



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



### **Children's Home Society Osceola**

111 E. Monument Ave. Suite 410,  
Kissimmee, FL 34741.

**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 Children's Home Society Osceola (CHS Osceola) for the FY 2021-2022 at its program office located at 111 E Monument Avenue, Kissimmee, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. CHS Osceola is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2019 through June 30, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC, and Peer Reviewer(s). Agency representatives from CHS Osceola present for the entrance interview were Catherine Baez, Director of Program Operations (DPO); Laura Zamjahn, Program Manager; Hilda Reyes, Program Supervisor; Dorothy Camille, Counselor; Loni Lauer, Talent Business Partner; Wanda Oser, Talent Generalist; and Kristy Chavers and Solange Solis, Quality Management. The last QI visit was conducted on August 26, 2020.

In general, the Reviewer found that CHS Osceola is in compliance with specific contract requirements. **CHS Osceola received an overall compliance rating of 100% for achieving full compliance with eleven of the twelve applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions 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)

## 2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 11-10-2021-2022

<b>Agency Name: CHS Osceola</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 111 E. Monument Ave. Suite 410, Kissimmee, FL 34741.</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): November 10, 2021</b>		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The provider currently has two certified DJJ-QI Peer Reviewers namely: Hilda Reyes and Dorothy Camille. Ms. Reyes has participated in a QI Peer Review during the FY. Ms. Camille was just recently certified to participate on QI peer reviews.	
<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"/>	D- CHS is a statewide agency with multiple contracts with other funding sources. The agency receives funding from a variety of funders including: DCF; Orange County Citizen's Commission for Children; Ounce of Prevention; Embrace Families Community Based Care; UCF Board of Trustees; Department of Health and Human Services; Community Coordinated Care for Children.	
<b>Limits of Coverage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D- General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000	

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a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b>						aggregate, including medical expense of \$5000 per person, effective 7/01/21-7/01/22  Auto Insurance through Alliance of Nonprofits for Insurance, with combined single limit coverage for \$1,000,000, effective 7/01/21-7/1/22  Workers Compensation through United Wisconsin Insurance Co, with limits of \$1,000,000 each incident and \$1,000,000 policy limit, effective 7/01/21-7/01/22  Umbrella policy through Alliance of Nonprofits for Insurance, with limits of \$5,000,000, each/aggregate, effective 7/01/21-7/1/22  The Florida Network is listed as certificate holder on the certificate.	
<b>External/Outside Contract Compliance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I - Per the Program Manager, CHS Osceola does not have any corrective action items cited by an external funding source.	
a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>							
<b>Fiscal Practice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D, I-	



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d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Reviewed bank statements and reconciliations report for accounts payable account with Fifth Third Bank for the period March – August 2021. Reconciliations were completed timely within 6 weeks of receipt for all months and are signed by the Analyst and Controller.  All program invoices are mailed to the CHS Corporate Office and processed for payment. A “Requisition/Purchase Order Form” is completed by the program for all purchases. Once approved, the completed requisition is forwarded to the designated person responsible for purchasing via email or fax. A purchase order number is provided upon receipt of an approved “Requisition Form”. The CHS designated purchasing person will then order the product or service. The accounting department will check the invoices and requisitions against the purchase order and process it for payment.	



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equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>						not in use as it won't stay charged. Per the inventory, no new equipment was purchased for the program since the last onsite visit.	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency provided copies of payroll summaries and tax liability for the 4 <sup>th</sup> quarter 2020 and 1 <sup>st</sup> quarter 2021. The tax payments are submitted electronically and demonstrate the agency submits payroll taxes to the appropriate authority as required. CHS is exempt from filing Form 940 (FUTA); instead, it files Form 941 quarterly.	
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"/>	D- Income Statement for the Central Florida CINS/FINS Program for the current FY to date as of September 2021. Report shows actual expense totals, variance, and variance percentage. Variances in budget are monitored on a regular basis by management.	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Copy of financial audit conducted for year ending June 30, 2020 by RSM US, LLP and dated 10/30/2020. No Management Letter was required as	





## CONCLUSION

CHS Osceola has met the requirements for the CINS/FINS contract as a result of full compliance with eleven (11) of twelve (12) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. One of the thirteen indicators was not applicable because the provider 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. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

## SUMMARY OF RECOMMENDATIONS

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.

**The recommendation (1)** is a suggestion regarding a fiscal issue observed during the review. This item has been cited as needing attention but does not necessarily require a written response.



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

Review of Children's Home Society - Osceola  
Community Counseling Program

November 10, 2021

**Compliance Monitoring Services Provided by**



## CINS/FINS Rating Profile

### Standard 1: Management Accountability

<b>1.01 Background Screening</b>	<b>Satisfactory</b>
<b>1.02 Provision of an Abuse Free Environment</b>	<b>Satisfactory</b>
<b>1.03 Incident Reporting</b>	<b>Satisfactory</b>
<b>1.04 Training Requirements</b>	<b>Limited</b>
<b>1.05 Analyzing and Reporting Information</b>	<b>Satisfactory</b>
<b>1.06 Client Transportation</b>	<b>Not Applicable</b>
<b>1.07 Outreach Services</b>	<b>Satisfactory</b>

**Percent of indicators rated Satisfactory: 85.71 %**

**Percent of indicators rated Limited: 14.29 %**

**Percent of indicators rated Failed: 0 %**

### Standard 2: Intervention and Case Management

<b>2.01 Screening and Intake</b>	<b>Satisfactory</b>
<b>2.02 Needs Assessment</b>	<b>Satisfactory</b>
<b>2.03 Case/Service Plan</b>	<b>Satisfactory</b>
<b>2.04 Case Management &amp; Service Delivery</b>	<b>Satisfactory</b>
<b>2.05 Counseling Services</b>	<b>Satisfactory</b>
<b>2.06 Adjudication/Petition Process</b>	<b>Satisfactory</b>
<b>2.07 Youth Records</b>	<b>Satisfactory</b>
<b>2.08 Sexual Orientation, Gender Identity, Gender Expression</b>	<b>Satisfactory</b>
<b>2.09 Special Populations</b>	<b>Satisfactory</b>
<b>2.10 Stop Now and Plan (SNAP)</b>	<b>Not Applicable</b>

**Percent of indicators rated Satisfactory: 100 %**

**Percent of indicators rated Limited: 0 %**

**Percent of indicators rated Failed: 0 %**

### Overall Rating Summary

**Percent of indicators rated Satisfactory: 94.12 %**

**Percent of indicators rated Limited: 5.88 %**

**Percent of indicators rated Failed: 0 %**

## 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
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.

## Reviewers

### Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services  
 Tamara MahlAdkins – Monitor, Department of Juvenile Justice  
 Nyasha Logan - NEED

### Methodology

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

### Persons Interviewed

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

### Documents Reviewed

Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	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	# Health Records
Logbooks	Key Control Log	# MH/SA Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Fire Drill Log	<b>3</b> # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	Medical and Mental Health Alerts	<b>3</b> # Training Records
Contract Scope of Services	Precautionary Observation Logs	<b>6</b> # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	Program Schedules	<b>4</b> # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	# Other: ___
<input checked="" type="checkbox"/> Exposure Control Plan	Vehicle Inspection Reports	

### Observations During Review

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

### Comments

Due to COVID-19, this review was conducted virtually as all staff work remotely.

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

Children's Home Society of Osceola County (CHS Osceola) is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide community counseling services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program. CHS Osceola is located in Kissimmee, Florida at 2653 Michigan Avenue. Services are provided for youth between the ages of ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The program also serves youth referred through the Juvenile Justice Court System for domestic violence through its Family/Youth Respite Aftercare Services (FYRAC) funding. Children's Home Society is fully accredited by the Council of Accreditation (COA) effective through June 30, 2022.

In 2020 the program offices were closed due to the Covid-19 pandemic and all staff were working remotely because schools maintained virtual learning throughout the school year. Since the last QI review, the program relocated to 111 E. Monument Ave. Suite 410, Kissimmee, FL 34741. However, the office is only used for meeting with families. All youth records are now maintained electronically which allows staff to work virtually from home and in the field.

A few staffing changes have occurred since the August 2020 review as follows:

- New program manager Laura Zamjahn started 11/14/2020.
- New hire counselor/case manager: Dorothy Camille 1/20/2021.
- New hire administrative secretary: Melangy Francisco 3/8/2021.
- Hire and departure of counselor/case manager Daniela Velez 09/09/2020 – 10/7/2021.

Narrative Summary

CHS Osceola's non-residential CINS/FINS program is currently staffed by a program supervisor, a fulltime Counselor II position, and an administrative secretary. There is currently one counselor II position vacant since October 2021. Staff are responsible for ensuring appropriate assessments are completed for each intake, an individualized case/service plan is established timely, and targeted services are provided until the goals of the plan are met. The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Youth and family referrals for CINS/FINS are received from Osceola County schools, parents/guardians, or local community youth service organizations. Although no case staffing requests were received by the agency during the reporting period, CHS Osceola is set up to coordinate the statutorily mandated Case Staffing Committee required to develop a treatment plan for habitually truant, ungovernable, locked out or runaway youth when requested by a parent or guardian or all other remedial services have been exhausted.

The overall findings for the QI Review for Children's Home Society Osceola 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 as CHS Osceola does not transport youth. Five of the remaining six indicators in Standard 1 were rated satisfactory with no exceptions (1.01, 1.02, 1.03, 1.05, and 1.07) and one received a limited rating (1.04).

Standard 2 has a total of ten indicators that relate to intervention and case management. One of the ten indicators, Indicator 2.10 - SNAP, is not applicable because CHS Osceola is not a contracted SNAP provider. All the remaining nine indicators were rated satisfactory with no exceptions (2.01 - 2.09).

Summary of Deficiencies resulting in Limited or Failed Rating:

Standard 1:

**Indicator 1.01 – Limited.** The program's two new hires did not complete all mandatory trainings within the first ninety days of hire as required. One direct care staff, DOH 1/20/21, did not complete twelve (12) of the twenty-four (24) applicable trainings on time. Similarly, the second staff (clerical) did not complete nine (9) of the thirteen (13) applicable trainings on time. One in-service staff reviewed had an expired cardiopulmonary resuscitation (CPR) and first aid certificate.



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**CINS/FINS QUALITY IMPROVEMENT TOOL**

Quality Improvement Indicators:	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source	Notes Explain any items that have any deficiencies, exceptions or are not applicable.
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<p><b>NO</b></p> <p>If NO, explain here: The current Policy CHS/7101 does not include procedures for re-hiring employees who have had a break in service, who are in good standing, without requiring an additional suitability assessment or background screening if the break is less than 90 days.</p> <p>Policy CHS/7101 was approved by the Director of Program Operations and last updated December 30, 2020.</p>	
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 for staff hired with a non-passing/low score.	<b>X</b>					The agency completed the Skill Survey Reference Tool prior to the hire of two new staff during the QI period. The two staff received a passing rate on the prescreening assessment.	
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>					The DJJ background screenings were completed prior to hire of two new staff. The program did not utilize any volunteers or interns during the review period.	
Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.			<b>X</b>			The provider has not hired any new staff during the QI period who had a break in service with the agency.	

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Five-year re-screening completed every 5 years from initial date of hire			X			The program did not have any eligible staff who met the criteria for 5-year re-screening.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					Provider emailed the Annual Affidavit of Compliance with Level 2 Screening form to DJJ BSU on 1/4/2021 prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					The agency provided a copy of the E-Verify work authorization for two eligible new hires.	
<b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						YES	
						If NO, explain here:	
						The program has two policies CHS7102 and CHS7308 addressing the provision of an abuse free environment. Both policies were reviewed and approved last by the Director of Program Operations on December 30, 2020.	
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					The program has a code of conduct which is reviewed by staff during the orientation process.	
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					The program utilizes a small office space for some of their sessions. The Florida Abuse Hotline phone number is posted in the lobby, as well as the sign indicating all youth are accepted no matter gender identify, gender expression or sexual orientation.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					All youth are given a copy of the youth handbook during intake which includes the abuse hotline information.	
Management takes immediate action to address any incidents of threats or abuse			X			No applicable practice could be observed; there were no CCC or other incidents during the reporting period.	
<b>Grievance Process</b>							
Agency has a formal grievance process	X					The program has a policy which documents the grievance process.	
Locked box accessible to only management and available to youth in a common area	X					The program has a locked grievance box in the lobby.	

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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					The program's grievance policy indicates director or designee will handle all written grievances. According to the procedures in the youth handbook, if the grievance is not submitted in person, then the grievance is mailed, by youth or legal guardian, to the Children's Home Society's mailing address, in care of the Privacy Officer. The program documents all calls to the Florida Abuse Hotline in an incident report.	
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			The program's policy indicates the written grievance will be addressed and a resolution attempted within 72 hours of receipt by the supervisor/designee, as well as grievance being maintained for at least 1 year. No grievances were reported during review period.	
<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</b>	
						If NO, explain here:	
						The program has a policy CHS7103 which was reviewed and approved last by the Director of Program Operations on December 30, 2020.	
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			The program did not have any CCC reports in the last six months, but has a policy addressing reportable incidents shall be called in the CCC within two hours of the incident or when the staff have become aware of the incident.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X			The program has a policy addressing completion of follow-up tasks/special instructions as required by the CCC.	
Incidents are documented in the program logs and on incident reporting forms			X			The program has a policy addressing documenting the incidents as required.	

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All incident reports are reviewed and signed by program supervisors/directors			X			The program has a policy addressing incident reports shall be reviewed and signed by program supervisors/directors.	
<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>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						YES If NO, explain here: The program has a policy CHS7104 which was reviewed and approved by the Director of Program Operations on December 30, 2020.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<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				A total of two staff were reviewed (one administrative assistant and one counselor) for first year training. The counselor completed the DOJ Civil Rights training in the time frame required.	Exception: The administrative assistant did not complete the Civil Rights training within the required thirty days of hire. The training was completed six days late.
All staff receives all mandatory training during the first 90 days of employment from date of hire.		X				Two first year staff completed all of the mandatory training required by the indicator; however, a significant number of trainings were not completed during the first ninety-day timeframe as required. To date, the counselor completed 89.5 hours. The administrative assistant completed 60 hours of training but has time remaining to complete the 80 hours required annually.	Limited Exception: The program's two new hires did not complete all mandatory trainings within the first ninety days of hire as required. One direct care staff, DOH 1/20/21, did not complete twelve (12) of the twenty-four (24) applicable trainings on time. Similarly, the second staff (clerical) did not complete nine (9) of the thirteen (13) applicable trainings on time.
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							

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Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	Not applicable for community counseling programs.	
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	Not applicable.	
<b>In-Service Direct Care Staff</b>							
Direct care staff completes 24 hours of mandatory refresher Florida Network, Skill Pro, and job-related training annually (40 hours if the program has a DCF child caring license).		X				One in-service training record was reviewed. The staff completed a total of 115.75 hours of training.	Exception: One staff reviewed had an expired cardiopulmonary resuscitation (CPR) and first aid certificate.
<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 a training file for each staff which includes the annual training hours tracking form, as well as certificates of completion, sign-in sheets, and print-outs.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<b>YES</b>	
						If NO, explain here:	
						Policy CHS/7105 was approved by the Director of Program Operations December 30, 2020. Provider also has a Quality Plan, CHS2000, that was last reviewed 2/7/2020.	
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 and documented quarterly on the Compliance and Quarterly Record Review Aggregation Tool. Reviews were conducted for the 4th quarter FY 2020-2021 and 1st quarter FY 2021-2022. A total of 12 files combined were reviewed.	

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<p>The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum</p>	<p>X</p>					<p>Incidents, accidents, and grievance data is collected and reviewed monthly at staff meetings by the program staff. Verification of monthly meetings April - October 2021 was evidenced by staff meeting agendas, minutes, and attendance.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>	<p>X</p>					<p>Satisfaction surveys are administered through Survey Monkey, collected, and reviewed monthly at staff meetings. A program counselor also enters Florida Network Surveys into NETMIS. The results are filtered by agency program monthly by the Quality Manager who sends the filtered results to each program manager.</p>	
<p>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.</p>	<p>X</p>					<p>Outcomes data is collected monthly by the Quality Manager in a PPR Excel spreadsheet and shared with program managers. PPR reports for the 4th quarter FY 2020-2021 and 1st quarter FY 2021-2022 were reviewed. Evidence of monthly reviews by the program staff was observed on monthly staff meeting minutes and agendas.</p>	
<p>The program conducts a monthly review of NetMIS data reports. The program submits NetMIS invoices by the fourth business day of the following reporting month.</p>	<p>X</p>					<p>Review of monthly staff meeting minutes support review of NetMIS data by program staff. Documentation of invoices submitted April - October 2021 demonstrate timely submission by the 4th of each month. The program supervisor obtains a monthly report from NETMIS every 3rd of the month to ensure data has been entered and compares data to Team Members' Monthly STATS (due the 1st of every month). A copy of the reports and any changes are submitted to Program Manager who signs and places the report in the Billing Invoice Folder to be submitted to the Florida Network.</p>	
<p>The Florida Network conducts monthly reconciliation by comparing NetMIS data to JJIS data. Agency has evidence that they have reconciled any differences noted.</p>	<p>X</p>					<p>Florida Network monthly reconciliation reports are emailed to the program supervisor who reviews and ensures records to be corrected are reconciled. Once completed, an email is sent to the Program Information Manager at the Florida Network confirming actions taken.</p>	

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The program has a process in place to review and improve accuracy of data entry & collection	X					Program supervisor ensures monthly data is accurate as compared to the Team Members' monthly statistics.						
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	X					As evidenced by the agency's monthly Program Performance Report (PPR) and monthly staff meetings.						
There is evidence the program demonstrates that critical performance data reports are shared with the Board of Directors frequently. All final reports that include a Limited or Failed score is submitted electronically or by mail to the providers Executive Committee on the Board of Directors.	X					A meeting of the Board of Directors of Children's Home Society of Florida, Central Florida Division, was held via zoom September 1, 2021. A copy of the agenda was provided listing program update for the CINS/FINS program.						
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 an analysis of the data collected.						
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b></p>						<b>NO</b>						
						<p>If NO, explain here:                      The program does not transport clients as stated by the program manager; however, the agency has a policy CHS/7106 for client transportation that does not exclude this program; therefore, the current policy should be updated it's not applicable for CHS Osceola.</p>						
						<p>Per the program manager, team members are covered under their own personal insurance policies while traveling for work.</p>						
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X	Not applicable as the program does not transport clients.						
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					X	Not applicable.						

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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	Not applicable.	
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	Not applicable.	
The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth					X	Not applicable.	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.					X	Not applicable.	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b></p>						NO	
						<p>If NO, explain here: The current policy does not include information that must be included on the outreach activity documentation such as target audience, date, outreach modality, duration of encounter, and estimated number of people reached.</p>	
						<p>The program has a policy CHS7107, which was reviewed and approved last by the Director of Program Operations on December 30, 2020.</p>	
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					According to the program's outreach plan, all staff members are utilized for purposes of outreach.	



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<p>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.</p>	<p>X</p>					<p>The program conducted five outreach events in the last six months which included more than twenty individuals participating in the event. The program conducted more than seventy events during the last six months where mainly one person, and on occasion two to three persons, participated in the event. The program utilized the outreach form, which documented the target audience, the date, outreach modality, duration of encounter and estimated number of people reached, as well as who conducted the event.</p>	
<p>The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	<p>X</p>					<p>The program maintains several written agreement with community partners.</p>	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b></p>						<p><b>YES</b></p>	
						<p>If NO, explain here:</p>	
						<p>Policy CHS/7201 was approved by the Director of Program Operations December 30, 2020.</p>	
<p>Rating Criteria</p>	<p>Satisfactory</p>	<p>Non-compliant</p>	<p>No Eligible Items for Review</p>	<p>No Practice</p>	<p>Not Applicable</p>		
<p><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.</p>					<p>X</p>	<p>N/A - community counseling program.</p>	
<p><b>Community counseling:</b> Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form</p>	<p>X</p>					<p>Ten applicable non-residential youth case files were reviewed six (6) closed and four (4) open. Nine files met criteria and one closed file was not applicable due to file being opened before policy change took place.</p>	
<p>There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.</p>		<p>X</p>				<p>Three secret shopper Nappo calls were made to the agency; however, none of the calls resulted in screenings being completed or entered into NetMIS.</p>	<p>Exception: The program did not complete screenings for any of the three secret shopper calls placed to the agency.</p>

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Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	X					Reviewed documentation showed proof of available service options and rights and responsibilities of youth and parent/guardians were received by youth and parents/guardians for each record.	
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					Reviewed documentation showed proof of available possible actions through services and grievance procedures were provided to youth and families for each record reviewed.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						YES	
						If NO, explain here:	
						Policy CHS/7202 was approved by the Director of Program Operations December 30, 2020.	
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	Not Applicable - community counseling program.	
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					Ten applicable youth case files were reviewed six (6) closed and four (4) open. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all 10 records.	
Needs Assessment is conducted by a bachelor's or master's level staff member	X					All ten Needs Assessments were conducted by a bachelor's or master's level staff member.	
Needs Assessment includes a supervisor's review signature upon completion	X					A supervisor's signature was present on all ten Needs Assessments reviewed.	
<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			None of the 10 youth records reviewed were identified with an elevated risk of suicide when screened.	
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 eligible suicide risks were identified.	

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Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES	
						If NO, explain here:	
						Policy CHS/7203 was approved by the Director of Program Operations December 30, 2020.	
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					Case/Service Plans were developed within 7 working days of Needs Assessment in all 10 of the case files reviewed.	
<b>Case plan service Plan includes:</b> 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					Case Plans in all 10 non-residential files included all elements required by the indicator.	
Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	X					Reviewed documentation showed proof of 30 day case plan reviews in all ten records reviewed.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES	
						If NO, explain here:	
						Policy CHS/7204 was approved by the Director of Program Operations December 30, 2020.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	X					Each of the 10 records reviewed showed a case manager was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable:						All 10 records reviewed demonstrated applicable case management services were provided as needed	

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<p>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</p>	<p>X</p>					<p>and progress is monitored.</p> <p>Six of the 10 records were closed and provided documentation of case termination notes and 30 and 60 day follow ups.</p>							
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>X</p>					<p>The program maintains written agreements with community partners for mental health, substance abuse, behavioral, education, and prevention services.</p>							
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b></p>						<p><b>NO</b></p>							
						<p>If NO, explain here:                  The policy does not address making contact with families virtually and documenting reasons.</p>							
						<p>Policy CHS/7205 was approved by the Director of Program Operations December 30, 2020.</p>							
<p>Rating Criteria</p>	<p>Satisfactory</p>	<p>Non-compliant</p>	<p>No Eligible Items for Review</p>	<p>No Practice</p>	<p>Not Applicable</p>								
<p>Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process</p>	<p>X</p>					<p>Service plans and case notes maintained in the youth records demonstrated all 10 youth received individual/family counseling services as identified during the assessment.</p>							

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Shelter Program							
Shelter programs provides individual and family counseling					X	This program only serves non-residential youth.	
Group counseling sessions held a minimum of five days per week					X	N/A- community counseling.	
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	N/A- community counseling.	
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, the local provider's counseling office or virtually if written documentation is provided in the youth's file for reasons why it is in the best interest of the youth and family.	X					Therapeutic services provided by agency staff are documented in the client case file progress notes. All necessary presenting problems and needs had evidence that referrals were provided to all youth where applicable.	
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					Reviewed documentation reflect coordination of services based on presenting problems, needs assessments, and case/service plans.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					Individual youth record is maintained for all 10 youth case files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	X					Case notes maintained for all counseling services documented progress for all 10 youth case files reviewed.	
On-going internal process that ensures clinical reviews of case records and staff performance	X					The agency has an ongoing internal quarterly file review process and the supervisor completes file reviews monthly.	
						NO	

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Provider has a written policy and procedure that meets the requirement for Indicator 2.06						If NO, explain here: The policy is missing notification of the case staffing to be sent to the family and committee at least five days prior to case staffing. Policy CHS/7206 was approved by the Director of Program Operations December 30, 2020.
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			The program has not received a request for or held a case staffing since the last onsite QI review.
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			No case staffing held.
<b>Case Staffing Committee</b>						
<b>Must include:</b> a. DJJ rep. or CINS/FINS provider b. Local school district representative			X			No case staffing held.
<b>Other members may include:</b> 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			No case staffing held.
The program has an established case staffing committee, and has regular communication with committee members	X					Per policy CHS/7206, committee consists of a representative from the youth's school district, the contract provider for CINS/FINS, and others as deemed necessary.
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X					Policy CHS/7210
<b>As a result of the Case Staffing</b>						
The youth and family are provided a new or revised plan for services			X			No case staffing held.

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Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations			X			No case staffing held.						
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X			No case staffing held.						
Case Manager/Counselor completes a review summary prior to the court hearing			X			No case staffing held.						
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<b>YES</b>						
						If NO, explain here:						
						Policy CHS/7207 was approved by the Director of Program Operations December 30, 2020.						
<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					All 10 youth electronic records reviewed were marked clearly "confidential".						
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					All 10 youth electronic records reviewed were electronic and required a secure password to access online.						
When in transport, all records are locked in an opaque container marked "confidential"	X					When the youth records are transported offsite they are stored in an opaque, secured box with a lock. The program has 2 total travel cases available.						
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All electronic files reviewed were observed to be organized and maintained in a neat consistent order with section dividers and list of contents for each section of the file.						
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<b>YES</b>						
						If NO, explain here:						
						Policy CHS/7210 was approved and signed by the Director of Program Operations and last updated December 30, 2020.						
<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>							

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<p><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</p>			X				<p>The program manager stated the program has not served any youth since the last QI review who meets the criteria for this indicator. However, policies and procedures are established to meet the requirements.</p>								
<p>Youth in need of specialized support is referred to qualified resources (as applicable)</p>			X				<p>No eligible youth served.</p>								
<p>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</p>			X				<p>No eligible youth served.</p>								
<p>Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression</p>			X				<p>No eligible youth served.</p>								
<p>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</p>	X						<p>The program provided photos to show signage is posted throughout the facility in common areas. Published materials providing information and education for SOGIE youth is accessible in the building lobby and conference room.</p>								
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.09</b></p>							<p><b>YES</b></p>								
							<p>If NO, explain here:</p>								
														<p>Policy CHS/7211 was approved by the Director of Program Operations and last updated December 30, 2020.</p>	
<p><b>Rating Criteria</b></p>	<p>Satisfactory</p>	<p>Non-compliant</p>	<p>No Eligible Items for Review</p>	<p>No Practice</p>	<p>Not Applicable</p>										
<p><b>Staff Secure</b></p>															
<p>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")</p>						N/A	<p>N/A for community counseling service providers.</p>								
<p><b>Staff Secure policy and procedure outlines the following:</b></p>							<p>N/A</p>								



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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	N/A	
<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	N/A	
Agency provides a written report for any court proceedings regarding the youth's progress					X	N/A	
<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")					N/A	N/A for community counseling service providers.	
<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 Trafficking (DMST) placements.					X	N/A	

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There is evidence the youth was entered into NetMIS as a Special Populations youth at admission and a Human Trafficking Screening Tool (HTST) was completed.					X	N/A	
Services provided to these youth specifically designated services designed to serve DMST youth					X	N/A	
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	N/A	
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	N/A	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements					X	N/A	
<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")					N/A	N/A for community counseling service providers.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible	No Practice	Not Applicable		

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Rating Criteria	Satisfactory	Non-compliant	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	N/A	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	N/A	
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	N/A	
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	N/A	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements					X	N/A	
<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")					N/A	N/A for community counseling service 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	N/A	
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status					X	N/A	

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Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	N/A	
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	N/A	
All case management and counseling needs have been considered and addressed					X	N/A	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements					X	N/A	
<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")					N/A	CHS Osceola is not contracted to provide Intensive Case Management services.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth receiving services was court ordered					X	N/A	
<b>Services for youth and family include:</b> a. Two (2) direct contacts per month b. Two (2) collateral contacts per week c. Direct and collateral contacts not obtained must have documentation to support attempts made to obtain them. All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.					X	N/A	
<b>Assessments include:</b>						N/A	

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					X		
c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)							
Case plan demonstrates a strength-based, trauma-informed focus					X	N/A	
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones					X	N/A	
<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”)			NO			The provider has not served any youth meeting the criteria for FYRAC since the last QI review.	
<b>Rating Criteria</b>	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 provider has not served any youth meeting the criteria for FYRAC since the last QI review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office			X			No eligible youth served.	

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<p>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</p>			<p>X</p>			<p>No eligible youth served.</p>	
<p>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</p>			<p>X</p>				
<p>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</p>			<p>X</p>			<p>No eligible youth served.</p>	
<p>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</p>			<p>X</p>			<p>No eligible youth served.</p>	

**2.10: STOP NOW AND PLAN (SNAP)**

<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</p>	<p>N/A</p>	<p>Add any exceptions below:</p>
	<p>If NO, explain here:</p>	
	<p>N/A - CHS Osceola is not contracted to provide SNAP services.</p>	

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Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>SNAP Clinical Groups</b>							
Youth are screened to determine eligibility of services					X	CHS Osceola is not contracted to provide SNAP services.	
Needs assessment is completed at initial intake, or within two face-to-face sessions					X	N/A	
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)  There must be at least three (3) documented attempts in the youths' file to obtain all pre-assessment (listed above) information.					X	N/A	
SNAP discharge report summary					X	N/A	
SNAP Boys/SNAP Girls <b>Parent</b> Group Evaluation Form					X	N/A	
SNAP Boys/SNAP Girls <b>Child</b> Group Evaluation Form					X	N/A	
<b>SNAP for Schools &amp; Communities</b>							
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All cycles conducted outside of the school setting is reviewed by the Florida Network prior to the facilitation of services.					X	CHS Osceola is not contracted to provide SNAP services.	

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Each classroom or community setting group session has the following: a. a minimum of 45 minutes in length b. children ages 6-11 years of age with a minimum of five (5) children present c. one trained SNAP facilitator as well as a teacher or community facilitator in each session.					X	N/A	
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	N/A	
"Class Goal" sheet					X	N/A	
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X	N/A	
Pre and Post Evaluations					X	N/A	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X	N/A	