



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

**Youth Crisis Center  
3015 Parental Home Road  
Jacksonville, FL 32216**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Youth Crisis for the FY 2020-2021 at its program office located at 3015 Parental Home Road, Jacksonville, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Youth Crisis Center 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 Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from Youth Crisis Center present for the entrance interview were: Kim Sirdevan, CEO; Vernon Forest, Director of Finance; Stepheny Durham, COO; and Cecelia Stalnaker-Camenberghs, CCO. The last onsite QI visit was conducted March 13 - 14, 2019.

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

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

**2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL**  
**Report Number: CM 08-26-2020**

<b>Agency Name: Youth Crisis Center</b>					<b>Monitor Name: Ashley Davies, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 3015 Parental Home Rd., Jacksonville, FL</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): August 26 – 27, 2020</b>		
	<b>Explain Rating</b>						
<b>Major Programmatic Requirements</b>	<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program currently has three staff members certified as DJJ QI Peer reviewers.	<b>No recommendation or Corrective Action.</b>
<b>Additional Contracts</b> a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: A list of seventeen contracts for FY 2019- 2020 was provided by the provider. The list includes the sources of funds, grant amount, and grant start and ed dates. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, substance abuse, mental health partners, and other treatment providers. All the agreements	<b>No recommendation or Corrective Action.</b>

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					reviewed had recent contract/agreement dates.	
<b>Limits of Coverage</b> a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation: The provider's General Liability; Workers Compensation; and Automobile insurance policies all meet the required minimums per the Limits of Coverage.  General Liability is provided by Philadelphia Indemnity Ins Co. with limits of coverage of \$1,000,000 each/\$3,000,000 aggregate and \$5,000 medical expense any one person and \$1,000,000 personal and advanced injury. Effective dates: 7/1/2020 – 7/1/2021.  Automobile Liability is provided by Philadelphia Indemnity Ins Co. with limits of coverage of \$1,000,000 combined single limit. Effective dates: 7/1/2020 – 7/1/2021.	<b>No recommendation or Corrective Action.</b>

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						Umbrella Liability is provided by Philadelphia Indemnity Ins Co. with limits of coverage of \$5,000,000 each/aggregate. Effective dates: 7/1/2020 – 7/1/2021.  Workers Compensation and Employers Liability is provided by Bridgefield Employers Ins Co. with limits of coverage of \$500,000 each accident.  The certificate does list the Florida Network on the consolidate certificate of liability as a certificate holder.	
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A –</b> During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	<b>No recommendation or Corrective Action.</b>
<b>Fiscal Practice</b> a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are contained in the agency's Accounting Policy and Procedures Manual. The	<b>No recommendation or Corrective Action.</b>

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GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. <b>PTV</b>						procedures reviewed appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for general ledger, cost accounting, payroll, petty cash, computer backup, and other relevant financial processes. The agency's annual accounting firm indicates that the provider's net assets and cash flows for the year ended are acceptable and are in compliance with US generally accepted accounting principles (GAAP). Policies were last reviewed 8/2019.	
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Detailed General Ledger for the current FY2019-2020, as of 7/1/2019 to 6/30/2020. The agency maintains a detailed general ledger that is structured to track all funding sources as well as activities for the CINS/FINS program.	<b>No recommendation or Corrective Action.</b>
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview and Documentation:	<b>No recommendation or Corrective Action.</b>

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allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – <b>ON SITE</b>						No change in practice was reported for the agency since the last onsite program review in March 2019. Reviewed petty cash policy and procedure. The Petty Cash fund does not exceed \$550. Petty cash is stored in a secure locked location maintained by the Assistant Residential Manager. All Staff must secure receipts after a purchase is made. The receipts are turned into Finance, which is reviewed and posted to QuickBooks before cutting a check to replenish. Petty cash is usually replenished once a month or more frequent if necessary.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Reviewed Bank Statements and Bank Reconciliations for the past six months for one account held with TIAA Bank. Financial Statements are reported on a monthly basis and were found to be current. Bank reconciliations are conducted each month for the activities and bank statements for the preceding month. Reconciliations are	<b>No recommendation or Corrective Action.</b>

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						signed by two individuals. The agency maintains individual vendor files.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	<b>No recommendation or Corrective Action.</b>
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: 941's for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter of 2019 and the 1 <sup>st</sup> and 2 <sup>nd</sup> quarter of 2020 were provided. Provider submitted evidence of its payroll services. Services are monitored through Paylocity.	<b>No recommendation or Corrective Action.</b>
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Agency provided Budget to Actual report for last fiscal year, 7/1/19 – 6/30/20. The report shows current budget, annual budget, and over budget. The program budget is discussed at the agency's Board meetings.	<b>No recommendation or Corrective Action.</b>





## CONCLUSION

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

## SUMMARY OF RECOMMENDATIONS

### **Recommendation**

There were no recommendations as a result of this review.

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



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

Review of Youth Crisis Center  
CINS/FINS Program

August 26 – 27, 2020

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



# Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020

Lead Reviewer: Ashley Davies

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	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/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Satisfactory

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

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

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

### Standard 3: Shelter Care & Special Populations

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

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

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

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

### Standard 4: Mental Health /Health Services

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

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

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

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

### Overall Rating Summary

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

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

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

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## Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020

Lead Reviewer: Ashley Davies

### Rating Definitions

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

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

### Reviewer

#### Members

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

LeAnn Gruentzel - Department of Juvenile Justice

Teresa Clove - Thaise

Rebecca Hankins - Anchorage Children's Home

Cynthia Freshour - Lutheran Services Florida - NW



# Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020  
Lead Reviewer: Ashley Davies

## Methodology

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

### Persons Interviewed

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director                 | <input checked="" type="checkbox"/> Chief Operating Officer |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director        | <input type="checkbox"/> Program Manager                    |
| <input type="checkbox"/> Program Coordinator                | <input checked="" type="checkbox"/> Direct – Care Full time | <u>1</u> # Case Managers                                    |
| <input type="checkbox"/> Direct – Part time                 | <input type="checkbox"/> Direct – Care On-Call              | <u>1</u> # Program Supervisors                              |
| <input type="checkbox"/> Volunteer                          | <input type="checkbox"/> Intern                             | <u>0</u> # Food Service Personnel                           |
| <input checked="" type="checkbox"/> Clinical Director       | <input checked="" type="checkbox"/> Counselor Licensed      | <u>1</u> # Healthcare Staff                                 |
| <input checked="" type="checkbox"/> Counselor Non-Licensed  | <input type="checkbox"/> Case Manager                       | <u>0</u> # Maintenance Personnel                            |
| <input type="checkbox"/> Advocate                           | <input checked="" type="checkbox"/> Human Resources         | <u>0</u> # Other (listed by title): _____                   |
| <input type="checkbox"/> Nurse – Full time                  | <input checked="" type="checkbox"/> Nurse – Part time       |   |

### Documents Reviewed

- |   |  |  |
|---|--|--|
| <input checked="" 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        | <u>5</u> # Health Records                          |
| <input checked="" type="checkbox"/> Logbooks                          | <input checked="" type="checkbox"/> Key Control Log                  | <u>5</u> # MH/SA Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                   | <u>32</u> # Personnel /Volunteer Records           |
| <input checked="" type="checkbox"/> Contract Monitoring Reports       | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <u>8</u> # Training Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | <u>5</u> # Youth Records (Closed)                  |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | <u>5</u> # Youth Records (Open)                    |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> List of Supplemental Contracts              | <u>0</u> # Other: _____                            |
| <input checked="" type="checkbox"/> Exposure Control Plan             | <input checked="" type="checkbox"/> Vehicle Inspection Reports       |  |

### Surveys

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

### Observations During Review

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

### Comments

Due to COVID-19, this QI review was completed fully remote.



## Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020

Lead Reviewer: Ashley Davies

### 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

The program has continued with the visual arts agreement with Cathedral Arts Project (CAP) for males and females to receive weekly one-hour visual art classes for the school year. This is an opportunity that is funded by the Jim Moran Foundation.

During the beginning of the pandemic, Youth Crisis Center, Inc. (YCC) pivoted within one week to change their service provision from in person to telehealth remote services. Upon approval of the Board and discussion with the CEO of the FL Network, YCC temporarily suspended services in the residential shelter for five weeks after conducting COVID screening and finding themselves with a shortage of staff and a lack of appropriate personal protective equipment (PPE). All major stakeholders were notified of the change in their service provision. YCC immediately began receiving appropriate PPE for the pandemic and reopened the shelter on May 1, 2020 with limited capacity of six youth. The program has continued to increase capacity as the need to do so and precautions have been established. YCC continues to provide telehealth services, however, all staff returned to the office on May 27, 2020 and now provides face to face sessions when requested.

Staff continue to provide the Adolescent Domestic Battery Typology Tool (ADBTT) for youth involved with domestic violence (piloting this for the FL Network) and the Human Trafficking assessment.

The agency began using the Personal Well-being Index for children in the residential shelter program.

The agency has increased community volunteering opportunities, specifically for back to school and the Christmas holiday. Thanks to the continued support of the Jacksonville Jaguars, YCC distributed food baskets to families in need and the residents in the Touchstone Village program.

The agency has continued to partner with Feeding Northeast FL to receive food for the programs, especially in residential. They have also opened an onsite food pantry that includes produce, bakery, and dairy items at no cost. This has assisted in lowering costs for the food budget as well as providing more nutritious meals with fresh foods as opposed to canned.

The program has three new teachers from the Duval County Public Schools who are providing academic instruction onsite to all residential youth.



## Quality Improvement Review

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Lead Reviewer: Ashley Davies

The program hired a full-time grant writer and PR/Marketing Coordinator to assist with social media, news outlets, and PR opportunities.

There is now a secure remote gate that permits access to all residential programs after clearance from staff.

The Board of Directors developed and approved a new three-year Strategic Plan. This was completed after a board strategic planning meeting facilitated by two consultants with the Small Business Development Center.

YCC continues to be involved in the Duval County Behavioral Health Consortium where mental health needs of the community are addressed and they identify programs that have experience in addressing mental health concerns.

The Chief Clinical Officer actively participated in the NE Florida Human Trafficking Coalition.

CINS/FINS clients can now access the agency's psychiatric services when recommended by the therapist.

The Residential program will go live on September 1, 2020 with Note Active.

YCC has a new location in St Johns County thanks to a partnership with Flagler Health + Care Connect. SNAP staff and two therapists are located in the Whetstone Plaza off of 312 and US 1. SNAP groups will also be held in this space.

YCC now provides supportive counseling services to youth in the shelter by accessing bachelor and master's level interns. Case staffings will be moving to virtual services. Visitation in the shelter is being provided virtually.

YCC is undergoing the re-accreditation with COA. The self-study will begin early next year.

The YCC CEO was awarded the 2020 Women of Influence from the Jacksonville Business Journal and was also appointed as the new Vice Chair of the C4 Circuit ADVISORY BOARD.

The YCC Chief Clinical Officer was awarded the Outstanding Program Leadership award from the Florida Network.

YCC was awarded the Basic Center grant on October 1, 2019. Additionally, YCC received funds from the Jim Moran Foundation to help support families with food and rental income during COVID.

YCC ICM program provided a small incentive to three youth who passed school for the first time in several years.





## Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020

Lead Reviewer: Ashley Davies

### Narrative Summary

Youth Crisis Center is a youth shelter located in Jacksonville, Florida. The agency is led by Ms. Kim Sirdevan, Chief Executive Officer. The agency provides both residential and non-residential CINS/FINS services to youth and their families in Duval, Clay, and Nassau counties in Circuit 4. The residential program and main non-residential offices are located at 3015 Parental Home Road, Jacksonville, Florida. The youth shelter is currently licensed by DCF for a maximum of thirty-four beds in the shelter and is also COA accredited.

The overall findings for the QI review for Youth Crisis Center is summarized as follows:

Standard 1: This standard has a total of seven indicators regarding management accountability. All seven indicators were rated satisfactory with no exceptions noted.

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. All ten indicators were rated satisfactory with no exceptions noted.

Standard 3: This standard has a total of seven indicators regarding shelter care. All seven indicators were rated satisfactory with one exception for 3.02 Youth Orientation for 1 closed file that was missing the orientation checklist, however, through other documentation in the file several items were able to be verified to show evidence that the youth received an orientation within 24 hours except for all items except for three.

Standard 4: This standard has a total of five indicators regarding mental health and health services. All five indicators were rated satisfactory with no exceptions noted.



Youth Crisis Center – August 26 – 27, 2020  
 Lead Reviewer: Ashley Davies

## Quality Improvement Review

### CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 1.07 Background Screening of Employees and Volunteers. Last reviewed July 1, 2020 by the Chief Executive Officer.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of twenty-one new staff were hired since the last onsite QI review. Eight of the twenty-one staff met the criteria for a pre-screening assessment. The agency uses the Berke Assessment and completed the screening prior to hire for the eight applicable staff.	
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 twenty-one new staff were hired since the last on-site QI review. All twenty-one staff were background screened prior to hire. There were a total of seven interns utilized since the last review. All seven interns had a background screening completed prior to their start date.	
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"/>	There were four staff due for a five-year rescreening during the review period. All four staff had a re-screening completed within the required time frame.	
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/06/2020.	



## Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020  
 Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 twenty-one new staff hired.	
<b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 1.09 Provision of an Abuse Free Environment and 3.07 Grievance Process. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Abuse Free Environment</b>							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy 1.09 Provision of an Abuse Free Environment last reviewed July 1, 2020. Staff sign forms relating to reporting child abuse, neglect, and abandonment, mandatory reporting, and guidelines to prevent abuse, upon hire. These forms are kept in the employee's personnel file.	
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse telephone number was observed during the video tour to be posted on a bulletin board in the both the boys and girls dayroom.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five residential files reviewed documented the youth were informed of the Abuse Hotline number during orientation. All five-youth surveyed indicated knowledge of the location of the abuse hotline number in the facility.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy 1.09 Provision of an Abuse Free Environment last reviewed July 1, 2020. No incidents of abuse or threats was identified and/or reported during the review period needing management action.	
<b>Grievance Process</b>							



## Quality Improvement Review

Youth Crisis Center – August 26 – 27, 2020  
 Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy 1.09 Provision of an Abuse Free Environment last reviewed July 1, 2020.	
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 two accessible grievance boxes that are locked. One box is on the boys' side and the other box is on the girls' side.	
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any grievances filed since the last on-site Quality Improvement review. Per policy, the residential director or supervisor keeps the key to the grievance box.	
d. 72-hour resolution requirement by management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any grievances filed since the last on-site Quality Improvement review.	
e. Grievance maintained on file for a minimum of 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any grievances filed since the last on-site Quality Improvement review.	
<b>1.03: Incident Reporting</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 1.11 Incident Reporting. Last reviewed July 1, 2020 by the Chief Executive Officer.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were six CCC incidents in the last six months reported by the agency. All six incidents were reported within the two-hour required timeframe.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All CCC incidents that required followed up were completed.	
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incidents were documented on agency form called Internal Accident/Incident Report Form.	



## Quality Improvement Review

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Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						All six incidents were documented in the programs log book.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incident reports were reviewed by programs Supervisors/Directors and were signed.	
<b>1.04: Training Requirements</b> Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 1.05 Staff Training. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>First Year Direct Care Staff</b>							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four first year direct care staff files reviewed and all four had more than 80 hours of training required and had completed the mandatory training 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 four staff completed the required FL Network, Skill-Pro, and In-Service Component trainings.	
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no non-licensed clinical staff that required this training during this review period.	
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no non-licensed clinical staff that required this training during this review period.	
<b>In-service Direct Care Staff</b>							



## Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually ( <i>40 hours if the program has a DCF child caring license</i> ).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four in-service employee training files were reviewed and all four had completed the required annual trainings and documented over 40 hours of training.	
<b>Required Training Documentation</b> The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all training files there was a spreadsheet with all trainings, date completed, and hours. Also, training files included training certificates and training worksheets.	
<b>1.05: Analyzing and Reporting Information</b>							
<b>The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 1.08 Risk Management. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Quarterly Reviews</b>							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case record reviews are completed monthly. Record reviews were reviewed from January 2020 thru August 2020 and were found to be completed monthly.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievances are reviewed quarterly at the QIC Committee meetings. Meeting minutes for the last quarter were reviewed.	
<b>Annual Reviews</b>							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction data is reviewed quarterly at the QIC Committee meetings. Meeting minutes for the last quarter were reviewed.	



## Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcome data is reviewed quarterly at the QIC Committee meetings. Meeting minutes for the last quarter were reviewed.	
<b>Monthly Reviews</b>							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data reports are reviewed monthly at the all-staff meetings. Meeting minutes were reviewed for January thru July 2020.	
<b>Quality Improvement Process</b>							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data reports are emailed out to staff monthly to review for errors or any corrections needed. Corrections are made at that time.	
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 all-staff meetings. Meeting minutes were reviewed for January thru July 2020.	
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"/>	Strengths and weaknesses are identified during monthly meetings, any improvements are implemented during that time. Meeting minutes reviewed for January thru July 2020.	
<b>1.06: Client Transportation</b>							
<b>Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						Policy in place titled 6.02 Agency Vehicles. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Approved agency drivers</b>							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List of approved drivers reviewed.	
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"/>	Review of personnel files and insurance policy. All staff have a valid Florida driver's license and are covered under the company policy.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Third party present in the vehicle</b>							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 <sup>rd</sup> party is NOT present in the vehicle while transporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 6.02 Agency Vehicles.	
b. In the event that a 3rd 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 Transportation Authorization Logs. There were eighteen single client transports since February 2020 and all documented supervisor approval prior to transport on the log and in the program log book.	
c. The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 6.02 Agency Vehicles.	
<b>Transportation documentation</b>							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Vehicle Logs from February thru July 2020. All logs documented required information and were filled out in their entirety.	
<b>1.07: Outreach Services</b>							
<b>The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 1.12 Interagency Agreements and Outreach Services. Last reviewed July 1, 2020 by the Chief Executive Officer.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting agendas and minutes provided to show participation in Circuit 4 Juvenile Justice Council meetings for last three quarters.	





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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has evidence of outreach events by providing NetMIS outreach list which includes title of event, date of event, number of youth and adults in event, purpose of event, and what area event took place in the community.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has twenty-seven interagency agreements with community partners.	
<b>Standard Two – Intervention and Case Management</b>							
<b>2.01: Screening and Intake</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 2.04 Screening Eligibility for Services. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed, five residential (two open and three closed) and five non-residential (two open and three closed.) All ten had eligibility screening completed within seven calendar days of referral.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> <li>• Available service options</li> <li>• Rights and responsibilities of youth and parents/guardians</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed, five residential (two open and three closed) and five non-residential (two open and three closed.) All ten files documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> <li>• Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed, five residential (two open and three closed) and five non-residential (two open and three closed.) All ten files documented the youth and parents received all required information at intake.	



## 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"> <li>• Grievance procedures</li> </ul>							
<b>2.02: Needs Assessment</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>					<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)		
					Policy in place titled 2.07 Needs Assessment/Re-Classification Alert Form. Last reviewed July 1, 2020 by the Chief Executive Officer.		
<b>Completion of Needs Assessment</b>							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed (two open and three closed.) The Needs Assessment was initiated within 72 hours in all five files.	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed (two open and three closed.) The Needs Assessment was completed within 2 to 3 face-to-face contacts in all five files.	
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 ten Needs Assessments reviewed.	
<b>Suicide Risk as a Result of the Needs Assessment</b>							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.	
b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.	
<b>2.03 Case/Service Plan</b>							



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## Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 2.08 Service Plans and 2.09 Service Plan Implementation, Review, and Revision. Last reviewed July 1, 2020 by the Chief Executive Officer.	
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"/>	Service plans were completed within seven working days of Needs Assessment in all ten files reviewed.	
<b>Case/Service Plan includes:</b>							
<ul style="list-style-type: none"> <li>Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>Service type, frequency, location</li> <li>Person(s) responsible</li> <li>Target date(s) for completion and Actual completion date(s)</li> <li>Signature of youth, parent/guardian, counselor, and supervisor</li> <li>Date the plan was initiated</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files included all elements required by the indicator.	
Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to all five non-residential files reviewed. All five files demonstrated service plan reviews every 30 days for the first three months.	
<b>2.04: Case Management and Service Delivery</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 2.10 Case Management and Service Delivery. Last reviewed July 1, 2020 by the Chief Executive Officer.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the ten files reviewed showed a counselor was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> <li>• Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>• Coordinates service plan implementation</li> <li>• Monitors youth's/family's progress in services</li> <li>• Provides support for families</li> <li>• Monitors out-of-home placement (if necessary)</li> <li>• Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>• Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>• Refers the youth/family for additional services when appropriate</li> <li>• Provides case monitoring and reviews court orders</li> <li>• Provides case termination notes</li> <li>• Provides follow-up after 30 days of exit</li> <li>• Provides follow-up after 60 days of exit</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files established referral needs and coordinated referrals for services.  All ten files coordinated service plan implementation.  All ten files monitored the youth's and family's progress in services.  All ten files provided support for families.  None of the files were applicable for monitoring out-of-home placement.  None of the files were applicable for referrals to the case staffing committee.  None of files were applicable for accompanying the youth or parent to court hearings or appointments.  All ten files referred the youth/family for additional services when needed.  All ten files provided case monitoring and reviewed court orders.  Six of six applicable files provided case termination notes.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						Three of three applicable files provided follow-up after 30 days of exit.  One of one applicable files provided follow-up after 60 days of exit.	
<b>2.05: Counseling Services</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 7.03 Counseling Services. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and case notes maintained demonstrated all ten-youth received individual counseling services as identified during the assessment.	
<b>Shelter Program</b>							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files reviewed. All five demonstrated individual and/or family counseling was offered.	
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All five files documented group sessions at least five days per week.	
Group counseling sessions consist of: <ul style="list-style-type: none"> <li>• Length of at least 30 minutes</li> <li>• Opportunity for youth engagement</li> <li>• Clear and relevant topic (informational/developmental/educational)</li> <li>• Clear leader or facilitator</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All groups reviewed were at least 30 minutes in length, had an opportunity for engagement, had a clear and relevant topic, and had a clear leader.	
<b>Non-residential Program</b>							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five non-residential youth files reviewed. Therapeutic services provided by agency staff were documented in the case	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Services are provided in the youth's home, a community location, or the local provider's counseling office.						notes. Referral needs were established and provided to all five youth.	
<b>Counseling Services</b>							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all ten files reviewed.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual youth file is maintained for all ten youth files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files included case notes that documented services that were provided including counseling.	
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case record reviews are completed monthly. Record reviews were reviewed from January 2020 thru August 2020. All assessments and treatment forms in all ten files reviewed were signed and reviewed by a supervisor.	
<b>2.06: Adjudication/Petition Process</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 2.11 Case Management Staffing. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Case Staffing Initiation and Notifications</b>							
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
The youth, family and case staffing committee are contacted within a minimum of five working days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site 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"> <li>Notification to youth/family no less than 5 working days prior to staffing</li> <li>Notification to committee no less than 5 working days prior to staffing</li> </ul>							
<b>Case Staffing Committee</b>							
<b>Must include:</b> a. DJJ rep. or CINS/FINS provider b. Local school district representative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
<b>Other members may include:</b> <ul style="list-style-type: none"> <li>State Attorney's Office</li> <li>Others requested by youth/family</li> <li>Substance abuse representative</li> <li>Law enforcement representative</li> <li>DCF representative</li> <li>Mental health representative</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has an established committee with regular communication.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy titled 2.11 Case Management Staffing.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
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"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
<b>2.07: Youth Records</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 2.02 Youth Records. Last reviewed July 1, 2020 by the Chief Executive Officer.	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour, files were observed to be stored in locked file cabinets and marked confidential.	
When in transport, all records are locked in an opaque container marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the youth files are transported offsite, they are locked in an opaque container marked confidential.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed were observed to be organized and maintained in a neat and orderly manner.	
<b>2.08: Sexual Orientation, Gender Identity, Gender Expression</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 2.14 Sexual Orientation, Gender Identity, Gender Expression. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	





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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards							
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Video tour of the facility showed signage in the dayroom, on both the boys and girls areas, and also in the lobby area.	
<b>2.09: Special Populations</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 3.11 Staff Secure Facility and Staff Secure Beds-Staffing, 2.12 Intensive Case Management Services, and 7.04 Family/Youth Respite Aftercare Services (FYRAC). Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Staff Secure</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for staff secure since the last QI review.
Staff Secure policy and procedure outlines the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy 3.11 Staff Secure Facility and Staff Secure Beds-Staffing.	



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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> <li>• In-depth orientation on admission</li> <li>• Assessment and service planning</li> <li>• Enhanced supervision and security with emphasis on control and appropriate level of physical intervention</li> <li>• Parental involvement</li> <li>• Collaborative aftercare</li> </ul>							
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: 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.	
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
<b>Domestic Minor Sex Trafficking (DMST)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating "No eligible items for review")</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> N/A				
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has one DMST youth since the last on-site Quality Improvement review. This file documented approval for admission by the FNYFS.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One applicable file reviewed documented services were specific to DMST.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The youth did not require additional supervision.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One applicable file reviewed documented length of stay did not exceed seven days.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program had a staff assigned to the DMST youth each day.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth received all other general CINS/FINS required services.	
<b>Domestic Violence</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating "No eligible items for review")</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A			
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three closed files reviewed. All three files had a face sheet indicating a pending DV charge and all three were screened by the JAC and did not meet criteria for secure detention.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three files had evidence of data entry at intake and release.	



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



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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 receiving services was court ordered or referred by case staffing committee	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three open youth files reviewed. All three youth were referred by case staffing committee.	
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three-youth received six direct and six 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required assessments were completed in all three files.	
Case plan demonstrates a strength-based, trauma-informed focus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three Case Plans documented a trauma-informed focus.	
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three files documented strength-based services were provided to the youth and families in multiple different areas in each file.	
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.



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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff							
<b>2.10: STOP NOW AND PLAN (SNAP)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Several policies in place titled 7.05 SNAP Intake Requirements, 7.06 SNAP Group Delivery, 7.07 SNAP Fidelity Adherence Monitoring, 7.08 SNAP Discharge Requirements, and 7.09 SNAP in Schools. <b>All policies were</b> last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>SNAP Clinical Groups</b>							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four files reviewed, two open and two closed. All four files had NetMIS Screening form and SNAP Brief Intake Screening form.	
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Needs Assessment was initiated at intake in all four files.	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post CBCL were completed in both closed files. A pre CBCL was completed in both open files.	
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 completed in one of the closed files reviewed. The other closed file documented the pre and post TRF were sent to the teacher to complete; however, were never completed. There were attempts documented to contact the teacher to have the forms completed. A pre TRF was completed in both open files reviewed.	
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"/>		
c. TOPSE (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post TOPSE were completed in both closed files. A pre TOPSE was completed in the two open files.	
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre and post PAT were completed in both closed files. A pre-PAT was completed in the two open files.	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both closed files had SNAP discharge report summary.	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both closed files had Child Group Evaluation Form.	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Both closed files had Parent Group Evaluation Form.	
<b>SNAP in Schools</b>							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 13 weekly attendance sheets were present with youth names and teacher and facilitator signatures.	
"Class Shoot for Your Goal" sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Class Shoot for Your Goal" sheet was completed.	
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 present for all youth and the teacher.	
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"/>	There was one Fidelity Adherence Checklist completed.	
<b>Standard Three – Shelter Care</b>							
<b>3.01 Shelter Environment</b>							
The shelter's environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development.							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (explain)	





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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<p>Policies in place titled 1.03 Licensure Requirements, 3.03 Daily Programming, 3.05 Youth Hygiene, 5.01 Nutritionally Balanced Meals, 6.01 Agency Keys, 6.02 Agency Vehicles, 6.03 Comprehensive Safety and Emergency/Disaster Preparedness, 6.04 Facilities Equipment, 6.05 Flammable, Toxic, and Poisonous Control, 6.06 Facility Environment, and 6.08 Weekly Safety and Maintenance Inspections. All policies last reviewed July 1, 2020 by the Chief Executive Officer.</p>	
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A virtual tour of the facility revealed furnishings were in good repair. The program was free of insect infestation. Grounds were landscaped and maintained. Bathrooms were clean and functional. No graffiti was observed. Lighting was adequate. Exterior areas were free of debris and grounds were free of hazards. Dumpster and garbage cans were covered. Doors are secure with key access required. Egress plans were posted in several locations along with grievance forms, abuse hotline number, and DJJ Incident Reporting numbers. Agency vehicles were locked and contained required equipment including fire extinguisher, first aid kit, seat belt cutter-glass breaker, air bag deflator tool, and flashlight. Interior areas did not contain contraband and were free of hazardous items. Chemicals were stored behind locks and inventories and MSDS were maintained. The washers and dryers were operational and clean of lint. Current DCF</p>	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						license is displayed. Each youth has their own individual bed with clean, covered mattress, pillow, and sufficient linens.	
<b>Fire and Safety Health Hazards</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The annual fire inspections, completed on September 19, 2019 and October 18, 2019, shows the facility in compliance with fire safety codes and fire safety equipment inspections are up to date.</p> <p>At least one fire drill was completed monthly on each shift, since January 2020, with the exception of April 2020 while services were suspended due to COVID-19.</p> <p>Mock emergency drills were completed at least monthly since January 2020 with the exception of April 2020. Residential Group Care and Food Service inspection was completed on April 24, 2020. Menus were posted and signed by a licensed dietician on February 7, 2020. Cold food is properly stored, marked, and labeled, and dry storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.</p>	
<b>Youth Engagement</b>							
<ul style="list-style-type: none"> <li>Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal.</li> <li>At least one hour of physical activity is provided daily.</li> <li>Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Observed daily schedule posted and observed shelter activities on virtual tour.</p> <p>The daily schedule reveals that youth are engaged in meaningful, structured activities seven days a week. The schedule also provides for at least one hour of physical activity. Youth are given the opportunity to participate in faith-based activities with non-punitive activities offered for those who choose</p>	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<p>are offered to youth who do not choose to participate in faith-based activities.</p> <ul style="list-style-type: none"> <li>Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read.</li> <li>Daily programming schedule is publically posted and accessible to both staff and youth.</li> </ul>						<p>not to participate in those activities. Youth are given the time and opportunity to do homework and read. The program has a library with a variety of books for the youth to read.</p>	
<b>3.02: Program Orientation</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.02</b>						<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO (explain)</b> Policy in place titled 3.02 Program Orientation. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential files reviewed, two open and three closed.  Orientation checklist was observed in four of the five files reviewed. One closed file did not have a checklist; however, it was able to be determined, through other documentation in the file, the youth did receive an orientation to the program within 24 hours.	
<b>Orientation includes the following</b>						Orientation checklist was completed in four of the five files and covered all required elements.  One closed file did not have an orientation checklist; however, it was able to be determined, through other documentation in	<b>Exception:</b> 1 closed file did not have the orientation checklist, but the majority of items were verified to have occurred except for only 3 items: explanation of emergency procedures, review of daily activity, and contraband rules.
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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						the file, the youth was oriented to all required topics with the exception of three items.	
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in four of the five files and signed by the youth and staff.  One closed file did not have an orientation checklist; however, other documents completed at intake and signed by the staff and youth covered most orientation topics required with the exception of three items.	
<b>3.03: Youth Room Assignment</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.03</b>						<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (explain) Policy in place titled 3.01 Classification/Room Assignment. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>A process is in place that includes an initial classification of the youths, to include:</b>							
a. Review of available information about the youth's history, status and exposure to trauma b. Initial collateral contacts, c. Initial interactions with and observations or the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth f. Identification of youth susceptible to victimization g. Presence of medical, mental or physical disabilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential files reviewed, two open and three closed.  The Client Room Assignment section on the Admission Form was completed in all five files and documented all required information.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	Reviewed the Admission Forms for the five residential files. Alerts for the youth were documented on the Intake Alert Classification Form in all five files. For the two open files, alerts were also documented on the census board in the shelter.	
<b>3.04: Log Books</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.04</b>						<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO (explain)</b> Policy in place titled 3.04 Log Books. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook entries were reviewed for the first week of February 2020, the second week of March 2020, the fourth week of May 2020, the first week of June 2020, and the second week of July 2020.  No logbook entries were reviewed for the month of April 2020 due to the program being closed due to COVID-19.  Entries that impacted the safety and security of the youth or program were observed highlighted.	
All entries are brief, legibly written in ink and include: <ul style="list-style-type: none"> <li>• Date and time of the incident, event or activity</li> <li>• Names of youth and staff involved</li> <li>• Brief statement providing pertinent information</li> </ul>	<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.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
• Name and signature of person making the entry							
Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Errors were observed struck through with a single line and initialed.	
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviewed the logbook every week and made a note stating dates reviewed with any recommendations and 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 reviewed the logbook for at least the previous two shifts and included the dates they reviewed.	
Logbook entries include: <ul style="list-style-type: none"> <li>• Supervision and resident counts</li> <li>• Visitation and home visits</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for counts, visitation, and home visits.	
<b>3.05: Behavior Management Strategies</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.05</b>						<input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (explain) Policies in place titled 3.08 Behavior Management Strategies and 3.09 Behavioral Interventions. Last reviewed July 1, 2020 by the Chief Executive Officer.	
The program has a detailed written description of the BMS and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program is currently using a point-based Behavior Management System that is clearly identified in the Orientation Handbook and given to youth at intake.	
<b>Behavior Management Strategies must include:</b>							
a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy was reviewed along with the Client Orientation Handbook and BMS Daily Point	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 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						Tracker forms located in the five residential files reviewed. All requirements were met.	
<b>Program's use of the BMS</b>							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed training files for four new hires.	
There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 3.08 Behavior Management Strategies.	
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"/>	Reviewed training files for four staff.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>3.06: Staffing and Youth Supervision</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 3.10 Staffing and Youth Supervision. Last reviewed July 1, 2020 by the Chief Executive Officer.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> <li>• 1 staff to 6 youth during awake hours and community activities</li> <li>• 1 staff to 12 youth during the sleep period</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed monthly staff schedules for February – August 2020.  Reviewed four random nights of video surveillance from the male dorm: July 29 1:20am – 1:52am, August 8 2:32am – 3:33am, August 13 3:30am – 4:45am, and August 17 4:15am -5:15am.  Reviewed four random nights of video surveillance from the female dorm: July 29 1:15am – 2:30am, August 8 2:17am – 3am, August 13 3:15am – 4:45am, and August 17 4:15am -5:15am.  Required staffing ratios were met for awake hours and sleeping hours.	
Overnight shifts must always provide a minimum of two staff present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed four random nights of video surveillance from the male dorm: July 29 1:20am – 1:52am, August 8 2:32am – 3:33am, August 13 3:30am – 4:45am, and August 17 4:15am -5:15am.  Reviewed four random nights of video surveillance from the female dorm: July 29	





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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						1:15am – 2:30am, August 8 2:17am – 3am, August 13 3:15am – 4:45am, and August 17 4:15am -5:15am.  Two staff were present for all times reviewed above.	
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"/>	Observed staff schedule posted during virtual tour.	
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"/>	Residential Contact List was reviewed which documented staff names, phone numbers, and times for on call purposes.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed four random nights of video surveillance from the male dorm: July 29 1:20am – 1:52am, August 8 2:32am – 3:33am, August 13 3:30am – 4:45am, and August 17 4:15am -5:15am.  Reviewed four random nights of video surveillance from the female dorm: July 29 1:15am – 2:30am, August 8 2:17am – 3am, August 13 3:15am – 4:45am, and August 17 4:15am -5:15am.  Logbook documentation of bed checks, as well as, video surveillance listed above was reviewed and documented youth were observed at least every fifteen minutes while in sleeping rooms.	
<b>3.07: Video Surveillance System</b>							



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Provider has a written policy and procedure that meets the requirement for Indicator 3.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 6.07 Security Cameras. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Surveillance System</b>							
The agency, at a minimum, shall demonstrate: a. A written notice that is conspicuously posted on the premises for the purpose of security b. System can capture and retain video photographic images which must be stored for a minimum of 30 days c. System can record date, time, and location; maintain resolution that enables facial recognition d. Back-up capabilities consist of cameras' ability to operate during a power outage e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 6.07 Security Cameras.  Observed cameras and written notices during virtual tour.  Reviewed four random nights of video surveillance from the male dorm: July 29 1:20am – 1:52am, August 8 2:32am – 3:33am, August 13 3:30am – 4:45am, and August 17 4:15am -5:15am.  Reviewed four random nights of video surveillance from the female dorm: July 29 1:15am – 2:30am, August 8 2:17am – 3am, August 13 3:15am – 4:45am, and August 17 4:15am -5:15am.	
A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed list of designated staff who have access to video surveillance system, which included: CEO, COO, and Director of Residential Services.	
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"/>	Reviewed documentation of supervisory review of video from February 2020 through July 2020. Video was reviewed weekly with the exception of April 2020 due to the program being closed due to COVID-19.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						The dates reviewed included: 2/3, 2/16, 2/20, 3/01, 3/10, 3/13, 3/16, 3/20, 3/24, 3/31, 5/08, 5/10, 5/17, 5/22, 5/26, 5/31, 6/3, 6/18, 6/19, 6/25, 6/26, 6/28, 7/1.	
Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 6.07 Security Cameras.	
<b>Standard Four – Mental Health /Health Services</b>							
<b>4.01: Healthcare Admission Screening</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 4.01 Healthcare Admission Screening and 4.02 Medical Health Follow-Up. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Preliminary Healthcare Screening</b>							
<b>Screening includes :</b> a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. Admission Form was completed in all five files and included all required elements.	
<b>Referral and Follow-up</b>							



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Youth with chronic medical conditions have a referral to ensure medical care (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the five youth presented with chronic conditions requiring a referral to ensure medical care.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth required follow-up medical appointments.	
All medical referrals are documented on a daily log.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented on Episodic Care Log and in the log book.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy 4.01 Healthcare Admission Screening.	
<b>4.02 Suicide Prevention</b>							
<b>There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 4.03 Mental Health, Substance Abuse, Suicide Risk Screening for Residential Services and 4.04 Mental Health, Substance Abuse, Suicide Risk Screening in Non-Residential Programs. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Suicide Risk Screening and Approval</b>							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. All five files contained a suicide risk screening completed during the initial intake screening process that was signed by a supervisor.	



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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"/>	Reviewed the programs Suicide Risk Assessment tool.	
<b>Supervision of Youth with Suicide Risk</b>							
a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One of the five youth was placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional under the direct supervision of the licensed professional.	
b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation logs documented youth was monitored at least every thirty minutes while on sight-and-sound supervision.	
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth was removed from sight-and-sound supervision after ASR was completed by or reviewed with the licensed professional.	
<b>4.03: Medication</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies in place titled 4.06 Medications and 4.07 Medication Supervision and Monitoring. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Medication Storage</b>							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station and medical room was completed with the Assistant Residential Director.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Oral medications are stored separately from injectable epi-pen and topical medications c. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.) d. Narcotics and controlled medications are stored in the Med-Station						The Pyxis Med-Station is located in the medical room and is inaccessible to youth. All medications are stored in the Pyxis Med-Station 4000 medication cabinet. Oral medications are stored separately from topical medications and located in the locked medical cabinet. There is a secure refrigerator in the medical room used only for medical purposes and maintained at 36F degrees. All narcotic and controlled medications are stored in the Pyxis Med-Station 4000 medication cabinet.	
<b>Medication Distribution</b>							
a. Agency maintains a minimum of 2 Super Users for the Med-Station b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics) c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual e. When nurse is on duty, medication processes are conducted by the nurse f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station and medical room was completed with the Assistant Residential Director.  A list of Super Users was provided, and a list of designated staff delineated to have access to the secured medication. Training documents support all applicable staff were trained by the program's medical staff in medication distribution.  A review of three youth files supported they took medication while in the program. All three files contained a Medication Distribution Log completed as required. Staff verify medication either by the RN or by calling the pharmacy. All staff have training in the use of epi-pens.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse							
<b>Medication Inventory</b>							
a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Distribution Logs reviewed documented controlled substances were inventoried perpetually and shift-to-shift. Over-the-counter (OTC) medication inventories were reviewed and documented. OTC med's are inventoried perpetually and weekly by the RN. Weekly inventories of sharps were reviewed and found to be accurate. There were no syringes on-site.	
b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RN completes weekly and monthly reviews of medication management via the Knowledge Portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discrepancy reports confirmed discrepancies are cleared after each shift. There were no open discrepancies at the time of the review.	
<b>4.04: Medical/Mental Health Alert Process</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 4.08 Medical and Mental Health Alert Process. Last reviewed July 1, 2020 by the Chief Executive Officer.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, two open and three closed. All had the Intake Alert Classification Form completed.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, two open and three closed. Precautions noted on Medication Distribution Logs and side effect sheets.	
Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight staff training files reviewed. All staff were trained in Emergency Medical Procedures.	
A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that 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"/>	Program uses a color-coded dot system on their census board to identify alerts. Intake Alert Classification Forms are maintained in the youth's file and a copy is also placed in the Alert Classification System binder which all staff have access to. In addition, the form is also scanned and emailed out to staff. Medication Distribution Logs and youth files document any additional information needed.	
<b>4.05: Episodic/Emergency Care</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy in place titled 4.09 Emergency/Episodic Care. Last reviewed July 1, 2020 by the Chief Executive Officer.	
<b>Off-site Emergency Services</b>							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Episodic Care Log and youth files. CCC reports were complete for off-site care. The reports documented parental notification and, if applicable, discharge instructions were located in youth's file.	
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file							
c. Youth's parent/guardian was notified							





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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. A daily log is maintained for emergency care provided							
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eight staff training files were reviewed and all were trained on Emergency Medical Procedures.	
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During virtual tour, reviewer observed knife-for-life and wire cutters in staff office.	
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour, it was observed that first aid kits are in the shelter and vehicles are fully stocked and inventoried.	