



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



URBAN LEAGUE OF PALM BEACH COUNTY

1700 N. Australian Avenue
West Palm Beach, FL 33407

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 Urban League of Palm Beach County (ULPBC) CINS/FINS program for the FY 2020-2021 on May 26, 2021 at its program office located at 1700 N. Australian Avenue, West Palm Beach, FL. 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. ULPBC is contracted with 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 Urban League of Palm Beach County present for the entrance interview were: Marie Sanches, VP; LaTerrance Reed, Program Manager; Felice Harris, Accounting; and case managers Willie Scott, and Myiah White. The last onsite QI visit was conducted March 11, 2020.

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

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

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 5-26-2020-2021

Agency Name: Urban League of Palm Beach County					Monitor Name: Marcia Tavares, Lead Reviewer				
Contract Type : CINS/FINS					Region/Office: 1700 N. Australian Avenue West Palm Beach, FL 33407				
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): May 26, 2021				
			Explain Rating						
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal									
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider currently has four certified DJJ-QI Peer Reviewers, Marie Sanches, LaTerrance Reed, Willie Scott, and Myiah White. Mr. Reed participated in a QI Peer Review during the current FY.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The agency provided a list of additional current contracts, ranging from local community organizations, county, foundations, banks, state, federal, and private funders. The list includes: US Department of Labor, Sate of FL Office of AG, Urban Tech, AAI, Next Era Foundation, HUD, Palm Beach FAA, Palm Beach and Delray Beach CDBG, Children's Services Council, PBSO, Department of Economic Opportunity, Florida Housing Finance Corp, Florida Education Fund, United Way, City of	

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						through Philadelphia Indemnity Insurance Company with limits of 1 million each/2 million aggregate effective 5/27/20-5/27/21. Directors and Officers insurance limit is 1 million each/aggregate effective 3/18/21-3/18/22. Florida Network is listed as certificate holder.	
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I- Per the Program Director, ULPBC does not have any corrective action items cited by an external funding source.	
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,I- Fiscal Policies and Procedures are maintained in the agency's Fiscal Management Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. Procedures are written for at a minimum, Budgetary and Internal Control, Record Retention/Disposal, Voucher System, Accounts Payable and Receivable, Invoicing, Contracts, Check Requests, Petty Cash, Purchasing, check request, payroll,	

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			I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)			Explain Unacceptable or Conditionally Acceptable: (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"/>
			D- Reviewed the CINS/FINS Budget to Actual report for FY 2020-2021 as of 4/30/21. The report shows a net deficit Y-T-D (\$54,117) in the current FY. The budget is reviewed at board meetings and variances are discussed accordingly. The Program Directors are also responsible for completing budget worksheets monthly by documenting their expenditures. Their data is compared to the expenditures documented in the fiscal office to ensure accuracy when completing the monthly budget reports. Shared program expenditures such as utilities are itemized. The monthly budget line items for these costs are indirect administrative cost and the CINS allocation is detailed on the CINS/FINS Program Cost Worksheet.				
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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D- William Washington, CPA completed the provider's Single Audit on October 12, 2020 for the period as of June 30, 2020. No Management Letter or Corrective Action is required				

CONCLUSION

Urban League of Palm Beach County has met the requirements for the CINS/FINS contract as a result of full compliance with all eleven (11) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen (13) indicators of the tool were rated not applicable as the CINS/FINS program: 1) does not have a petty cash account, and 2) does not have any outstanding corrective action item(s) cited by an external funding source. 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 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) 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 Urban League of Palm Beach County
CINS/FINS Program

May 26, 2021

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Urban League of PBC – May 26, 2021
Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	N/A
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)	N/A

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: 93.33%

Percent of indicators rated Limited: 6.67%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Urban League of PBC – May 26, 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

Gabriel Medina - Department of Juvenile Justice

Daniela Velez – Children’s Home Society - Osceola



Urban League of PBC – May 26, 2021
 Lead Reviewer: Marcia Tavares

Quality Improvement Review

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

- Chief Executive Officer
- Chief Financial Officer
- Chief Operating Officer
- Executive Director
- Program Director
- Program Manager
- Program Coordinator
- Clinical Director
- Counselor Licensed

- Case Manager
- Counselor Non-Licensed
- Advocate
- Direct – Care Full time
- Direct – Part time
- Direct – Care On-Call
- Intern
- Volunteer
- Human Resources

- Nurse – Full time
- Nurse – Part time
- 2 # Case Managers
- 1 # Program Supervisors
- 0 # Food Service Personnel
- 0 # Healthcare Staff
- N/A # Maintenance Personnel
- 0 # Other (listed by title): _____

Documents Reviewed

- Accreditation Reports
- Affidavit of Good Moral Character
- CCC Reports
- Logbooks
- Continuity of Operation Plan
- Contract Monitoring Reports
- Contract Scope of Services
- Egress Plans
- Fire Inspection Report
- Exposure Control Plan

- Table of Organization
- Fire Prevention Plan
- Grievance Process/Records
- Key Control Log
- Fire Drill Log
- Medical and Mental Health Alerts
- Precautionary Observation Logs
- Program Schedules
- List of Supplemental Contracts
- Vehicle Inspection Reports

- Visitation Logs
- Youth Handbook
- 0 # Health Records
- 0 # MH/SA Records
- 2 # Personnel /Volunteer Records
- 3 # Training Records
- 5 # Youth Records (Closed)
- 5 # Youth Records (Open)
- 0 # Other: _____

Surveys

0 # Youth

5 # Direct Care Staff

0 # Other: **N/A**

Observations During Review

- Intake
- Program Activities
- Recreation
- Searches
- Security Video Tapes
- Social Skill Modeling by Staff
- Medication Administration
- Census Board

- Posting of Abuse Hotline
- Tool Inventory and Storage
- Toxic Item Inventory and Storage
- Discharge
- Treatment Team Meetings
- Youth Movement and Counts
- Staff Interactions with Youth

- Staff Supervision of Youth
- Facility and Grounds
- First Aid Kit(s)
- Group
- Meals
- Signage that all youth welcome

Comments

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

Quality Improvement Review



Urban League of PBC – May 26, 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

Urban League of Palm Beach County (ULPBC) 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 Palm Beach. The program is located at 1700 North Australian Avenue, West Palm Beach, 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). SNAP services are only provided in the Port St. Lucie program area.

The program experienced numerous challenges throughout the pandemic in regard to referrals, school visits, home visits, limitations on certain types of outreach, and communication with clients. Prior to the pandemic, the program had initiated school-based team meetings in designated schools 1-2 times per week; however, these meetings were impacted due to temporary school closure, limited access to school staff, and virtual schooling. Despite these challenges, the program continued to connect with families safely and made contacts on the outside of their homes while adhering to COVID safety regulations. However, these contacts were reduced from weekly visits to twice per month.

After temporarily closing due to the pandemic, the Urban League re-opened its offices in July 2020 for staff to use on a rotating basis to limit exposure. The offices are open to the public by appointment only. There has been a significant response to the agency's housing program that offers virtual one-on-one counseling for first-time home buyers to earn certificates to buy a home.

Quality Improvement Review



Urban League of PBC – May 26, 2021
Lead Reviewer: Marcia Tavares

Narrative Summary

ULPBC is under the leadership of a Chief Executive Director and a Senior Vice President of Programs. The CINS/FINS program is managed by a Youth and Education Manager who supervises two case managers who were hired in 2019. No current staff vacancies were reported at the time of the QI visit. The program has not reported any incidents, administrative review, or current external investigation for which a corrective action plan was issued.

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

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. Three of the six applicable indicators in Standard 1 were rated satisfactory with no exceptions (1.02, 1.03, and 1.07). Indicators 1.01 and 1.05 were rated satisfactory with exceptions and indicator 1.04 received a Limited rating.

Standard 2 has a total of ten indicators that relate to intervention and case management. One of the indicators, SNAP, is not applicable as ULPBC – West Palm is not a SNAP provider. All nine applicable indicators were rated satisfactory with no exceptions (2.01-2.09).

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

Standard 1:

Indicator 1.04 – Limited

Not all annual trainings required were completed by the three in-service as follows: 2 staff did not complete the Fire Safety Equipment training, one did not complete DJJ SkillPro Suicide Prevention Part 2, and one staff member did not complete the DJJ SkillPro Sexual Harassment and Human Trafficking trainings.



Urban League of PBC – May 26, 2021
Lead Reviewer: Marcia Tavares

Quality Improvement Review

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 For example: Interview/Surveys, Observation, and/or Type of Documentation	Notes Explain any items that have any deficiencies, exceptions or are 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						YES X The program has the required policy and procedure # 5.03 that was approved by the CEO effective January 1, 2021.	NO (explain)
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.			X			The program utilizes HR Avatar for pre-employment assessments and established a passing score of 60%. The program has not hired any new staff during the review period; therefore, there were no suitability assessments completed for review.	
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			X			No new staff were hired during the review period.	
Five-year re-screening completed every 5 years from initial date of hire		X				One of two eligible 5-year rescreening was completed during the required timeframe.	Exception The program's licensed contractor contract date is 3/25/2016 and the last DJJ clearance on file is the original completed 3/25/2016. No 5-



							year rescreening was completed for the sub-contractor by the due date.
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X						The program submitted the Affidavit of Annual Compliance with Level 2 Screening Standards form via email to the Department on January 14, 2021, meeting the annual requirement.
Proof of E-Verify for all new employees obtained from the Department of Homeland Security			X				No new staff were hired during the review period.
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						YES X	NO (explain) The program has the required policy and procedure # 1.02 that was approved by the CEO effective January 1, 2021.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Abuse Free Environment							
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X						All new staff are required to sign the agency's ethical conduct standards upon hire The program's code of conduct clearly prohibits the use of physical force, profanity, threats, or intimidation towards youth and requires management take immediate action to address incidents of alleged abuse.
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X						A video tour of the program included observation of signage inclusive of LBGTQ "safe zones" and contact numbers for the Florida Abuse Hotline and the Department's Central Communications Center.
Youth were informed of the Abuse and Contact Number (see youth survey results)	X						Youth are informed of the Abuse Hotline and contact number during intake. This information is also included in the CINS/FINS intake packet as well as in a binder maintained on a reception table in the program office. All 10 youth files reviewed had notes indicating information was communicated about the abuse hotline with youth and family during intake.
Management takes immediate action to address any incidents of threats or abuse			X				The program manager stated there have been no allegations of staff threatening, intimidating, or abusing youth since the last annual compliance review.
Grievance Process							

Agency has a formal grievance process	X					A review of the program's grievance binder showed a clearly defined grievance protocol requiring initial grievances be handled by the program's administrative staff and appeals to be handles by the VP of Programs.	
Locked box accessible to only management and available to youth in a common area	X					An interview with the program director and the program tour supported grievance forms are made accessible to youth and a locked grievance box is in the program office.	
Direct care does not handle the 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.	X					Per the grievance policy, grievances are submitted to the program manager or deposited in the grievance box accessible only by the program manager.	
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			No grievances have been filed since the last annual compliance review.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						YES X The program has the required policy and procedure # 1.03 that was approved by the CEO effective January 1, 2021.	NO (explain)
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 Department's Central Communications Center (CCC) reports indicated there were no reports made by the program since the last annual compliance review.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X				



Incidents are documented in the program logs and on incident reporting forms			X				
All incident reports are reviewed and signed by program supervisors/directors			X				
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						YES X	NO (explain) The program has the required policy and procedure # 1.04 that was approved by the CEO effective January 1, 2021.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
First Year Direct Care Staff							
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 1st were required to complete no later than December 31, 2020)</i>			X			Provider does not have any new staff hired since the last onsite QI review.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.			X				
All staff completes all mandatory Florida Network and SkillPro training during the first-year employment.			X				
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							



Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	Not applicable for non-residential services.	
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		
In-Service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).		X				A review of the three in-service staff training records was conducted. All three staff exceeded the twenty-four (24) hours of job-related training required annually. Not all annually required trainings were completed by the three staff.	Exception Two of the three in-service staff did not complete the Fire Safety Equipment training, one did not complete DJJ SkillPro Suicide Prevention Part 2, and one staff member did not complete the DJJ SkillPro Sexual Harassment and Human Trafficking trainings.
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.	X					The program maintains individual training files for each employee, which include a training log that tracks training hours and topics. Related documentation, such as certificates, sign-in sheets, and agendas for trainings completed are maintained in the file.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						YES The program has a policy and procedure # 1.05 that was approved by the CEO effective January 1, 2021. NO X (explain)	Procedures for conducting annual satisfaction surveys and completing data reconciliation were not included in the revised agency policy 1.05.
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					A total of 26 youth cases were reviewed during the review period. Each case reviewed is documented by staff on a four-page checklist entitled Non-Residential CINS/FINS Case File	

						Checklist and signed by the supervisor. Areas of deficiency are noted in the comments section of the form for the appropriate area of the case reviewed. Per the supervisor, missing information is verified prior to signing off on the checklist.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum			X			The program did not have any reportable incidents, accidents, or grievances during the past year; however, discussions of incidents, accidents, or grievances would be included on the staff meeting agenda if applicable.	
The program conducts an annual review of customer satisfaction data		X				The CINS/FINS program staff obtains client satisfaction surveys at case closure and enters them in NetMIS. There has not been a formal report generated and/or review of satisfaction surveys since the last onsite QI visit.	Exception The program has not conducted an annual review of satisfaction data as required since the last onsite QI visit.
The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.	X					The program obtains monthly NetMIS data reports from the Florida Network of program outputs and outcomes. There was evidence of discussion at staff meetings held during the reporting period. Documentation includes agendas, sign-in sheets, and copies of reports supporting this practice.	
The program conducts a monthly review of NetMIS data reports.	X					Netmis data reports are reviewed monthly at staff meetings.	
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 program obtains monthly Netmis data reports from the Florida Network of program outputs and outcomes. Per the program director, the report on program performance is reviewed at staff meetings upon receipt. There was evidence of discussion at staff meetings held during the reporting period. A binder containing meeting agendas, sign-in sheets, and copies of reports supported this practice.	
The program has a process in place to review and improve accuracy of data entry & collection	X					Data reconciliation is conducted by the program manager upon receipt from the Florida Network.	



There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	X					Monthly staff meeting agendas and minutes document findings reviewed by the CINS/FINS team.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	X					Per the program manager, findings are addressed at monthly staff meetings. The team develops the appropriate plans to address deficiencies and progress is monitored by the program manager. No corrective action plans have been implemented for the review period.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						YES NO N/A X (explain)	Indicator 1.06 in not applicable for community counseling programs.
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X		
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 rd party is NOT present in the vehicle while transporting					X		
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					X		
The 3 rd 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,					X		

number of passengers, purpose of travel and location.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						YES X	NO (explain) The program has the required policy and procedure # 1.07 that was approved by the CEO effective January 1, 2021.
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						An interview with the program manager reported he is the designated attendee for all DJJ board and council meetings. Meeting schedule and attendance of monthly DJJ Circuit Board meetings held during the past 6 months supported attendance by the program manager.
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 director also reported participation in school board meetings and all staff participate in outreach activities. The program has ample documentation confirming participation of the program director and staff in many outreach activities and ongoing meetings completed during this annual review cycle.
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	X						The program maintains a binder with thirteen community partner MOU's and reported twenty-seven total community partners.
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						YES X	NO (explain) The program has the required policy and procedure # 2.01 that was approved by the CEO effective January 1 st , 2021.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Shelter youth: 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		Not applicable to community counseling records reviewed.

Community counseling: Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form	X					10 out of 10 files had completed the eligibility screening completed within 3 business days of referral.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	X					10 out of 10 files reviewed contained the consent forms with youth and guardians signature indicating they had received in writing the available service options, and rights and responsibilities of youth and guardian.	
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					10 out of 10 files reviewed contained the receipt of program information with youth and guardian signature indicating they had received the program information, parent brochure, available service options, rights and responsibilities, and substance abuse education.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						YES X NO (explain) The program has the required policy and procedure # 2.02 that was approved by the CEO effective January 1 st , 2021.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Completion of Needs Assessment							
Shelter Youth: Needs Assessment initiated within 72 hours of admission					X	Not applicable to community counseling records reviewed.	
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	X					10 out of 10 files had the needs assessment completed within (2) face-to-face contacts.	
Needs Assessment is conducted by a bachelor's or master's level staff member	X					10 out of 10 files had needs assessment completed by a bachelor's or master's level staff and reviewed by a LMHC.	
Needs Assessment includes a supervisor's review signature upon completion	X					10 out of 10 files included supervisory review signature upon completion of the initial part of the needs assessment.	

Suicide Risk as a Result of the Needs Assessment						
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment			X			None of the 10 files reviewed were identified as a suicide risk
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			No applicable suicide risk was found in the 10 file records reviewed.
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES X NO (explain) The program has the required policy and procedure # 2.03 that was approved by the CEO effective January 1 st , 2021.
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					10 out of 10 files had a completed Case/Service Plan developed within 7 working days of Needs Assessment.
Case plan service Plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/guardian, counselor, and supervisor 6. Date the plan was initiated	X					10 of the 10 files reviewed contained individualized goals identified by the needs assessment, service type, frequency, location, person (s) responsible, target dates for completion and actual completion dates, signature of youth, guardian, counselor, supervisor and date the plan was initiated.
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	X					10 of the 10 files reviewed contained case/service plans reviewed for progress/revised by counselor, parent, youth and supervisor every 28,56, 84 and 98 days.
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES X NO (explain) The program has the required policy and procedure # 2.04 that was approved by the CEO effective January 1 st , 2021.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	



Counselor/Case Manager is assigned	X					10 out of 10 files reviewed included an assigned counselor/case manager.	
The Counselor/Case Manager completes the following as applicable: 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and 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	X					10 out of 10 files reviewed contained information regarding counselor/case manager making referrals to services for youth as applicable. The Counselor/Case manager coordinated service plan implementation by following service plan goals. Counselor/case management monitored youth's/family's progress in service by using the service plan goals, due dates and target dates. 10 out of 10 files reviewed contained Case manager/Counselors' efforts to provide support to the youths and families. 10 out of 10 files reviewed contained case management/counseling services provided at home, and at school. Counselor/case manager did not have to monitor out of home placement, nor complete case staffing, or had to go with the family to court hearing/appointments. 6 applicable files reviewed were closed files. No referrals were made since there was improvement with the counseling/ case management services being provided. Case monitoring is provided by Counselor/Case manager. The files reviewed contained case termination notes, and discharge plan. Additionally, there is implementation of follow up after 30 days of exit and after 60 days of exit in all 6 closed files reviewed.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X					Inter-agency agreements with Department of Juvenile Justice, Department of Children and Families and Palm Beach County School District.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						YES X NO (explain) The program has the required policy and procedure # 2.05 that was approved by the CEO effective January 1 st , 2021.	



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	X					10 out of 10 files reviewed contained counseling services in accordance with the service plan that addresses the specified needs identified during the assessment process.	
Shelter Program							
Shelter programs provides individual and family counseling					X	Not applicable to community counseling records reviewed.	
Group counseling sessions held a minimum of five days per week					X	Not applicable to community counseling records reviewed.	
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					X	Not applicable to community counseling records reviewed.	
Community Counseling							
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 home, a community location, or the local provider's counseling office.	X					10 out of 10 files reviewed contained therapeutic community-based services providing intervention to the youth and family.	
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	X					10 out of 10 files reviewed contained coordination between presenting problems, psychosocial assessment, service plan, service plan reviews, case management and follow-up.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					10 out of 10 files reviewed contained only information regarding the client, and contained confidentiality form.	

Case notes maintained for all counseling services provided and documents youth's progress	X					10 out of 10 files reviewed contained case notes identifying the services provided, and the youth's progress.	
On-going internal process that ensures clinical reviews of case records and staff performance	X					10 out of 10 files reviewed contained case file reviews completed by supervisor and counselor.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						YES The program has the required policy and procedure # 2.06 that was approved by the CEO effective January 1 st , 2021.	NO (explain)
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days			X			The Urban League has not held any case staffings since the last onsite QI visit	
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				
Case Staffing Committee							
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	X					Committee members include a DJJ representative and local school district representative	
Other members may include: a. State Attorney's Office b. Others requested by youth/family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative	X					As needed, the program may invite other representatives to participate in the case staffing.	
The program has an established case staffing committee, and has regular communication with committee members	X					The committee may be convened on an individual basis or maintained through a standing case staffing committee protocol. The program has an established case staffing	

						committee and maintains frequent communication with the committee.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X					Internal procedures are in place for convening and scheduling case staffing as needed.	
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services			X			There were no case staffing meetings held during the review period where a staffing was requested.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations			X				
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X				
Case Manager/Counselor completes a review summary prior to the court hearing			X				
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						YES X NO (explain) The program has the required policy and procedure # 2.07 that was approved by the CEO effective January 1 st , 2021.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All records are clearly marked 'confidential'.	X					All youth records are marked "confidential".	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					Indicate how/where records are kept: During a virtual tour of the facility, it was observed that each program has an assigned area to keep the file cabinets. There was a total of 5 lateral file cabinets with 3 drawers each. The file cabinets were locked and the file cabinets were marked confidential.	
When in transport, all records are locked in an opaque container marked "confidential"	X					When in transport all records are locked in a solid black brief case marked confidential.	

All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					During the virtual tour of the facility, it was observed that the records are maintained in a neat and orderly manner in locked file cabinets.
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						YES X NO (explain) The program has the required policy and procedure # 2.08 that was approved by the CEO effective January 1, 2021.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
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			X			The program did not serve any youth who met the criteria for the indicator; therefore, the reviewer was not able to assess practice with regards to youth preferences and case planning.
Youth in need of specialized support is referred to qualified resources (as applicable)			X			
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	Room assignment does not apply to community counseling programs.
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					X	Does not apply to community counseling programs.
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					During a virtual tour of the facility, “Safe Zone ” signage indicating all youth are welcome and should feel safe were posted in the facility, one on the Program Manager’s office door and one on the entry door of the facility. The program has brochures to provide education and information about LGBTQ including photocopies the Florida Network ZINE, Compass directory published by the local LGBTQ, and PLUS magazine for transgender youth.



						FN policy 5.08 was reviewed with all current program staff during staff meeting.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						YES The program has a policy and procedure 2.09 that was approved by the CEO effective January 1, 2021.	NO (explain) X Agency's policy and procedure for FYRAC references former Florida Network's policy 4.121 which should be updated to 4.076. Policy and procedure also need to outline specific services as well as timeframes required by the indicator. Other specialized services not provided by the provider needs to be listed as N/A in the agency's P&P.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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")	YES	NO	N/A X			Staff secure services are not applicable for community counseling providers.	
Staff Secure policy and procedure outlines the following: 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		

Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift					X		
Agency provides a written report for any court proceedings regarding the youth's progress					X		
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")	YES	NO	N/A X			Not applicable for community counseling providers.	
Rating Criteria	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 Trafficking (DMST) placements					X		
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	
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”)	YES	NO	N/A X		Not applicable for community counseling providers.	
Rating Criteria	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		
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")	YES	NO	N/A X			Not applicable for community counseling providers.	
Rating Criteria	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)					X		



days requires the approval of the JPO and/or CPO)							
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		
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”)	YES	NO	N/A X			Urban League of Palm Beach County is not contracted to provide ICM services.	
Rating Criteria	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		
Services for youth and family include: a. Four (4) direct contacts per month b. Four (4) collateral contacts per month					X		
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)					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		
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”)	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			The program has not served any eligible FYRAC youth during the QI period.	
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			X				



through signature of the youth and his/her parent/guardian as well as orientation to the program							
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning			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				
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						YES	NO (explain) Urban League of Palm Beach County is not contracted to provide SNAP services.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
SNAP Clinical Groups							



Youth are screened to determine eligibility of services					X		
Needs assessment is completed at initial intake, or within two face-to-face sessions					X		
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		
SNAP discharge report summary					X		
SNAP Boys/SNAP Girls Parent Group Evaluation Form					X		
SNAP Boys/SNAP Girls Child Group Evaluation Form					X		
SNAP in Schools							
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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		
"Class Goal" sheet					X		
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment					X		



outcomes of reported classroom dynamics.							
Pre and Post Evaluations					X		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X		