



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



**CENTER FOR FAMILY AND CHILD ENRICHMENT INC.**

**1825 NW 167 Street  
Miami, FL 33056**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Center for Family and Child Enrichment (CFCE) CINS/FINS program for the FY 2020-2021 at its program office located at 1825 NW 167 Street, Miami, 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. CFCE 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 Marcia Tavares, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from CFCE present for the entrance interview were: Delores Dunn, CEO; Michelle Prescott, Compliance and Risk Management Manager; Mary Williams, Program Administrator; Case Managers Joanne Jackson, Krizia Santana, and Antonio Marshall; and Gillian Hamilton, Program Assistant. Also present was SNAP staff Idele Joseph. The last onsite QI visit was conducted January 22, 2020.

In general, the Reviewer found that CFCE is in compliance with specific contract requirements. **CFCE received an overall compliance rating of 100% for achieving full compliance with all eleven (11) applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions or recommendations made as a result of the monitoring visit.

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

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

Report Number: CM 03-31-2020-2021

<b>Agency Name: Center for Family and Child Enrichment</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1825 NW 167 Street, Miami, FL 33056</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): March 31, 2021</b>		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>I,D-</b> The provider currently has two certified DJJ-QI Peer Reviewer, Mary Williams and Krizia Santana. Both peers have participated/scheduled for QI Peer Review during the current FY.	
<b>Additional Contracts</b> a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> CFCE provided a list of eight additional current funding sources for FY 2020-2021, identifying the awarding entity and award amount. The list of funders includes: Children's Mental Health Program; CBC-Citrus Health; Health Resources and Services Administration; Nurse Family Partnership; Medicaid, Miami Dade County, United Way, University of Miami (CIFFTA), and FN SNAP.	
<b>Limits of Coverage</b> a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000 aggregate, effective 6/8/2020-6/8/2021	

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					<b>(Attach Supportive Documentation)</b>			
required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b>								Automobile insurance through Alliance of Nonprofits for Insurance for combined single limit of \$1,000,000 and PIP Basic for \$10,000. The policy is effective for 6/8/2020-6/8/2021  Workers Compensation through Wesco Insurance Company with limits of \$1,000,000 each/aggregate, effective 4/1/2020-4/1/2021  Florida Network is listed as certificate holder.
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>I-</b> Per Executive Director, CFCE does not have any corrective action items cited by an external funding source.
<b>Fiscal Practice</b> a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D,I-</b> Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last revised July 15, 2020.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> Provider maintains a general ledger that is set up separately to track the activity of the CINS/FINS program

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set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). <b>PTV</b>							separately. The GL for the CINS/FINS program, cost center 54, for the period July 1, 2020-February 28, 2021 was reviewed. The program maintains records of accounts for all transactions including disbursement journals, accounts receivables journals, payroll records, and other pertinent records to track daily financial transactions.	
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> Petty cash policy and procedures were reviewed in the Accounting Manual. A petty cash request is applicable only when the amount is less than \$50 in which case the program supervisor completes a Petty Cash Voucher Form and submits it to the custodian in the accounting office. The Petty Cash Voucher Form requires three signatures. Receipt is attached to the Voucher form and returned to custodian. Petty Cash reconciliations are completed by the Custodian. The CINS/FINS program does not have petty cash; petty cash is for administration only.
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> The agency maintains individual files for each vendor. Vendor files are

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invoiced past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). <b>ON SITE</b>							kept in a secure file cabinet on site. Files are maintained by the accounting clerk and are filed alphabetically by the name of the vendor.  Bank reconciliations are prepared for all checking accounts by the Senior Accountant. Bank reconciliations for September 2020-February 2021 were reviewed for BBT Operating account. Reconciliations are signed by the preparer and approved by the CFO and Executive Director monthly, between 1-2 weeks of receipt of bank statements.		
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>D, I - N/A - No program equipment/inventory has been purchased with DJJ funds.</b>	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D - Form 941 for the 3<sup>rd</sup> and 4<sup>th</sup> quarters 2020 were reviewed. All reports confirm that the provider submits timely payroll and unemployment taxes on a quarterly basis and is current on making the deposits. ADP is directly responsible</b>	

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							for submitting the W-2s and 1009 forms.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> Reviewed the budget to actual report for the current FY July 2020 through February 2021 showing a y-t-d deficit. Budget variances are tracked for individual funders monthly. The budget is reviewed at monthly board meetings and variances are discussed accordingly.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> Copy of financial audit conducted for year ending June 30, 2020 by Keefe, McCullough & Co., LLP and dated 12/9/2020. No Management Letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-</b> : Administrative Policy and Procedure Manual. Policy and Procedures are maintained for Personnel Records and Privacy, Email and Information Systems, Record Retention and Destruction, Notice of Privacy Practices and Confidentiality, HIPAA, and Client

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documents are shredded and computer hard drives are wiped prior to discarding. <b>ON SITE</b>			access to records. Laptops are not furnished to case workers.				



## CONCLUSION

CFCE has met the requirements for the CINS/FINS contract as a result of full compliance with eleven (11) 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 or recommendations 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.

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



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

Review of Center for Child Enrichment - Miami  
Non-Residential Program

March 31, 2021

**Compliance Monitoring Services Provided by**





### Quality Improvement Review

## 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	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

**Percent of indicators rated Satisfactory: 83.33%**

**Percent of indicators rated Limited: 16.67%**

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

#### Standard 2: Intervention and Case Management

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

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

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

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

#### Overall Rating Summary

**Percent of indicators rated Satisfactory: 93.75%**

**Percent of indicators rated Limited: 6.25%**

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



## Quality Improvement Review

Center for Child Enrichment (CFCE) – March 31, 2021  
Lead Reviewer: Marcia Tavares

### Rating Definitions

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

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

### Reviewer

#### Members

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

Rondarrell George - Department of Juvenile Justice

Paivi Johnson – Florida Keys Children Shelter



## Quality Improvement Review

Center for Child Enrichment (CFCE) – March 31, 2021  
Lead Reviewer: Marcia Tavares

### Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2020/Jan 2021).

### Persons Interviewed

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Case Manager    | <input type="checkbox"/> Nurse – Full time       |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Counselor Non-Licensed     | <input type="checkbox"/> Nurse – Part time       |
| <input type="checkbox"/> Chief Operating Officer            | <input type="checkbox"/> Advocate                   | <b>3</b> # Case Managers                         |
| <input type="checkbox"/> Executive Director                 | <input type="checkbox"/> Direct – Care Full time    | <b>0</b> # Program Supervisors                   |
| <input checked="" type="checkbox"/> Program Director        | <input type="checkbox"/> Direct – Part time         | <b>0</b> # Food Service Personnel                |
| <input type="checkbox"/> Program Manager                    | <input type="checkbox"/> Direct – Care On-Call      | <b>0</b> # Healthcare Staff                      |
| <input type="checkbox"/> Program Coordinator                | <input type="checkbox"/> Intern                     | <b>0</b> # Maintenance Personnel                 |
| <input type="checkbox"/> Clinical Director                  | <input type="checkbox"/> Volunteer                  | <b>1</b> # Other (listed by title): <b>Chief</b> |
| <input type="checkbox"/> Counselor Licensed                 | <input checked="" type="checkbox"/> Human Resources | <b>Compliance Officer</b>                        |

### Documents Reviewed

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Table of Organization          | <input type="checkbox"/> Visitation Logs           |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan           | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports                       | <input checked="" type="checkbox"/> Grievance Process/Records      | <b>0</b> # Health Records                          |
| <input type="checkbox"/> Logbooks                                     | <input type="checkbox"/> Key Control Log                           | <b>0</b> # MH/SA Records                           |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                 | <b>1</b> # Personnel /Volunteer Records            |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> Medical and Mental Health Alerts          | <b>4</b> # Training Records                        |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs            | <b>6</b> # Youth Records (Closed)                  |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                         | <b>4</b> # Youth Records (Open)                    |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input checked="" type="checkbox"/> List of Supplemental Contracts | <b>0</b> # Other: _____                            |
| <input type="checkbox"/> Exposure Control Plan                        | <input type="checkbox"/> Vehicle Inspection Reports                |  |

### Observations During Review

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Intake                         | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth                |
| <input type="checkbox"/> Program Activities             | <input type="checkbox"/> Tool Inventory and Storage          | <input type="checkbox"/> Facility and Grounds                      |
| <input type="checkbox"/> Recreation                     | <input 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 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 type="checkbox"/> Census Board                   |  |  |

### Comments

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

Additional Comments regarding observations, other important findings of interest, etc.

## Quality Improvement Review



Center for Child Enrichment (CFCE) – March 31, 2021  
Lead Reviewer: Marcia Tavares

### 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

Center for Family and Child Enrichment (CFCE) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Miami Dade County. The program is located at 1825 NW 167 Street, Miami Gardens, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP Clinical Group and SNAP in School programs. CFCE is currently accredited by the Council of Accreditation (COA) and was recently re-accredited through June 30, 2022. The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.

Since the last Quality Improvement visit on January 22, 2020, CFCE has been faced with challenges related to the pandemic; nevertheless, the agency has experienced growth and opportunities to enhance services to youth and families as follows:

CFCE Agency and the Pediatric and Family Health Wellness Center remained open throughout the pandemic. CINS/FINS continued intakes and provided services via FaceTime, mailing packages, and some face-to-face contacts (exercising social distance & utilization of PPE supplies). The office building hours of operation are Monday-Friday 9 am-5 pm. There were no CINS/FINS staff vacancies reported during the QI review.

On August 21st, 2020, CINS/FINS and SNAP Programs hosted its first Back to School drive-thru, offering backpacks and school supplies giveaway. The families drove through the Main Office Building parking lot as staff safely delivered essential school supplies to their vehicles along with plenty of water and snacks. The case managers recruited four clients at this event. The generous sponsors were Morgan Stanley, Dove light Ministries, Brouhard Insurance, and South Florida Truck Sales/Max Thermo.

During Thanksgiving, CINS/FINS and SNAP families received Thanksgiving Boxes, which included turkeys and fixings for a complete meal. The donors of this event were Publix and UPS Delivery. For Christmas, CFCE hosted a Drive-up Toy Giveaway. CINS/FINS and SNAP clients were presented with toys and gift cards that were generously donated by: Miami-Dade Mayor Daniella Levine Cava with New Director of Juvenile Services Division, Cathy Burgos. Two (2) families received clothing, laptop, furniture, and food items from Make A Wish Foundation-through the Miami Herald (December 2020).

During Black History month, the program hosted its 1st Recruitment Expo- Drive Thru event in Celebration of Black History Month. The event included (2) contests on best African attire and best black history drawing/poem. The prizes were donated by Mayor Daniella Levine Cava (26' Mountain Bike and 2-Razor Scooters).

New programs and services offered at CFCE for youth and families in the community:

- Culturally Informed and Flexible Family-Based Treatment for Adolescents (CIFFTA), an outpatient treatment designed to modify adolescent conduct problems, depression, school failure, family conflict, delinquency/violent behavior, drug use and/or risky sexual behavior.
- CFCE Freedom School
- Peak School
- Lunch and Learn (virtual lunch on basic diabetes)
- Nurse Family Partnership (NFP)
- COVID-19 vaccines
- Flu Shots

### Narrative Summary

CFCE is under the leadership of a Board of Directors, CEO, and Chief Officers for Medical/Pediatrics, Behavioral Health, Program Operations, Finance, and Administrative/Compliance. The CINS/FINS program consists of a program administrator, administrative assistant, and three full-time case management staff. The case manager's duties include: intake and assessment, development of case plans, providing case management services, and linking youth and families to community services. Through the screening and intake process, trained staff are able to assess youth and families for eligibility of services. Case Management, substance prevention education, and group education are available as well. Aftercare planning includes youth and families being referred internally or externally to community resources.

CFCE provides FYRAC services to youth referred by DJJ who have a domestic violence arrest on a household member, and/or the youth is on probation. The agency also provides SNAP services, both clinical groups and SNAP in schools. The agency is currently maintaining paper files and youth records are maintained in a neat and orderly manner.

The overall findings for the QI Review for CFCE are summarized as follows:

### Standard 1

Standard 1 has a total of seven indicators regarding Management Accountability. One of the indicators, Indicator 1.06- Client Transportation, is not applicable for non-residential programs. Five of the six remaining indicators in Standard 1 were rated satisfactory with no exceptions (1.01, 1.02, 1.03, 1.05, and 1.07) and indicator 1.04 received a Limited rating.

### Standard 2

Standard 2 has a total of ten indicators that relate to intervention and case management. Eight of the ten indicators were rated satisfactory with no exceptions. Indicators 2.04 and 2.10 were rated satisfactory with exceptions.

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

**Standard 1:**

***Indicator 1.04 – Limited***

- One new staff hired 2/18/20 completed the DOJ training on 3/31/2021, after the December 31st deadline.
- First year staff was deficient in completing 2 mandatory trainings required during the first 120-days of hire – Child Abuse, and Adolescent Development. Both trainings were completed after the employee’s first year anniversary.
- One first year staff did not complete annual required training for Trauma Informed Care prior to completion of the first year.



## Quality Improvement Review



Center for Child Enrichment (CFCE) – March 31, 2021  
Lead Reviewer: Marcia Tavares

### CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable.
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</b>						<b>YES X</b> <b>NO (explain)</b> The agency has the required policy and procedure # 1.01 in place that was approved October 1, 2020 by the Program Administrator.	
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 or the agency has provided an explanation to for staff hired with a non-passing/low score.	<b>X</b>					The agency uses Avatar pre-employment suitability assessment. The program has been using the tool since January 2019 and has established a pass rate of 60%. The Avatar was administered prior to the hiring of a new staff who received a score of 62%.	
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	<b>X</b>					One eligible background screening was reviewed for new staff hired since the last onsite QI review. At the time of the QI visit, there were no active interns/volunteers in the program. The background screening and eligible result was obtained prior to hire date of the new staff.	
Five-year re-screening completed every 5 years from initial date of hire			<b>X</b>			The program did not have any eligible for 5-year re-screening for the review period.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<b>X</b>					The Annual Affidavit of Compliance with Good Moral Character was emailed to the Department of Juvenile Justice Background Screening Unit on December 22, 2020 with confirmation of receipt by DJJ BSU.	
Proof of E-Verify for all new employees	<b>X</b>					E-verify and proof of employment	

obtained from the Department of Homeland Security						authorization is on file in the new employee's HR file.		
<b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>								
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</b>	<b>YES X</b>						<b>NO (explain)</b> The agency has the required policy and procedure # 1.02 in place that was approved October 1, 2020 by the Program Administrator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			
<b>Abuse Free Environment</b>								
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X					Each staff is provided an employee handbook which outlines the code of conduct procedure. Staff is required to sign the code of conduct verifying they have read and understand the policy. A review of the Central Communication Center (CCC) reports for the past twelve months indicated there were no reports of staff violating the code of conduct.		
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					Due to the COVID-19 pandemic and in adherence to the guidelines of the Centers for Disease Control (CDC), on-site observations was not conducted; however, the program provided pictures of postings of the Florida Abuse Hotline and the Central Communications Center (CCC) telephone numbers posted on a wall in the program office suite.		
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					All 10 youth files reviewed had notes indicating information was communicated about the abuse hotline through the virtual meeting with youth and family during intake.		
Management takes immediate action to address any incidents of threats or abuse	X					No incidents of abuse or threats by staff was identified and/or reported during the review period needing management action.		
<b>Grievance Process</b>								
Agency has a formal grievance process	X					The grievance process is outlined in the program's grievance policy and youth handbook.		
Locked box accessible to only management and available to youth in a common area	X					The program provided pictures off staff holding the locked box designated for youth to submit grievance if they feel their basic right have been denied or violated.		
Direct care does not handle the			X			The program reported there were no		

complaint/grievance unless assistance is asked for by the youth. Program director/supervisor will have access to and manage grievances unless it is towards themselves.						youth/parent grievance during the review period. Per agency's policy, once the grievance is filled out, it can either be placed in the grievance box at the facility by youth/parent or mailed to the Program Director.	
72-hour resolution requirement by management. If this does NOT occur within the 72 hour period, there is sufficient documentation explaining the cause for the delay in resolution.			X			An informal interview with Administrator indicated the program had no grievances since the last review. Grievances are to be resolved within 72-hours and maintained for one year which the program is aware and has designated a file folder in the event a grievance has been filed.	
<b>1.03: Incident Reporting</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>						<b>YES X</b>	<b>NO (explain)</b>
						The agency has the required policy and procedure # 1.03 in place that was approved October 1, 2020 by the Program Administrator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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	X					A review of the Central Communication Center (CCC) reports for the past twelve months indicated there were no incidents reported relating to abuse or neglect of youth in the program. However, there were four CCC reported on time for COVID-19 testing of staff.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X			None of the incidents reported required follow up tasks/special instructions by CCC	
Incidents are documented in the program logs and on incident reporting forms	X					All four incidents reported were documented on an agency incident reporting form.	
All incident reports are reviewed and signed by program supervisors/directors	X					All four incident reports were signed by the program administrator.	
<b>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<b>YES X</b>	<b>NO (explain)</b>
						The agency has the required policy and procedure # 1.04 in place that was approved October 1, 2020 by the Program Administrator. The annual training plan was revised in September 2020 and approved by the CEO in March 2021.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for	No Practice	Not Applicable		

			Review			
<b>First Year Direct Care Staff</b>						
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. <i>(Staff hired before January 1<sup>st</sup> were required to complete no later than December 31, 2020)</i>		X				The program has one new employee since the last QI review who was hired in February 2020. Completion of DOJ Civil Rights training was not listed on the employees' training record and was completed by the staff 3/31/21. The program administrator stated the staff completed the training on December 15, 2020, but the score did not save in SkillPro and an email was sent to SkillPro.  <b>Exception</b> Evidence of DOJ Civil Rights training completed prior to December 31, 2020 was not provided for one new staff hired prior to January 1, 2021.
All staff receives all mandatory training during the first 90 days of employment from date of hire.		X				Program staff was hired prior to implementation of current changes to training requirements during the first 90 days of hire. Consequently, review is based on prior training requirement during the first 120 days. A review of the training record indicated the staff has not completed all trainings required during that timeframe.  <b>Exception</b> First year staff did not complete two training topics required during the first 120 days: Child Abuse, and Adolescent Development.
All staff completes all mandatory Florida Network and SkillPro training during the first-year employment.		X				The new employee did not complete all required Florida Network and SkillPro training required during the first year.  <b>Limited Exception</b> One annual training topic, Trauma Informed Care, was not completed during the employee's first training year. Additionally, Child Abuse as well as Adolescent Development were completed after the employee's first year anniversary.
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>						
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	N/A for Non-residential program
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).					X	N/A
<b>In-Service Direct Care Staff</b>						

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).	X					Three in-service training records were reviewed and verified. Each staff received the required twenty-four hours of in-service training required as well as applicable Florida Network and SkillPro training.
<b>Required Training Documentation</b>						
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	X					The program maintains individual training files for each employee, which include annual employee training hours tracking forms and related documentation, such as certificates, sign-in sheets, and agendas for trainings completed.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<b>YES X NO (explain)</b> The agency has the required policy and procedure # 1.05 in place that was approved October 1, 2020 by the Program Administrator.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
Case record review reports demonstrate reviews are conducted quarterly, at a minimum	X					Peer record reviews are conducted by program staff monthly at staff meetings and reported to the CQI Joint Council on a quarterly basis. A review of the staff meeting minutes for the review period supported this practice. A total of 23 records were reviewed in the past 2 quarters.
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	X					Risk Management and Safety Committee meetings are held separately by the provider on a quarterly basis. Data from the committees pertaining to incidents, accidents, and grievances/complaints is presented at the CQI Joint Committee meetings and were included on the agenda and minutes for the following months October and December 2020 and January and February 2021.
The program conducts an annual review of customer satisfaction data	X					Client satisfaction surveys are entered into Netmis each month by program staff and analyzed at least annually. Copies of surveys completed and on file for the review period were provided. Per the program administrator, the next annual review of the surveys is scheduled for the staff meeting in April 2021.
The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the	X					CINS/FINS outcomes data is reported and reviewed quarterly during the CQI Joint Committee meetings. The program also reviews FN Performance reports at the

Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.						CINS/FINS staff meetings held monthly as well as Florida Network’s (FN) Report cards. Agendas and sign in sheets evidenced monthly staff meetings and relevant agenda items.	
The program conducts a monthly review of NetMIS data reports.	X					Upon receipt of Netmis data reports from the FN, the program administrator informs staff and makes the necessary corrections as needed.	
The Florida Network conducts monthly reconciliation by comparing NetMIS data to JJIS data. Agency has evidence that they have reconciled any differences noted.	X					The administrative assistant (AA) is the designated data staff responsible for ensuring Netmis and JJIS data quality checks are conducted, and data entry is accurate. The AA inputs the data, reviews errors with case managers, reviews the reports at staff meetings. The most recent report included 2 errors; corrections were made in JJIS and NetMIS.	
The program has a process in place to review and improve accuracy of data entry & collection	X					In addition to corrections of the monthly data reconciliations completed by the administrative assistant, the CQI Joint committee implements corrective actions and identifies individuals responsible for items needing attention based on weaknesses identified.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	X					As evidenced by the program’s monthly staff meeting agendas and meeting minutes.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	X					Monthly staff meetings were found to document discussion of QI activities, reports, and areas identified as needing improvements resulting from analysis of data collected.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>						<b>YES</b> <b>NO (explain)</b> <b>N/A</b> <b>X</b>	Indicator 1.06 is not applicable for community counseling service providers.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X	Not applicable for community counseling service providers.	
Approved agency drivers are documented as having a valid Florida driver’s license and are covered under company insurance policy					X		

Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 <sup>rd</sup> party is NOT present in the vehicle while transporting						X			
In the event that a 3 <sup>rd</sup> party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior						X			
The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth						X			
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.						X			
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b>							<b>YES X</b>	<b>NO (explain)</b>	
							The agency has the required policy and procedure # 1.07 in place that was approved October 1, 2020 by the Program Administrator.		
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable				
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	X						Review of documentation has confirmed the program consistently and actively participates in local Department of Juvenile Justice Advisory Board meetings and council meetings as well as other community meetings.		
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.	X						The program has a strong community impact by offering community awareness, information and educational services to the youth and families. The program meets the needs of the community by providing services that include food distribution, school supplies, individual/group discussions, distribute program materials at community events, school presentations, and participate in fundraising events. Due to the COVID-19 pandemic and in adherence to the guidelines of the Centers for Disease Control (CDC) the program in person services are limited to		

						virtual meeting and services.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.						The program also maintains written interagency agreements with other community partners to enhance its services and referral process. A review of 8 active agreements include health services; counseling services; art therapy; yoga; truancy diversion; and re-entry task force.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b>						<b>YES X NO (explain)</b> The agency has the required policy and procedure # 2.01 in place that was approved October 1, 2020 by the Program Administrator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>Shelter youth:</b> Eligibility screening is completed immediately for all shelter placement inquiries. If staff on duty cannot complete the screening, an on-call supervisor is contacted and eligibility is determined within 30 minutes from initial inquiry.					X	CFCE is a community counseling program.	
<b>Community counseling:</b> Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form	X					Total of 10 files were reviewed (6 closed and 4 open). All files were opened on the same day as the referral was received. One of the open files had an apparent typo: admission date was listed as 1/8/2021 but screening is dated 1/8/2020 with appt scheduled with CM for 12/14/2020.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	X					All 10 youth files reviewed contained confirmed receipt of available service options and rights and responsibilities via signature acknowledgement.	
The following is also available to the youth and parents/guardians: a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) b. Grievance procedures	X					All 10 files contained confirmed receipt by guardian and youth (if over age 14) via signature acknowledgement of possible actions occurring through involvement with CINS/FINS services and of the grievance procedures.	



<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>						<b>YES X</b>	<b>NO (explain)</b>	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			
<b>Completion of Needs Assessment</b>								
Shelter Youth: Needs Assessment initiated within 72 hours of admission					X			
Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> updated, if most recent assessment is over 6 months old	X						A total of 10 files were reviewed. Needs assessment for all 10 youth were completed on the day of intake. All 10 files reviewed were missing some information on the Needs Assessment (areas left blank). Staff indicated family refused to provide information in those incidents.	
Needs Assessment is conducted by a bachelor's or master's level staff member	X						All ten files reviewed had Needs Assessment conducted by bachelor's or master's level staff.	
Needs Assessment includes a supervisor's review signature upon completion	X						All ten files included a supervisor's review signature upon completion.	
<b>Suicide Risk as a Result of the Needs Assessment</b>								
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment			X				No youth of the 10 files reviewed were identified with elevated risk of the suicide as a result of the Needs Assessment	
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			X					
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<b>YES X</b>	<b>NO (explain)</b>	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			
Case/Service plan is developed within 7 working days of Needs Assessment	X						All ten files reviewed had Service Plans completed within 7 working days of completion of the Needs Assessment.	

<p><b>Case plan service Plan includes:</b></p> <ol style="list-style-type: none"> <li>1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>2. Service type, frequency, location</li> <li>3. Person(s) responsible</li> <li>4. Target date(s) for completion and Actual completion date(s)</li> <li>5. Signature of youth, parent/ guardian, counselor, and supervisor</li> <li>6. Date the plan was initiated</li> </ol>	X					<p>All ten files reviewed had Service Plans that were individualized, and prioritized needs and goals identified by Needs Assessment. All Service Plans included service type, frequency, location, person responsible, target date for completion, actual completion date (when applicable), and signature of counselor and supervisor.</p>	
<p>Case/service plans are reviewed for progress/ revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after</p>	X					<p>Evidence case plans were reviewed was observed in all ten files. In one of the files, 1 goal was missing initials of parent/guardian for the review; however, documentation on the progress note stated that the service plan was reviewed. Also, in 1 out of 10 files reviewed, there was no evidence supervisor's initials for the 30-day review of the service plan.</p>	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b></p>						<p><b>YES X NO (explain)</b> The agency has the required policy and procedure # 2.04 in place that was approved August 1, 2019 by the Program Administrator.</p>	
<p>Rating Criteria</p>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<p>Counselor/Case Manager is assigned</p>	X					<p>All ten files had an identified counselor/case manager assigned to the case.</p>	
<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> <li>1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>2. Coordinates service plan implementation</li> <li>3. Monitors youth's/family's progress in services</li> <li>4. Provides support for families</li> <li>5. Monitors out-of-home placement (if necessary)</li> <li>6. Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>7. Accompanies youth and</li> </ol>		X				<p>All files demonstrated the program provides support for families, monitors youth and family's progress and coordinates service plan implementation. In addition, the services demonstrate appropriate referrals to services are coordinated in 7 of the 10 files. In one of the 6 closed files reviewed, 30 day follow up not yet completed as it was not due and in 5 of the 6 closed files reviewed, 60-day follow-ups were not completed as they were not yet due.</p>	<p><b>Exception</b> In 3 of the 10 files reviewed a referral was made to counseling/therapy, however the documentation did not include what happened with that referral such as whether or not progress was made.</p>

parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit							
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	<b>X</b>						A review of 8 active agreements include health services; counseling services; art therapy; yoga; truancy diversion; and re-entry task force.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>						<b>YES X</b>	<b>NO (explain)</b> The agency has the required policy and procedure # 2.05 in place that was approved October 1, 2020 by the Program Administrator.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<b>X</b>						All ten youth receive services in accordance with the service plan.
<b>Shelter Program</b>							
Shelter programs provides individual and family counseling					<b>X</b>		CFCE is a community counselor provider.
Group counseling sessions held a minimum of five days per week					<b>X</b>		CFCE is a community counselor provider.
Group counseling sessions consist of: a. Length of at least 30 minutes b. Opportunity for youth engagement c. Clear and relevant topic (informational/developmental/ educational) d. Clear leader or facilitator					<b>X</b>		CFCE is a community counselor provider.
<b>Community Counseling</b>							
Community counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's	<b>X</b>						All 10 files reviewed had notes that services were provided to meet the family's needs. Most of the visits were done via phone and face time during this COVID19 pandemic.

home, a community location, or the local provider's counseling office.							
<b>Counseling Services</b>							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	X					All 10 files reviewed had notes indicating case management services were provided to youth and family that focused on presenting problems, needs assessment and service plans.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					Provider showed evidence of files having confidential stickers on its files.	
Case notes maintained for all counseling services provided and documents youth's progress			X			All 10 files reviewed had documentation of case management services. No counseling services noted.	
On-going internal process that ensures clinical reviews of case records and staff performance	X					The agency conducts clinical reviews of case records on an ongoing basis and maintains notes of cases reviewed along with staff performance.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.06</b>						<b>YES X</b> <b>NO (explain)</b> The agency has the required policy and procedure # 2.06 in place that was approved October 1, 2020 by the Program Administrator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>Case Staffing Initiation and Notifications</b>							
If parent/guardian initiates, staffing is held within 7 days			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
The youth, family and case staffing committee are contacted within a minimum of five working days a. Notification to youth/family no less than 5 working days prior to staffing b. Notification to committee no less than 5 working days prior to staffing			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
<b>Case Staffing Committee</b>							
<b>Must include:</b> a. DJJ rep. or CINS/FINS provider b. Local school district representative			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
<b>Other members may include:</b> a. State Attorney's Office b. Others requested by youth/ family			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate	

c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative						practice.	
The program has an established case staffing committee, and has regular communication with committee members			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X					The agency has the required policy and procedure # 2.06 in place that was approved October 1, 2020 by the Program Administrator.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
Case Manager/Counselor completes a review summary prior to the court hearing			X			Reviewed documentation confirmed the program did not have any eligible youth to be served during this annual review to validate practice.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<b>YES X NO (explain)</b> The agency has the required policy and procedure # 2.07 in place that was approved October 1, 2020 by the Program Administrator.	
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
All records are clearly marked 'confidential'.	X					Agency provided a picture of a file that includes "confidential Sticker" and ensured all files are stamped confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					Agency provided picture of a locked file cabinet marked "confidential" where the records are kept	
When in transport, all records are locked in an opaque container marked "confidential"	X					Agency provided picture of an opaque container marked "confidential" where the records are kept during transport	

All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All 10 records reviewed were neat and orderly for easy access to information needed.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<b>YES X NO (explain)</b> The agency has the required policy and procedure # 2.08 in place that was approved October 1, 2020 by the Program Administrator.
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>	
<b>Use of youth's preferred name/ pronoun:</b> 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			X			Per the Florida Network SOGIE report and interview with program administrator, program has not served any youth who meet the criteria for this indicator since the last QI visit the. However, policies and procedures are established to meet the requirements.
Youth in need of specialized support is referred to qualified resources (as applicable)			X			No eligible youth served
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			X			No eligible youth served
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression			X			No eligible youth served
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	X					Signage was observed to be posted throughout the facility in common areas per photos submitted. Published materials providing information and education for SOGIE youth is accessible adjacent to the reception area.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.09</b>						<b>YES X NO (explain)</b> The agency has the required policy and procedure # 2.09 in place that was approved October 1, 2020 by the Program Administrator.
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>	
<b>Staff Secure</b>						

Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES	NO	N/A X			N/A for community counseling programs.	
<b>Staff Secure policy and procedure outlines the following:</b> a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare					X		
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services					X		
<b>Staff Assigned:</b> a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift					X		
Agency provides a written report for any court proceedings regarding the youth's progress					X		
<b>Domestic Minor Sex Trafficking (DMST)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES	NO	N/A X			N/A for community counseling programs.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex					X		

Trafficking (DMST) placements							
Services provided to these youth specifically designated services designed to serve DMST youth					X		
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?					X		
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.)					X		
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					X		
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements					X		
<b>Domestic Violence</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			Not applicable for community counseling programs.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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					X		



Data entry into NetMIS and JJIS within (3) business days of intake and discharge						X	
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.						X	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home						X	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements						X	
<b>Probation Respite</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	YES	NO	N/A X			Not applicable for community counseling programs.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All probation respite referrals are submitted to the Florida Network.						X	
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status						X	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge						X	
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)						X	
All case management and counseling needs have been considered and addressed						X	

All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements					X		
<b>Intensive Case Management (ICM)</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES	NO	N/A		X	Not applicable for community counseling programs.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth receiving services was court ordered or referred by case staffing committee					X		
<b>Services for youth and family include:</b> a. Four (4) direct contacts per month b. Four (4) collateral contacts per month					X		
<b>Assessments include:</b> 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)					X		
Case plan demonstrates a strength-based, trauma-informed focus					X		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones					X		
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							

Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES	NO X	N/A				
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating			X			No eligible youth served since the last QI review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office			X				
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			X				
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			X				
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session			X				

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			X				
<b>2.10: STOP NOW AND PLAN (SNAP)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>	<b>YES X</b> <b>NO (explain)</b> The agency has the required policy and procedure # 2.10 in place that was approved October 1, 2020 by the Program Administrator.						
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
<b>SNAP Clinical Groups</b>							
Youth are screened to determine eligibility of services	X					Four closed SNAP clinical group youth files were reviewed. All 4 files documented the youth were screened to determine eligibility using the NETMIS screening form and the SNAP Brief Intake screening form. There was a signed consent form in each file signed by the parent/guardian prior to receiving services.	
Needs assessment is completed at initial intake, or within two face-to-face sessions	X					A needs assessment was completed at intake in all 4 files.	
SNAP Assessments a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post) b. Teacher Report Form (TRF) completed by the teacher (pre & post) c. Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post) d. Prevention Assessment Tool (PAT) (pre & post)	X					All 4 files had completed pre-CBCLs completed at intake and post-CBCLs.  Due to the pandemic and schools being closed, the program was not able to obtain TRF for any of the youth. This was clearly noted in each youth file.  All 4 files had completed pre-TOPSE completed at intake post-TOPSE completed at discharge.  All 4 files had completed pre-PAT completed at intake and 2 applicable closed files contained post-PAT completed at discharge.	
SNAP discharge report summary	X					SNAP discharge summaries were present in the 4 closed files.	

SNAP Boys/SNAP Girls <b>Parent</b> Group Evaluation Form	X					Observed in all 4 youth records	
SNAP Boys/SNAP Girls <b>Child</b> Group Evaluation Form	X					Observed in all 4 youth records	
<b>SNAP in Schools</b>							
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)		X				One of 3 SNAP cycles completed 13 sessions. Attendance sheets were provided for all sessions completed.	<b>Exception</b> Two of the three SNAP in Schools cycles did not run for a full 13 sessions. The program staff indicated the missed session was combined with the last 2 session, for a total of 12 sessions; however, no documentation was provided to support topics for two sessions this was covered or reason for missed session.
“Class Goal” sheet	X					Class “Shoot for Your Goal” sheet was completed for each class.	
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X	3 SNAP cycles started and ended prior to implementation of MoCE tool.	
Pre and Post Evaluations	X					All students completed the Pre-evaluations but not the post evaluations due to the COVID-19 pandemic and school closure impacting attendance to the last session.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	X					Documentation supports this was completed for each class.	