



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



**CHS WaveCREST
4520 Selvitz Road,
Fort Pierce, FL 34981**

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 CHS WaveCREST for the FY 2020-2021 at its program office located at 4520 Selvitz Road, Fort Pierce, 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. CHS WaveCREST is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2020 through June 30, 2021.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from CHS WaveCREST present for the entrance interview were: Sabrina Sampson, Executive Director; Kristi Walsh, Director of Program Operations; and Kelly Barnett, Residential Supervisor. The last onsite QI visit was conducted November 6 -7, 2019.

In general, the Reviewer found that CHS WaveCREST is in compliance with specific contract requirements. **CHS WaveCREST 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; however, 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

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 12-16-2020

Agency Name: CHS WaveCREST					Monitor Name: Ashley Davies, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 4520 Selvitz Road, Fort Pierce, FL		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 16 – 17, 2020		
Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program currently has at least two staff members certified as DJJ QI Peer reviewers. One of the peers has participated on a review this season.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency provided a list of seven additional contracts for FY2020 - 2021 for the shelter. The list includes: the funder, service provided, and contract start and end dates. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates.	No recommendation or Corrective Action.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through Alliance of Nonprofits for Insurance, for limits of	No recommendation or Corrective Action.

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Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV							coverage \$1,000,000 each \$3,000,000 aggregate with medical expenses of \$5,000 for any one person, effective 7/1/2020-7/1/2021. Workers Compensation through United Wisconsin Insurance Co., with limits of \$1,000,000 each/aggregate, effective - 7/1/2020-7/1/2021. Automobile insurance through Alliance of Nonprofits for Ins., for combined single limit of \$1,000,000, effective for 7/1/2020-7/1/2021. Florida Network is listed as certificate holder on all certificates of coverage.		
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	No recommendation or Corrective Action.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are contained in the agency's Accounting Procedures Manual with a recent revision date of 12/1/2017 and review date of 12/1/2019. The procedures	No recommendation or Corrective Action.

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							reviewed appear to be consistent with GAAP and provide for limited internal controls. Procedures are included for accounts receivable, cash management, contributions, accounts payable, purchasing, and payroll.		
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Detailed General Ledger for Period: 07-20 through 10-20 (Present). The agency maintains a detailed general ledger with corresponding source documents. General ledger is structured to track all funding sources. Residential and Non-Residential programs are tracked separately.	No recommendation or Corrective Action.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation/Documentation: No change in practice was reported for the agency since the last onsite program review in November 2019. Petty cash is maintained and reconciled by the Secretary monthly or as needed. The reconciliation is accompanied by a log including the date, vendor, amount, account, and sub-account for each activity.	No recommendation or Corrective Action.

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							Policies and procedures are maintained in the Fiscal Manual under the Cash Management section. The maximum petty cash account for WaveCREST shelter is \$400. The fund is kept locked up in the Administrative Secretary's office. Requests for petty cash are informal but are accompanied by an up-to-date log of activities and receipt that is maintained by the custodian.		
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Reviewed Bank Statements and Bank Reconciliations for April 2020 – September 2020 for the program's Payroll and Operating accounts held with Fifth Third Bank. Bank reconciliations are conducted each month for the activities and bank statements for the preceding month. The bank statements were all found to be reconciled within four weeks of receipt and were signed by the Analyst and Controller.	No recommendation or Corrective Action.

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							Financial Statements are reported on a monthly basis and were found to be current. Vendor files and invoices are maintained in the agency's corporate office.		
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input 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.	No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Agency submitted a Tax Ledger as evidence of payroll taxes paid for the period as well as 941 Tax filings for the second and third Quarters of 2020. The tax payments were submitted to the IRS for Federal and FICA taxes. CHS is exempt from filing Form 940 (FUTA); instead it files Form 941 quarterly. CHS does not file Form 1098 as this is related to mortgage interest statements issued by financial institutions.	No recommendation or Corrective Action.

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			(Attach Supportive Documentation)				
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Report shows program budget and variances with YTD net surplus for the current fiscal year ending in October 2020. Variances in budget are monitored on a regular basis and approved by the Program Director and management. Residential and Non-Residential are tracked separately.				
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Financial audit conducted for year ending June 30, 2020 and 2019 was completed by RSM US LLP. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor. Per the Residential Supervisor, a copy of the audit was submitted to the FNYFS.				
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Policies and Procedures numbered: CHS1017, CHS 2001, and CHS 5004 address: Access to Consumer Information and Records and Confidentiality of Consumer Information and Records, Records Management, and Equipment and Property Assignment. These policies were last reviewed on 8/24/2020.				
			No recommendation or Corrective Action.				
			No recommendation or Corrective Action.				
			No recommendation or Corrective Action.				

CONCLUSION

CHS WaveCREST 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) 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 CHS – WaveCREST
CINS/FINS Program

December 16 – 17, 2020

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

CHS – WaveCREST – December 16 – 17, 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)	Not Applicable

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%



Quality Improvement Review

CHS – WaveCREST – December 16 – 17, 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

Yvrose Sylvain - Department of Juvenile Justice

Terrance Reed – Urban League

Richard Rabathaly – Miami Bridge

Ivonne Fusco – Lutheran Services Florida - SE



Quality Improvement Review

CHS - WaveCREST – December 16 – 17, 2020

Lead Reviewer: Ashley Davies

Methodology

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

Persons Interviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | <u>0</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 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 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 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>6</u> # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <u>6</u> # Training Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | <u>6</u> # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | <u>4</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

4 # Youth 13 # Direct Care Staff 0 # Other: _____

Observations During Review

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

Comments

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

Overview

Monitoring Purpose:

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

Strengths and Innovative Approaches

The program recently hooked up to the city sewer. This was a \$75,000 capital improvement for the shelter.

The program also had a new air conditioning unit installed.

The program recently purchased a new van to use to transport youth.

The agency implemented a step pay increase for Youth Care Workers, starting at \$11.00 per hour which will be increasing at six months and then a year. This has helped with retention and recruitment.

Narrative Summary

CHS WaveCREST provides residential and non-residential counseling and case management services across four counties, Indian River, Okeechobee, Martin, and St. Lucie, in Circuit 19. CHS WaveCREST is managed by an Executive Director and a Director of Program Operations. Day-to-day activities in the youth shelter are managed by a Residential Supervisor. The non-residential counseling program is managed by a CINS/FINS Non-Residential Supervisor who is a Licensed Mental Health Counselor (LMHC).

The overall findings for the QI review for CHS WaveCREST 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. Nine of the ten indicators were rated satisfactory with no exceptions noted. Indicator 2.10 Stop Now and Plan (SNAP) was rated not applicable due to the program no longer providing SNAP services.



Quality Improvement Review

CHS – WaveCREST – December 16 – 17, 2020

Lead Reviewer: Ashley Davies

Standard 3: This standard has a total of seven indicators regarding shelter care. All seven indicators were rated satisfactory. There was one exception noted in indicator 3.04 Log Books due to staff not consistently stating that they have reviewed the previous two shifts when signing in the log book.

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.



Quality Improvement Review

CHS - WaveCREST – December 16 – 17, 2020

Lead Reviewer: Ashley Davies

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7101 Background Screening of Employees/Volunteers, Annual Affidavit of Compliance with Good Moral Character & Annual Abuse Registry Clearance. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of four new staff were hired since the last onsite QI review. All four staff met the criteria for a pre-screening assessment. The agency uses the Berke Assessment and completed the screening prior to hire for the four 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 four new staff were hired since the last on-site QI review. All four staff were background screened prior to hire. There was one intern utilized since the last review. The intern 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 two staff due for a five-year rescreening during the review period. Both staff had a re-screening completed within the required time frame.	

Quality Improvement Review

CHS – WaveCREST – December 16 – 17, 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 Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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 11/13/2020.	
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of approval of E-Verify work eligibility was provided for all four new staff hired.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7102 Providing an Abuse Free Environment. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7102 Providing an Abuse Free Environment. The program has a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation.	
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 dayroom and in each youth bedroom.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five residential files reviewed documented the youth were informed of the Abuse Hotline number during orientation.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No incidents of abuse or threats was identified and/or reported during the review period needing management action.	
Grievance Process							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7102 Providing an Abuse Free Environment.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the video tour it was observed that the program has an accessible grievance box that is locked and located in the dayroom. The supervisor has a key to the box, and it is checked daily. The box was opened during the tour and was empty.	
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<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.	
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.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7103 Incident Reporting. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were twelve CCC incidents in the last six months reported by the agency. All twelve 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 follow up documented that it was completed and the report was successfully closed.	
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incidents were documented on agency forms. All twelve incidents were documented in the programs log book.	

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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 program Supervisors/Directors and were signed.	
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7104 Training Requirements. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three first year direct care staff files reviewed and all three had more than 80 hours of training required and had completed the mandatory training required during the first 120 days.	
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.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no non-licensed clinical staff requiring 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 requiring this training during this review period.	
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three in-service employee training files were reviewed and all three had completed the required annual trainings and documented over 40 hours of training.	

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Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all training files there was a spreadsheet with all trainings, date completed, and hours. Also, training files included training certificates and training worksheets.	
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7105 Analyzing and Reporting Information. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case records are reviewed quarterly by the agency's Quality Management Department. The results are emailed to the program and reviewed during staff meetings. The last two quarters were reviewed.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievances are reviewed monthly at staff meetings. Meeting minutes for the last six months were reviewed.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction data is reviewed monthly at the staff meetings. Meeting minutes for the last six months were reviewed.	
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 monthly at the staff meetings. Meeting minutes for the last six months were reviewed.	
Monthly Reviews							

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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 staff meetings. Meeting minutes were reviewed for the last six months.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NetMIS data reports and JJIS reports are reviewed monthly by the data coordinator and administrative assistant to ensure accuracy of data entry.	
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 staff meetings. Meeting minutes were reviewed for the last six months.	
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 were reviewed for the last six months.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7106 Client Transportation. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program provided a list of drivers approved to transport youth.	
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"/>	A review of personnel files and the insurance policy documented that all staff have a valid Florida driver's license and are covered under the company policy.	
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7106 Client Transportation.	

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one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting							
b. In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed Travel Log forms for the past six months. All single client transports documented supervisor approval prior to transport on the log.	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7106 Client Transportation.	
Transportation documentation							
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 Travel Log forms for the last six months. All logs documented the required information and were filled out in their entirety.	
1.07: Outreach Services							
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7107 Outreach and Interagency Agreements. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting agendas and minutes were provided to show participation in local DJJ board and council meetings for last two quarters.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has conducted numerous outreach events each month. Outreach events are documented in NetMIS 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.	

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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"/>	The program maintains written agreements, in a binder, with other community partners which includes services provided and a comprehensive referral process. All agreements were up-to-date.	
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)					The agency has a policy in place titled CHS/7201 Screening Eligibility for Services and Intake Assessment. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten files were reviewed, five residential (two open and three closed) and five non-residential (four open and one closed.) All ten had an eligibility screening completed within seven calendar days of referral.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten files were reviewed, five residential (two open and three closed) and five non-residential (four open and one 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"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ten files were reviewed, five residential (two open and three closed) and five non-residential (four open and one closed.) All ten files documented the youth and parents received all required information at intake.	
2.02: Needs Assessment							

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Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7202 Needs Assessment. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth 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 OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed (four open and one 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.	
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the 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.	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7203 Case/Service Plans. The policy was	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						last reviewed on September 15, 2020 by the Director of Program Operations.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans were completed within seven working days of the Needs Assessment in all ten files reviewed.	
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files included all elements required by the indicator.	
Case/service plans are reviewed for progress/revise by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to all five non-residential files reviewed. All five files demonstrated service plan reviews every 30 days for the first three months.	
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7204 Case Management and Service Delivery. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
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"> Establishes referral needs and coordinates referrals to services based upon the on- 	<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.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<p>going assessment of the youth's/family's problems and needs</p> <ul style="list-style-type: none"> • Coordinates service plan implementation • Monitors youth's/family's progress in services • Provides support for families • Monitors out-of-home placement (if necessary) • Makes referrals to the case staffing to address problems and needs of the youth/family • Accompanies youth and parent/guardian to court hearings and related appointments • Refers the youth/family for additional services when appropriate • Provides case monitoring and reviews court orders • Provides case termination notes • Provides follow-up after 30 days of exit • Provides follow-up after 60 days of exit 						<p>All ten files coordinated service plan implementation.</p> <p>All ten files monitored the youth's and family's progress in services.</p> <p>All ten files provided support for families.</p> <p>None of the files were applicable for monitoring out-of-home placement.</p> <p>None of the files were applicable for referrals to the case staffing committee.</p> <p>None of files were applicable for accompanying the youth or parent to court hearings or appointments.</p> <p>All ten files referred the youth/family for additional services when needed.</p> <p>All ten files provided case monitoring and reviewed court orders.</p> <p>Four of four applicable files provided case termination notes.</p> <p>Four of four applicable files provided follow-up after 30 days of exit.</p> <p>Three of three applicable files provided follow-up after 60 days of exit.</p>	
2.05: Counseling Services							

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7205 Counseling Services. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
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.	
Shelter Program							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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, had a clear leader.	
Non-residential Program							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five non-residential youth files reviewed. Therapeutic services provided by agency staff were documented in the case notes. Referral needs were established and provided to all five youth.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all ten files reviewed.	

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Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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"/>	An individual youth files was 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 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 quarterly by the program's Quality Management Department. Record reviews were reviewed for the last two quarters. All assessments and treatment forms in all ten files reviewed were signed and reviewed by a supervisor.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7206 Case Staffing Committee. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Case Staffing Initiation and Notifications							
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 <ul style="list-style-type: none"> Notification to youth/family no less than 5 working days prior to staffing Notification to committee no less than 5 working days prior to staffing 	<input 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.	
Case Staffing Committee							
Must include: <ul style="list-style-type: none"> 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.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative Mental health 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.	
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"/>	Reviewed policy titled CHS/7206 Case Staffing Committee.	
As a result of the Case Staffing							
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.	
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.	
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7207 Youth Records. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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 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.	
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7210 Sexual Orientation, Gender Identity, Gender Expression (SOGIGE). The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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 of the shelter.	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for staff secure since the last QI review.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> • In-depth orientation on admission • Assessment and service planning • Enhanced supervision and security with emphasis on control and appropriate level of physical intervention • Parental involvement • Collaborative aftercare 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7211 Special Populations.	
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time	<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		
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							
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for DMST since the last QI review.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Domestic Violence							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A			
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There 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.	
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files exceed 21 days in the program.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input 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.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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.	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				The provider is not contracted to provide ICM services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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							Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
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	<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		
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							
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10					<input type="checkbox"/> YES Not applicable <input checked="" type="checkbox"/> NO (explain)		The provider is no longer contracted to provide SNAP services.
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. TOPSE (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. Prevention Assessment Tool (PAT) (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP® discharge report summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
"Class Shoot for Your Goal" sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Pre and Post Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Standard Three – Shelter Care							
3.01 Shelter Environment The shelter's environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development.							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7301 Shelter Environment. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	

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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 Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						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 the 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 license is displayed. Each youth has their own individual bed with clean, covered mattress, pillow, and sufficient linens.	
Fire and Safety Health Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The annual fire inspection was completed on January 9, 2020 shows the facility in compliance with fire safety codes. Fire safety equipment inspections were completed on June 1, June 9, October 22, and December 4, 2020 documenting satisfactory compliance. At least one fire drill was completed monthly on each shift since June 2020. Mock emergency drills were completed at least monthly since June 2020. Residential Group Care and Food Service inspection was completed on January 16, 2020. Menus were posted and signed by a licensed dietician. Cold food is properly stored, marked, and labeled, and dry storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.	

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Youth Engagement							
<ul style="list-style-type: none"> Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal. At least one hour of physical activity is provided daily. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read. Daily programming schedule is publicly posted and accessible to both staff and youth. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The daily schedule was observed to be posted during the virtual tour. The 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 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.	
3.02: Program Orientation							
Provider has a written policy and procedure that meets the requirement for Indicator 3.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7302 Program Orientation. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five residential files reviewed, two open and three closed. An orientation checklist was observed in all five files reviewed and completed on the day of admission. All five files documented the youth received a handbook.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Orientation includes the following							
<ul style="list-style-type: none"> a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files reviewed and covered all required elements.	
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files reviewed and signed by the youth and staff.	
3.03: Youth Room Assignment							
Provider has a written policy and procedure that meets the requirement for Indicator 3.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7303 Youth Room Assignment. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
A process is in place that includes an initial classification of the youths, to include:							
<ul style="list-style-type: none"> 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 of the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five residential files reviewed, two open and three closed. The youth's room assignment was documented on the CINS Intake Screening form 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		
f. Identification of youth susceptible to victimization g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior							
An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the admission forms for the five residential files. Alerts for the youth were documented in all five files. For the two open files, alerts were also documented on the census board in the shelter.	
3.04: Log Books							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7304 Logbook Requirements. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook entries were reviewed for the first week of July 2020, the second week of August 2020, the third week of September 2020, the fourth week of October 2020, and the first week of November 2020. 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: • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All entries were brief and legible, included the date and time of the event, included names of youth and staff involved, provided a brief statement, and included the name and signature of the person making the entry.	

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Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Errors were observed to be struck through with a single line and initialed.	
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviewed the logbook every week and made a note stating dates reviewed with any recommendations.	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook entries were reviewed for the first week of July 2020, the second week of August 2020, the third week of September 2020, the fourth week of October 2020, and the first week of November 2020.	Exception: There were six instances in the last six months where staff did not make an entry in the logbook documenting a review of the previous two shifts.
Logbook entries include: <ul style="list-style-type: none"> Supervision and resident counts Visitation and home visits 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for counts, visitation, and home visits.	
3.05: Behavior Management Strategies							
Provider has a written policy and procedure that meets the requirement for Indicator 3.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7305 Behavior Management Strategies. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
The program has a detailed written description of the BMS, and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a written description of the behavior management system that is given to the youth at intake. This was confirmed in all five residential files reviewed.	
Behavior Management Strategies must include:							
a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Behavior Management System (BMS) includes positive incentives used by the program, appropriate interventions used by the program to teach the youth new behaviors and help the youth understand the natural consequences for their actions, and behavioral	

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<ul style="list-style-type: none"> 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 						<p>interventions are applied immediately with certainty, and reflect the severity of the behavior. The BMS also outlines consequences for violation of the program rules are applied logically and consistently. The program uses a variety of rewards/incentives to encourage participation and completion of the program. The BMS promotes order, safety, security, respect, fairness, and protection of youth rights, and the BMS provides constructive discipline which encourages youth to meet behavior expectations. The BMS provides positive reinforcement and recognition; constructive dialogue and peaceful resolution and minimizes separation of youth from the general population. Additionally, the BMS disciplinary measures do not deny the youth regular meals, snacks, clothing, sleep, physical or mental health services, educational services, exercise, correspondence privileges, and contact with parent/guardian, attorney, or juvenile probation officer (JPO).</p>	
Program's use of the BMS							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff are trained on the system upon hire. This was confirmed in the three new hire training files reviewed.	
There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7305 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"/>	Training files for three staff were reviewed and on-going training was documented for staff on the use of the BMS system.	
3.06: Staffing and Youth Supervision							
Provider has a written policy and procedure that meets the requirement						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

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for Indicator 3.06						The agency has a policy in place titled CHS/7306 Staffing and Youth Supervision. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four random samples of video surveillance reviewed, November 26, 2020 from 3am – 4am, November 29, 2020 3am – 4am, December 7, 2020 2am – 3am, and December 14, 2020 3am – 4am. A review of the above video surveillance sample, staff schedules, and log book entries documented required staffing ratios were met for awake hours and sleeping hours.	
Overnight shifts must always provide a minimum of two staff present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four random samples of video surveillance reviewed, November 26, 2020 from 3am – 4am, November 29, 2020 3am – 4am, December 7, 2020 2am – 3am, and December 14, 2020 3am – 4am. The random sample above and staff schedules documented two staff were present on these over night shifts. Staff schedules reviewed for the last six months documented two staff were present on all overnight shifts.	
The staff schedule is provided to staff or posted in a place visible to staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour, the staff schedule was clearly posted in the staff office area.	
There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a holdover roster with staff telephone numbers that is used when additional staff are needed.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were four random samples of video surveillance reviewed, November 26, 2020 from 3am – 4am, November 29, 2020 3am –	

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period or at other times, such as during illness or room restriction						4am, December 7, 2020 2am – 3am, and December 14, 2020 3am – 4am. The random sample reviewed above documented staff observe the youth at least every 15 minutes during the overnight sleeping hours.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
3.07: Video Surveillance System							
Provider has a written policy and procedure that meets the requirement for Indicator 3.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7307 Video Surveillance System. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Surveillance System							
The agency, at a minimum, shall demonstrate: <ol style="list-style-type: none"> 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 	☒	☐	☐	☐	☐	Observed cameras and written notices during the virtual tour. System can capture and retain video images for up to thirty days. A review of random samples of overnight video surveillance revealed system records date, time, and location, and enables facial recognition. Cameras have back-up capabilities in case of power outage. All cameras were visible, and no cameras were located in the bathrooms or sleeping rooms.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed list of designated staff who have access to video surveillance system.	
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisory review of video included a random sample of overnight shifts and assessed the activities of the facility. Reviews were completed every 14 days as required for the last 6 months.	
Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7307 Video Surveillance System.	
Standard Four – Mental Health /Health Services							
4.01: Healthcare Admission Screening							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7401 Healthcare Admission Screening. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Preliminary Healthcare Screening							
Screening includes : a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. The health screening section of the CINS/FINS Intake Form was completed in all five files and included all required elements. All were reviewed by a Registered Nurse (RN) within five business days.	
Referral and Follow-up							

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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"/>	Any medical referrals are documented in the log book and the Episodic Care Log.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled CHS/7401 Healthcare Admission Screening.	
4.02 Suicide Prevention There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.							
Provider has a written policy and procedure that meets the requirement for Indicator 4.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7402 Suicide Prevention. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Suicide Risk Screening and Approval							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five residential youth files, two open and three closed. All five files contained a suicide risk screening completed during the initial intake screening process that was signed by a supervisor.	
b. The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the programs Suicide Risk Assessment tool.	
Supervision of Youth with Suicide Risk							

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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"/>	Two out of the five youth were placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional 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"/>	In both files' observation logs documented the youth were 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"/>	The youth were removed from sight-and-sound supervision after an ASR was completed by or reviewed with the licensed professional.	
4.03: Medication							
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7403 Medications. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station and medical room was completed with the Residential Supervisor.	
b. Oral medications are stored separately from injectable epi-pen and topical medications						The Pyxis Med-Station is located in a locked 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 located in the locked medical cabinet. There is	
c. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.)							

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d. Narcotics and controlled medications are stored in the Med-Station						a secure refrigerator used only for medical purposes and maintained at 36 degrees F. All narcotic and controlled medications are stored in the Pyxis Med-Station 4000 medication cabinet.	
Medication Distribution							
a. Agency maintains a minimum of 2 Super Users for the Med-Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A virtual tour of the Pyxis Med-Station was completed with the Residential Supervisor.</p> <p>A list of Super Users was provided, and a list of designated staff delineated to have access to 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 Registered Nurse (RN) or by calling the pharmacy. All staff have training in the use of epi-pens by the RN.</p>	
b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)							
c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff							
d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual							
e. When nurse is on duty, medication processes are conducted by the nurse							
f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy							
g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens							
h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse							
Medication Inventory							
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's are inventoried perpetually and weekly. Weekly	

Quality Improvement Review

CHS – WaveCREST – December 16 – 17, 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 Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly						inventories of sharps were reviewed and found to be accurate. There were no syringes on-site.	
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The RN completes monthly reviews of medication management via the Knowledge Portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of the review there were no open discrepancies. Staff interviewed knew the procedures for closing out a discrepancy accurately.	
4.04: Medical/Mental Health Alert Process							
Provider has a written policy and procedure that meets the requirement for Indicator 4.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7404 Medical/Mental Health Alerts. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, two open and three closed. All five files had an alert sticker on the outside of the file and a yellow general alert form in the front of the file.	
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, two open and three closed. In all five files the alerts documented precautions concerning medications prescribed, medical and mental health conditions as well as run risk, aggressive behaviors, criminal history, gang affiliations, susceptibility to victimization, physical disabilities, and substance abuse issues.	
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"/>	In all five files the alerts included sufficient information concerning the youth's medical condition, allergies, common side effects to	

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						medications, food and medications that are contraindicated, and other pertinent mental health treatment information, documented in the youth's Mental/Medical Healthcare Follow-up Notes for staff to review.	
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"/>	Alerts are documented on a form in the front of each youth file, as well as in the chronological entries and progress notes of each file. All alerts are documented in the program logbook at admission and documented on the alert board in the staff office area.	
4.05: Episodic/Emergency Care							
Provider has a written policy and procedure that meets the requirement for Indicator 4.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled CHS/7405 Episodic/Emergency Care. The policy was last reviewed on September 15, 2020 by the Director of Program Operations.	
Off-site Emergency Services							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three instances of off-site emergency medical care in the last six months. All three instances were reported to the CCC. All discharge paperwork and follow-up instructions were in the youth's file. All three instances documented the parent was notified. All three instances were documented in the logbook and on the Episodic Care Log.	
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file							
c. Youth's parent/guardian was notified							
d. A daily log is maintained for emergency care provided							
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six 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 the virtual tour knife-for-life and wire cutters were observed.	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour first aid kits in the shelter were observed to be fully stocked and inventoried.	