by DJJ for a domestic violence arrest	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in one (1) closed case reviewed.	
Intake and initial assessment sessions meets the following criteria:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in one (1) closed case reviewed.	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program							
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in one (1) closed case reviewed.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in one (1) closed case reviewed.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in one (1) closed case reviewed.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled SNAP Program, revised 9/19/2019	
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four applicable SNAP youth records (2 closed and 2 open) were reviewed.	



Quality Improvement Review

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in 4 youth records	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-CBCLs were completed at intake for all 4 youth records and post-CBCLs were completed in 2 closed youth records.	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post TRF were not completed by the teacher in 2 of the applicable closed files and 2 of the applicable open files. Due to COVID 19, staff was unable to obtain the missing TRF's because schools were closed; this was noted in the files and is not made an exception due to the external control factors.	
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-TOPSE was completed at intake in all 4 youth records and post-TOPSE in the 2 closed youth records	
c. TOPSE (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-PATs were completed at intake for all of the youth records and post-PATs were completed in the 2 closed youth records.	
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed in 2 applicable closed SNAP youth records	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNAP Boys Group Evaluation forms were completed by each of the two SNAP male youth participants who exited the program.	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SNAP Boys Parent Group Evaluation forms were completed by each parent of the two SNAP male participants who exited the program.	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two classes ending 12/5/19 and 12/6/19 were reviewed. Both classes completed a total of 13 sessions.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
"Class Shoot for Your Goal" sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed 12/5 and 12/6/19, respectively.	
Pre and Post Evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post evaluations were completed.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed 11/7/19 and 11/8/19, respectively.	
Standard Three – Shelter Care							
3.01 Shelter Environment							
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) The shelter has multiple written policies and procedures regarding the shelter environment all of which were reviewed and signed by the Program Manager on 7/26/2019.	
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A video tour of the shelter was conducted virtually and it was observed that all furnishings were in great condition, the program was free from insects, the grounds were landscaped and well maintained, bathrooms and showers were clean and functional, no evidence of graffiti on walls, doors and windows, and the lighting was adequate, the exterior was free from debris and hazards, the dumpsters were covered. The youth's rooms were clean, decorated nicely, and free from contraband and any hazardous objects. The youth had their own beds with clean and decorative linens, pillows and blankets. Any items not permitted in the program were locked up in the staff office/Control center. The washer and dryer	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<p>were clean, operational and the lint collector was clean. All chemicals were listed, approved for use, stored securely in the staff office/control center and listed on the Material Safety Data Sheets (MSDS) that were maintained weekly. The location of the MSDS log was in the staff office/Control center.</p> <p>All doors to the facility are secured and keys are needed by staff to enter. The shelter has a video doorbell that is linked to the phones so staff can see and speak to the person at the front entrance prior to letting them into the lobby, which provided another layer of security. Staff and company vehicles were locked and secured.</p> <p>The shelter had a detailed map and egress plan of the facility located throughout the building. The Grievance box was easily accessed and located in the youth activity room and the grievance forms were located in the main activity room and on both the male and female dorms. The numbers to the abuse hotline, DJJ incident reporting, general client rules and the poison control hotline were posted throughout the program.</p>	
Fire and Safety Health Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Video Conference The shelter has their DCF Child Care License posted in the facility and was effective from 12/20/2019.</p> <p>The shelter had their annual fire inspection completed on 10/4/2019. The shelter's annual safety equipment inspections were completed as follows; fire alarm inspection completed on 9/24/2019, sprinkler inspection completed 9/24/2019, kitchen hood 10/4/2019 and extinguishers inspection completed 7/16/2020.</p>	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						It was observed that all cold food was properly stored, labeled and marked and the dry storage/pantry area was clean, and all food was properly stored. The refrigerator and freezer were clean and well maintained at the required temperatures. The fridge temperature was 38 degrees and the freezer was at 0 degrees. Other appliances were clean and operable.	
Youth Engagement							
<ul style="list-style-type: none"> 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. At least one hour of physical activity is provided daily. 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. 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. Daily programming schedule is publicly posted and accessible to both staff and youth. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This was observed during the walking virtual tour on the posted activity schedule. The daily schedule was posted and accessible to both staff and youth. It was observed that the shelter provides structured activities 7 days a week during waking hours with minimal idle time. The daily schedule was clearly posted throughout the shelter for the youth to see. Youth were observed in school according to the schedule. The schedule detailed the shelter activities throughout the day that included school, recreation, counseling services, and life and social skills groups. The youth received one hour of recreation posted on the program schedule, documented in the shelter logbook and on the client contact notes in all 4 youth files reviewed. The shelter provides the opportunity for the youth to participate in a variety of faith-based activities and non-punitive activities for youth who do not choose to participate in faith-based activities. In interviewing the Program Manager, it was confirmed that the youth are allowed to go to church off campus with their parents or the youth can watch a non-denominational church	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						service on the TV in the shelter. The daily schedule also provides time for youth to complete homework, access to books for reading and youth are allowed quiet time to read. During the tour it was observed that the youth have a counseling corner to read and have time to themselves and a computer area to complete schoolwork.	
3.02: Program Orientation							
Provider has a written policy and procedure that meets the requirement for Indicator 3.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The shelter has written policies and procedures that address the program orientation process that was signed and approved by the Program Manager on 7/20/2019.	
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 residential records reviewed (2 open, 2 closed).	
Orientation includes the following							
a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified in 2 open, 2 closed residential records.	
Documentation of each component of orientation, including orientation topics and dates of presentation,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was observed 2 open, 2 closed residential records. All the orientation checklists were signed by the youth and staff.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
as well as signatures of the youth and staff involved is maintained in the individual youth record							
3.03: Youth Room Assignment							
Provider has a written policy and procedure that meets the requirement for Indicator 3.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The shelter has two written policies and procedures in place that include Initial Classification of Youth and Room Assignments, both of which were reviewed and signed on 9/28/19 and 7/26/19 by the Program Manager.	
A process is in place that includes an initial classification of the youths, to include:							
a. Review of available information about the youth's history, status and exposure to trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified on the CINS/FINS Intake form for 2 open, 2 closed residential records.	
b. Initial collateral contacts,							
c. Initial interactions with and observations or the youth							
d. Separation of younger youth from older youth,							
e. Separation of violent youth from non-violent youth							
f. Identification of youth susceptible to victimization							
g. Presence of medical, mental or physical disabilities							
h. Suicide risk							
i. Sexual aggression and predatory behavior							
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"/>	Alerts for the youth are marked with colored dots on the front of the 4 files reviewed and colored dots on the youth alert board in the shelter for 2 active youth reviewed.	
3.04: Log Books							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						The shelter has a written policy and procedure in place for Logbooks which was reviewed and signed by the Program manager on 7/20/2019.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The shelter maintains a permanent bound logbook which was reviewed for the past 6 months. In reviewing the logbook, the shelter properly documented safety and security issues that impacted the youth or the shelter and those entries were highlighted.	
All entries are brief, legibly written in ink and include: • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All entries 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"/>	Reviewed logbook for past 6 months.	
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 for, at least, the previous two shifts and include the dates they are reviewed.	
Logbook entries include: • Supervision and resident counts • Visitation and home visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for visitation and home visits.	
3.05: Behavior Management Strategies							
Provider has a written policy and procedure that meets the requirement for Indicator 3.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Provider has two written policies and procedures in place regarding Behavioral	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						management strategies but one of the policies was last reviewed on 7/20/2018 by the program manager and has not been reviewed and approved since. The policy on crisis and behavioral interventions was reviewed on 3/30/2020.	
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 shelter utilizes a Behavioral Management strategy that is based on positive reinforcement and logical consequences. All youth files reviewed documented that youth are oriented to the behavioral management system during orientation/intake process and provided a youth handbook that further outlines the system. The shelter provides a wide variety of incentives for the youth and uses appropriate interventions to teach the youth new behaviors and to help youth to understand natural consequences.	
Behavior Management Strategies must include:							
a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program d. Appropriate consequences and sanctions are used by the program and consequences for behavior are logical and designed to promote skill-building for the youth e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy on Behavioral Intervention, youth handbook, and BMS point sheets.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Network and DJJ are used if physical intervention is required) f. Only staff discipline youth. Group discipline is not imposed g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges							
Program's use of the BMS							
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"/>	Staff receive training during orientation. Training files for three new hires were reviewed.	
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"/>	Supervisors meet with staff to discuss the use of positive and negative consequences with youth.	
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 training files, the shelter has a protocol for providing feedback to staff regarding the use of the BMS during their performance evaluations. Staff also receive feedback during staff meetings as well.	
3.06: Staffing and Youth Supervision							
Provider has a written policy and procedure that meets the requirement for Indicator 3.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The shelter has written policy and procedure in place that addresses Staffing and Youth supervision which was reviewed and signed on 9/26/2019 by the Program Manager.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 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"/>	During the shelter tour it was observed that the staff maintained the minimum staff ratio of 1 staff to 6 youth during awake hours and in reviewing the video surveillance the shelter maintained a 1 staff to 12 youth during sleep period.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Overnight shifts must always provide a minimum of two staff present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the overnight shift it was observed that at least two staff members were present regardless of the number of youth.	
The staff schedule is provided to staff or posted in a place visible to staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the tour of the shelter the program staff schedule was provided and is posted visible for staff to see in the control center. There is a place on the schedule for staff to sign acknowledging they reviewed the schedule.	
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 roster for staff available for on call including contact telephone number and preferred shifts.	
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"/>	Video surveillance of overnight shifts for the past 30 days was reviewed.	Limited Exception Upon video review it was observed the shelter conducted the 15-minute bed checks consistently except for the following dates and times: On 8/12/20 on the Boys hall, no 15-minute bed checks were conducted from 3:13am to 3:59am, 4:13 to 4:44am and 4:44am to 5:15am. All other checks occurred within 15-minute time frames. On 8/12/20, on the Girls hall, no 15-minute bed checks were conducted from 3:13am to 3:58am and 4:13am to 4:45am. All other checks occurred within 15-minute time frames. On 8/16/20 on the Girls hall, no 15-minute bed checks were conducted from 4:44am to 5:13am. All other checks occurred within 15-minute time frames. On 8/16/20, on the Boys hall, no 15-minute bed checks were conducted from 3:44am to 4:15 and no 15-minute bed checks from 4:30am-5:14am. All other checks occurred within 15-minute time frame. Upon review of the Resident Accountability Checklist for 8/12/20 and 8/16/20, it was



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
							<p>Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below</p> <p>discovered that the 15-minute bed checks that were not observed on video surveillance were documented in the logbook as occurring. Also, the Resident Accountability Checklist had prepopulated bed check times listed instead of allowing staff to document in real time.</p> <p>The QI finding incident was reported by the program manager to CCC on September 3, 2020 at 5:57pm, case # 2020-05585.</p>
3.07: Video Surveillance System							
Provider has a written policy and procedure that meets the requirement for Indicator 3.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The shelter has written policy and procedure in place that addresses video surveillance which was reviewed and signed on 8/22/2019 by the Program Manager.	
Surveillance System							
The agency, at a minimum, shall demonstrate: <ol style="list-style-type: none"> A written notice that is conspicuously posted on the premises for the purpose of security System can capture and retain video photographic images which must be stored for a minimum of 30 days System can record date, time, and location; maintain resolution that enables facial recognition Back-up capabilities consist of cameras' ability to operate during a power outage Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video tour of the facility was conducted. The shelter has a video surveillance system in operation 24 hours a day, 7 days a week. During the shelter tour it was observed that a written notice was posted on the premises that there was video surveillance for the purpose of security. Cameras were observed in the interior, exterior and general locations of the shelter where youth and staff congregate as well as where visitors enter and exit. All cameras were visible, and no cameras are in the bathrooms or sleeping quarters. The video system can capture and retain video photographic images for a minimum 30 days. The shelters video system can record the date,	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible						time, and location and maintain a resolution that enables facial recognition. The video system can operate during a power outage as well.	
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"/>	The shelter has a list of designated supervisors who can access the video surveillance system.	
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisory reviews are done every 14 days and documented in the logbook. A review of logs from February through April provided confirmation.	
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"/>	The shelter has a process for third party reviews of video recordings after a request from quality improvement visits or when an investigation is pursued after an allegation of an incident.	
Standard Four – Mental Health /Health Services							
4.01: Healthcare Admission Screening							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						Policy entitled Healthcare Admission Screening was approved 7/31/2014 and was last reviewed on 7/26/2019 by Program Manager.	
Preliminary Healthcare Screening							
Screening includes : a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two open and two closed healthcare records were reviewed. All four youth received a healthcare screening at the time of admission conducted by a non-healthcare staff and reviewed within five days by the nurse.	



Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Referral and Follow-up							
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"/>	One of the four youth was found to have a chronic medical issue and a referral for further medical services was documented in the youth's record.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four youth records were reviewed and none of the records indicated the parent/guardian needed to be involved in healthcare services while the youth was in the program.	
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"/>	The program maintains documentation of healthcare referrals in the youth's record.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's policy states the program will work with the youth's parent/guardian and the provider's medical consultant, if needed, to ensure the youth receives proper medical care and follow-up.	
4.02 Suicide Prevention							
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) Policy entitled Mental Health and Substance Abuse Services was approved 7/28/2015 and was last reviewed on 7/26/2019 by Program Manager.	
Suicide Risk Screening and Approval							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of six youth records were reviewed: two open and four closed. All the youth received a suicide risk screening during the intake and admission process, which was signed by the supervisor and maintained in each youth record.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	The agency uses the Youth and Family Services Suicide Risk Screening tool approved by the Florida Network.	
Supervision of Youth with Suicide Risk							
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 had a hit on the suicide risk screening and were placed on constant sight and sound supervision until assessed by a licensed mental health professional within no more than twenty-four hours.	
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"/>	In all three records the staff assigned to monitor the youth was documenting the youth's behavior every ten to fifteen minutes, including the time of day, behavioral observations, any warning signs observed and initialed each entry.	
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all three records the youth's supervision level was not changed until further assessment by a licensed mental health professional.	
4.03: Medication							
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Policy entitled Medication: Ordering and Distribution, Storage, Access, Inventory, and Disposal was approved 7/1/2016 and was last reviewed on 7/25/2019 by Program Manager.	The program's policy narrative does not include a weekly perpetual inventory to be conducted on frequently used over the counter medications.
Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the annual review, a video tour of the Pyxis Med-Station 4000 medication cabinet was conducted and the nurse was interviewed. The tour of the medication room verified all medication types are stored separately in the Pyxis system cart and controlled medications	
b. Oral medications are stored separately from injectable epi-pen and topical medications							



Quality Improvement Review

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	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>						are stored in a separate section of the locked Pyxis system cart.	
Medication Distribution							
<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"/>	The shelter has four Super Users; one senior youth care worker supervisor, one family teacher assistant, one case worker and one residential services supervisor, as well as a total of seventeen staff which are trained in the assistance of delivery of medications. Only staff trained in the distribution of medications have access, which is limited by the Pyxis Med-Cart system. The nurse is onsite for twenty to twenty-five hours a week and will complete all medication processes when present. The delivery of medication is consistent with the FNYFS Medication Management and Distribution Policy. Training documents support all applicable staff were trained by the program's medical staff in medication distribution. The program did not have any youth in need of an EpiPen. A review of six staff training records indicated the staff received the EpiPen training, which was included in the First Aid training.	
Medication Inventory							
<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"/>	A review of three different youth's narcotics/controlled medications was conducted and all had a shift-to-shift count completed and documented in the Pyxis Med-Station 4000 Medication Cabinet, as required. A review of	

Quality Improvement Review

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	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 c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly						documentation indicated the nurse conducted at a minimum a weekly inventory of the over-the-counter medications for the last six months. The program did not have any sharps or syringes during the review period.	
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"/>	The nurse conducts monthly reviews of the medication management practice via the knowledge portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The shelter utilizes the Pyxis Med-Station 4000 Medication Cabinet to verify and clear any discrepancies after each shift.	
4.04: Medical/Mental Health Alert Process							
Provider has a written policy and procedure that meets the requirement for Indicator 4.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Alert Procedures were reviewed and approved by the program manager on July 30, 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"/>	Two closed and two open records were reviewed. All four youth had medical, mental health and/or allergy alerts and each were placed on the alert system. The two closed records had color coded stickers on each youth's file to indicate what alert was applicable. A review of the two open records indicated the same practice and this was also verified by observing the alert board which had the same color-coded stickers.	
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"/>	4 youth records reviewed and met this requirement.	
Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six staff training records reviewed provided documentation of training in MHSA, CPR and First Aid.	

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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"/>	The shelter utilizes an alert board which has color coded dots indicating what alert the youth is on, as well as using the same system for the front of the individual youth records. The shelter also informs their staff during shift change regarding each youth's medical condition, common side effects of prescribed medications, allergies, and mental health information.	
4.05: Episodic/Emergency Care							
Provider has a written policy and procedure that meets the requirement for Indicator 4.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy entitled Medical and Dental Procedures (Episodic /Emergency Care) was approved on 7/30/2019 by the Program Manager.	
Off-site Emergency Services							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of three closed records were reviewed. All three youth required off-site emergency medical care and an incident report was submitted for each. In all the cases the parent/guardian picked the youth up from the shelter and transported them to the emergency room and back. All three records included discharge instructions and follow up care for the youth to return to the shelter. The three incidents were documented in the shelter's daily log.	
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Youth's parent/guardian was notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. A daily log is maintained for emergency care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of six staff records indicated all of them received training in emergency medical procedures.	
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a knife-for-life and wire cutters in the staff control area.	
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The shelter maintains six sealed first aid kits; three for the vans, and one each in the kitchen,	



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						medication room and staff control area. The first aids kits are inventoried by the nurse.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below