



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

**Thaise Educational and Exposure Tours - Jacksonville**

728 Blanche Ave., Suites 115 and 117  
Jacksonville, FL 32204

**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 Thaise Educational and Exposure Tours (TEET) – Jacksonville for the FY 2021-2022 at its program office located at 728 Blanche Ave., Jacksonville, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. Thaise Educational and Exposure Tours (TEET) – Jacksonville 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 2021 through June 30, 2022.

The review was conducted by Ashley Davies, Consultant for Forefront LLC, and Peer Reviewer(s). Agency representatives from Thaise Educational and Exposure Tours (TEET) – Jacksonville present for the entrance interview were Teresa Clove, Chief Executive Officer; and Shirley Moon, Program Manager. The last QI visit was conducted on July 29, 2020.

In general, the Reviewer found that Thaise Educational and Exposure Tours (TEET) - Jacksonville is in compliance with specific contract requirements. **Thaise Educational and Exposure Tours (TEET) - Jacksonville received an overall compliance rating of 100% for achieving full compliance with nine indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit and no recommendation was made for an indicator rated as conditionally acceptable.

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

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

Report Number: CM 11-03-2021

<b>Agency Name: Thaise Educational and Exposure Tours (TEET) - Jacksonville</b>					<b>Monitor Name: Ashley Davies, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 728 Blanche Ave., Jacksonville, FL</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): November 3, 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"/>	Interview: The TEET - Jacksonville program currently has three staff members certified as DJJ QI Peer reviewers.	<b>No recommendation or Corrective Action.</b>
<b>Additional Contracts</b> a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: At the time of this on-site program review, the agency reported two additional contracts (county and state). The list included: awarding entity, award amount, description of services, and contract start & end dates.	<b>No recommendation or Corrective Action.</b>
<b>Limits of Coverage</b> a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through United States Liability Company. The limits include coverage of \$1,000,000 each occurrence; \$2,000,000 aggregate; \$1,000,000 personal injury; \$100,000	<b>No recommendation or Corrective Action.</b>

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<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 <b>(List Who and What)</b>	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
\$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>						<p>Damage to Rented Property; \$5,000 medical expenses (any one person); \$100,000/200,000 Abuse Coverage Occ/Agg; effective 03/01/2021-03/01/2022.</p> <p>Professional Liability through United States Liability Company. The limits include coverage of \$1,000,000/2,000,000 Occurrence/Aggregate; effective dates 03/01/2021- 03/01/2022.</p> <p>Auto Insurance is provided through Progressive Express Ins. Company, with combined single limit coverage for Bodily Injury \$250,00 per person; \$500,00 each accident; Property Damage \$100,000 each accident; effective 01/13/2021 -01/13/2022.</p> <p>The Florida Network is listed as Certificate Holder.</p>	
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A –</b> During the Entrance Conference, the provider indicated that there are no	<b>No recommendation or Corrective Action.</b>

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	<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)
						outstanding corrective action item(s) cited by an external funding source.
<b>Fiscal Practice</b> a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Program, Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed during FY July 2021.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General ledger (GL) for Periods: July 1, 2021 through August 31, 2021. The agency maintains a detailed general ledger with corresponding source documents. General ledger is structured to track all funding sources. The agency also provided statement of assets, liabilities, and statement of revenue and expenses.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) <b>-ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interview and Documentation: The provider does not use petty cash for program related purchases. Procedures for petty cash are contained in the Fiscal Policies and Procedures Manual.

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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"/>	Documentation: All program invoices are processed for payment by the agency's Executive Director.  Purchase Order forms are completed by the program for all purchases. The designated purchase is then processed or ordered.  A basic filing system is maintained at the TEET Jacksonville office by vendor for each fiscal year. Current and previous years' files are stored in adjacent file cabinets or a secure storage area until completion of fiscal year audit.  All local Program Managers in St. Petersburg, Orlando, and Jacksonville can submit request for any product or service needed. Purchases generally include acquisition of certain local supplies or services for the operation of the program.	<b>No recommendation or Corrective Action.</b>

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						Bank reconciliations were provided from January 2021 through August 2021 for one account held with Wells Fargo. Accounts Payable Reconciliations are signed monthly by the Accountant, within 2-4 weeks of receipt, and approved by the Executive Director.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last review.	<b>No recommendation or Corrective Action.</b>
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Copies of 941s for 2 <sup>nd</sup> , 3 <sup>rd</sup> , and 4 <sup>th</sup> Quarters of 2021 were provided along with a EFTPS Batch Provider Payment Inquiry Report. The agency demonstrates that it is submitting payroll taxes to the appropriate authority as required. A contracted company is directly responsible for submitting the W-3 and 1099 forms.	<b>No recommendation or Corrective Action.</b>

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			<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>
			<b>Ratings Based Upon:</b>			<b>Notes</b>	
			<b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>			<b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Income Statements provided by the agency for the current year for months January 2021 - August 2021. The report shows a program budget and variances with YTD net surplus. Variances in budget are monitored on a regular basis by management.			<b>No recommendation or Corrective Action.</b>	
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Documentation: The annual expenses for the agency are not greater than \$750,000. The agency is not required to submit an annual Single Audit from an outside agency. No Management Letter is applicable or required.			<b>No recommendation or Corrective Action.</b>	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: The agency has updated policies in Storage and Retention, Confidentiality, and Record Retention Schedule. The agency also has related policies that address Storage and Disposal. The policies were last reviewed on October 10, 2021 by the Board of Directors and			<b>No recommendation or Corrective Action.</b>	



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			<b>Explain Rating</b>			
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			<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>
						Executive Director.

## CONCLUSION

Thaise Educational and Exposure Tours (TEET) – Jacksonville has met the requirements for the CINS/FINS contract as a result of full compliance with nine applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Four of the thirteen indicators were not applicable because: 1) the provider does not have any outstanding corrective action item(s) cited by an external funding source, 2) the provider does not utilize a petty cash ledger system for program related expenses, 3) the program does not have any current inventory purchased with DJJ/FN Funds, and 4) the program is not required to submit an annual Single Audit from an outside agency. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

## SUMMARY OF RECOMMENDATIONS

### **Recommendation**

There were no recommendations as a result of this review.

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



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

Review of Thaise Educational and Exposure Tours - Jacksonville  
CINS/FINS Program

November 3, 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>Satisfactory</b>
<b>1.05 Analyzing and Reporting Information</b>	<b>Satisfactory</b>
<b>1.06 Client Transportation</b>	<b>Satisfactory</b>
<b>1.07 Outreach Services</b>	<b>Satisfactory</b>

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

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

**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: 100%**

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

**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

Ashley Davies - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services  
Gwen Nelson – Regional Monitor, Department of Juvenile Justice  
Belinda Ross - CDS Family and Behavioral Health Services, Inc.

November 3, 2021

## 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

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Chief Executive Officer</li> <li>Chief Financial Officer</li> <li>Chief Operating Officer</li> <li>Executive Director</li> <li>Program Director</li> <li><input checked="" type="checkbox"/> Program Manager</li> <li>Program Coordinator</li> <li>Clinical Director</li> <li>Counselor Licensed</li> </ul>	<ul style="list-style-type: none"> <li>Case Manager</li> <li>Counselor Non-Licensed</li> <li>Advocate</li> <li>Direct – Care Full time</li> <li>Direct – Part time</li> <li>Direct – Care On-Call</li> <li>Intern</li> <li>Volunteer</li> <li>Human Resources</li> </ul>	<ul style="list-style-type: none"> <li>Nurse – Full time</li> <li>Nurse – Part time</li> <li># Case Managers</li> <li><b>1</b> # Program Supervisors</li> <li># Food Service Personnel</li> <li># Healthcare Staff</li> <li># Maintenance Personnel</li> <li># Other (listed by title): ___</li> </ul>
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### Documents Reviewed

<ul style="list-style-type: none"> <li>Accreditation Reports</li> <li><input checked="" type="checkbox"/> Affidavit of Good Moral Character</li> <li><input checked="" type="checkbox"/> CCC Reports</li> <li>Logbooks</li> <li>Continuity of Operation Plan</li> <li><input checked="" type="checkbox"/> Contract Monitoring Reports</li> <li>Contract Scope of Services</li> <li>Egress Plans</li> <li>Fire Inspection Report</li> <li>Exposure Control Plan</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Table of Organization</li> <li>Fire Prevention Plan</li> <li><input checked="" type="checkbox"/> Grievance Process/Records</li> <li>Key Control Log</li> <li>Fire Drill Log</li> <li>Medical and Mental Health Alerts</li> <li>Precautionary Observation Logs</li> <li>Program Schedules</li> <li>List of Supplemental Contracts</li> <li>Vehicle Inspection Reports</li> </ul>	<ul style="list-style-type: none"> <li>Visitation Logs</li> <li><input checked="" type="checkbox"/> Youth Handbook</li> <li># Health Records</li> <li># MH/SA Records</li> <li><b>2</b> # Personnel /Volunteer Records</li> <li><b>3</b> # Training Records</li> <li><b>4</b> # Youth Records (Closed)</li> <li><b>2</b> # Youth Records (Open)</li> <li># Other: ___</li> </ul>
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### Observations During Review

<ul style="list-style-type: none"> <li>Intake</li> <li>Program Activities</li> <li>Recreation</li> <li>Searches</li> <li>Security Video Tapes</li> <li>Social Skill Modeling by Staff</li> <li>Medication Administration</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Posting of Abuse Hotline</li> <li>Tool Inventory and Storage</li> <li>Toxic Item Inventory &amp; Storage</li> <li>Discharge</li> <li>Treatment Team Meetings</li> <li>Youth Movement and Counts</li> <li>Staff Interactions with Youth</li> </ul>	<ul style="list-style-type: none"> <li>Staff Supervision of Youth</li> <li>Facility and Grounds</li> <li>First Aid Kit(s)</li> <li>Group</li> <li>Meals</li> <li><input checked="" type="checkbox"/> Signage that all youth welcome</li> <li>Census Board</li> </ul>
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### Comments

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

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

During the month of May 2021, Thaise-Jacksonville's Program Manager, Shirley Moon, served on the team for the QI Review for CDS Interface East. The Program Manager also spoke with Dan Renaud from Florida Recovery Schools regarding the program and referrals. The Program Manager facilitated the Circuit 4 Race Equity and Inclusion Meeting, conducted Outreach/PR visit to Bridge to Success, and participated in the DJJ monthly Provider's Meeting.

During the month of June 2021, the Program Manager collaborated with the DJJ Circuit 4 Reform Specialist for the Backpack Giveaway Event (provided donor information to obtain free backpacks for giveaway) and facilitated the Circuit 4 Race Equity and Inclusion Meeting.

During the month of July 2021, the Program Manager attended the CAB Circuit 4 Sub Committee Meeting and conducted outreach/PR with Parenting with Love & Limits. The Program Manager also facilitated the Circuit 4 Race Equity and Inclusion Meeting.

During the month of August 2021, the Program Manager attended the Florida Network Summer QIC. Program Manager also spoke with DJJ Reform Specialist regarding increasing support for DJJ Staff and referrals and participated in the DJJ Community Providers Meeting.

During the month of September 2021, the Program Manager attended the CAB Diversion Sub-Committee Meeting and attended the CAB Circuit 4 Meeting as well as facilitated the Circuit 4 Race Equity and Inclusion Meeting.

During the month of October 2021, the Program Manager facilitated the Circuit 4 Race Equity and Inclusion Meeting and participated in the DJJ Community Providers Meeting. The Program Manager conducted outreach/PR with Church of Eleven22.

Narrative Summary

The Thaise Educational and Exposure Tours (TEET) Jacksonville location is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Pinellas County. They target at-risk youth from ages 6-17 who may be exhibiting behavioral and academic issues and provide centralized screening and intake services during regular business hours.

The agency's Executive Director oversees the operations of a total of three (3) TEET locations. At the time of the review, the TEET - Jacksonville location employed a Program Manager and three contracted Case Managers. The only vacant position was the Data Clerk position.

The TEET- Jacksonville program ensures that Level 2 background screening is a mandatory requirement for all employees and volunteers working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. The agency ensures that all staff members meet minimum professional credentials and are provided the necessary training to perform their

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job responsibilities. Individual training records are maintained in a binder for each staff that includes: training plan, individual certificates, and training hours. The provider has numerous partnership agreements throughout the local service area and conducts outreach to educate the community and market the program's services. The agency also attends DJJ Juvenile Advisory Board Meetings.

TEET – Jacksonville employs three contracted Case Managers and a Program Manager to provide all case management and counseling services. The three contracted Case Managers have bachelor's degrees, and the Program Manager has a master's degree.

The agency accepts referrals from established referral partners and local elementary, middle, and high schools. The agency also receives referrals from youth, parents/guardians, and local community-based organizations. The agency trains all staff members to screen for presenting problems, current risk, and CINS/FINS eligibility criteria to determine the needs of the family and youth. The agency has screening, intake, and assessment components to address an array of various issues presented by youth and their families. Thaise provides college tours within Florida at least one to three times a year to expose the youth to possible college/university choices. Due to COVID-19, these tours have been temporarily suspended.

The only special population served by the agency is FYRAC. The agency maintains paper files. All services are provided in the youth and family's homes if possible. However, due to COVID-19, some services are being provided virtually. Case staffing's have not been conducted by the agency during this review period. A Case Staffing Committee (a statutorily mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians) is prepared when the need arises.

The overall findings for the QI Review for TEET-Jacksonville are summarized as follows: □

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

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. Indicator 2.10 Stop Now and Plan (SNAP) was not applicable as this program does not provide SNAP services. The remaining eight indicators were rated satisfactory with no exceptions noted. Indicator 2.01 had two exceptions regarding the secret shopper calls.



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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	Notes
<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>YES</b></p> <p>If NO, explain here:</p> <p>There is a policy in place titled 5.03 Background Screening that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.</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>					There were two new employee's hired since the last QI review. The agency uses the HR Avatar Pre-employment Test. Both employee's completed the screening prior to hire and documented a passing score.	
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>					Both newly hired staff had a background screening completed prior to hire with an eligible rating.	
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>			There were no applicable staff during this QI review.	
Five-year re-screening completed every 5 years from initial date of hire			<b>X</b>			The employee roster identified no staff applicable for a 5-year re-screen.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<b>X</b>					The agency submitted the Annual Affidavit of Compliance with Level 2 Screening Standards via email on January 25, 2021.	

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Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Documentation of approval of E-Verify work eligibility was provided for both new staff hired.	
<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:						
	There is a policy in place titled 5.2 Abuse Reporting that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.						
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					New staff members receive training on the program's code of conduct during the initial employee orientation and the information is also located in the employee's handbook.	
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					Child Abuse telephone number was observed to be posted in the agency's office via picture submitted to the review team.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					This information is provided during the youth's intake process. The information is also located in the youth's handbook.	
Management takes immediate action to address any incidents of threats or abuse			X			The program has a policy and procedures to correct all incidents of threat or abuse. The program reported no incident of threats or abuse for this review period.	
<b>Grievance Process</b>							
Agency has a formal grievance process	X					The program has formal grievance processes for both youth/family and employees.	
Locked box accessible to only management and available to youth in a common area	X					A picture was submitted to the review team that shows the program has an accessible grievance box that is locked and located in the agency's office alongside grievance forms. The CEO keeps the key to the grievance box.	

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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			Per the policy, direct care staff members do not handle grievances. Information provided by the program indicated no grievances were filed for this review period.	
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 has a policy and procedures to correct and resolve all grievances within 72-hours of the filing. Information provided by the program indicated no grievances were filed for this 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:	
						There is a policy in place titled 5.1 Incident Reporting that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
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 CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X			A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	

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Incidents are documented in the program logs and on incident reporting forms			X			A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
All incident reports are reviewed and signed by program supervisors/directors			X			A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
<b>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<b>YES</b>	
						If NO, explain here:	
						There is a policy in place titled 6.4 Training that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
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					There were two newly hired staff training files reviewed. Both staff completed the DOJ Civil Rights and Federal Funds training in the first thirty days of hire.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	X					There were two first year staff files reviewed and both had completed the mandatory training required during the first 90 days of employment.	
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	The program does not employ any clinical shelter staff.	

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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	The program does not employ any clinical shelter staff.	
<b>In-Service Direct Care Staff</b>							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	X					There was one in-service employee training file reviewed and the staff had completed the required annual training in excess of 24 hours.	
<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					In all training files, there was evidence of a spreadsheet with all trainings, date completed, and hours. Also, in training files included training certificates and training worksheets.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<b>YES</b>	
						If NO, explain here:	
						There are two policies in place titled 5.0 Risk Management and 6.0 Data Entry and Collection that address the requirements of this indicator. Both policies were last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
<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>		
Case record review reports demonstrate reviews are conducted quarterly, at a minimum	X					The Program Manager reviews every case record monthly. These reviews were documented monthly in the Supervisors Notes of all six files reviewed and reviewed with all staff during the monthly meetings.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	X					Incidents, accidents, and grievances are reviewed monthly and are included in the Monthly Report and meeting minutes. The program has not had any incidents, accidents, or grievances to review during this review period.	

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<p>The program conducts an annual review of customer satisfaction data</p>	<p>X</p>					<p>Monthly Report and monthly meetings show customer satisfaction data is reviewed every month.</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>Monthly Report shows a review of outcome data is completed every month. The program completed their annual reconciliation with the Florida Network and any corrections were made and submitted within the required time frame.</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>NetMIS data reports received from the Florida Network were discussed at meetings monthly. Minutes of the meetings for the last six months support this practice. NetMIS invoices are submitted by the 4th business day of the following month. The last six months of invoices and emails were provided and reviewed.</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>Monthly reconciliations are conducted by the Program Manager. The Program Manager enters all information into NetMIS and JJIS for the program so each month the Program Manager will fix any differences noted by the Florida Network.</p>	
<p>The program has a process in place to review and improve accuracy of data entry &amp; collection</p>	<p>X</p>					<p>To ensure the accuracy of data entry and collection the Program Manager is the only person at the program who enters information into JJIS and NetMIS.</p>	
<p>There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.</p>	<p>X</p>					<p>Findings are discussed at monthly staff meetings.</p>	

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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					The program has a process in place to share all performance data with the Board of Directors. The program did not receive any limited or failed ratings in reports that would require it to be sent electronically or by mail to the board.	
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 meeting minutes show evidence of strengths and weaknesses identified, and improvements implemented. Staff are informed and involved in the process.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						YES	
						If NO, explain here:	
						There is a policy in place titled 5.07 Transportation of Youth that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	X					The program provided a list of staff approved to transport youth.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	X					All staff at the program are approved to transport youth and all have a valid Florida driver's license and are covered under the agency's insurance policy.	
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					The program's policy titled 1.06 Client Transportation prohibits transporting a youth alone and includes exceptions in the event a 3rd party is not present in the vehicle.	
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior				X		The program has not transported any youth during this review period.	
The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth				X		The program has not transported any youth during this review period.	

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<p>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.</p>			<p>X</p>			<p>The program has not transported any youth during this review period.</p>							
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b></p>						<p><b>YES</b></p>							
												<p>If NO, explain here:</p>	
												<p>There is a policy in place titled 1.01 Outreach Services that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.</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>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</p>	<p>X</p>					<p>The Program Manager participates in local DJJ board and council meetings. Sign-in sheets and minutes from the last two quarters were provided.</p>							
<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 NetMIS outreach report was provided which includes the title of event, date of event, number of youth and adults in event, purpose of event, and what area the event took place in the community.</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 has written agreements with eighteen 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>There is a policy in place titled 2.00 Centralize Intake and Screening that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.</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>								



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<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>					X	<p>This is a community counseling program and they do not provide shelter services.</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>	X					<p>There were six files reviewed, two open and four closed. All six had an eligibility screening completed within three business days of referral.</p> <p>Two secret shopper calls were made to the agency and one screening was completed. The other call resulted in the staff sharing they would call back within two days.</p>	<p>Exception: Of the two secret shopper calls, one screening was completed.</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>	X					<p>All six files were screened for eligibility and logged into NetMIS within 72 Hours of screening completion.</p> <p>The secret shopper call screening provided a response of acceptance into the program within 30 minutes of the call being made.</p>	<p>Exception: The secret shopper screening was not entered into NETMIS in 72 hours.</p>
<p>Youth and parents/guardians receive the following in writing:</p> <p>a. Available service options</p> <p>b. Rights and responsibilities of youth and parents/guardians</p>	X					<p>All six files documented that the youth and parent/guardians received available service options, and rights and responsibilities of youth and parents, in writing.</p>	
<p>The following is also available to the youth and parents/guardians:</p> <p>a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</p> <p>b. Grievance procedures</p>	X					<p>All six files documented the youth and parent/guardians received possible actions occurring through involvement with CINS/FINS services and grievance procedures.</p>	
						<b>YES</b>	
						If NO, explain here:	

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<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>						There is a policy in place titled 3.03 Needs Assessment that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.
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	This is a community counseling program and they do not provide shelter services.
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					All six files reviewed, two open and four closed, documented the Needs Assessment was completed within 2 to 3 face- to-face contacts.
Needs Assessment is conducted by a bachelor's or master's level staff member	X					All six 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					All six Needs Assessments included a supervisor's review signature upon completion.
<b>Suicide Risk as a Result of the Needs Assessment</b>						
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.
If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<b>YES</b>
						If NO, explain here:
						There is a policy in place titled 4.03 Case/Service Plan that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.
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					There were six files reviewed, two open and four closed. All Service Plans were completed within seven working days of the Needs Assessment.
Case plan service Plan includes:						In all six files the Service Plan included: individualized

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<p>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</p>	<p><b>X</b></p>					<p>and prioritized needs and goals identified by the Needs Assessment, service type, frequency, and location; person responsible, target dates for completion, signature of youth, parent/guardian, counselor, and supervisor; and the date the plan was initiated. All four closed files reviewed documented actual completion dates.</p>	
<p>Case/service plans are reviewed for progress/ revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after</p>	<p><b>X</b></p>					<p>All six files documented Service Plan reviews every 30 days for the first three months. None of the files were applicable for reviews beyond the first three months.</p>	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b></p>						<p><b>YES</b>                  If NO, explain here:                  There is a policy in place titled 4.04 Case Management Services that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.</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>Counselor/Case Manager is assigned</p>	<p><b>X</b></p>					<p>Each of the six files reviewed showed a Case Manager was assigned to the youth.</p>	
<p>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</p>						<p>There were six files reviewed, two open and four closed. All six files established referral needs and coordinated referrals to services based upon the ongoing assessment of the youth's/family's problems and needs, coordinated service plan implementation, monitored youth's/family's progress in service, and provided support to families. None of the files were applicable for monitoring out-of-home placement. None of the files were applicable for referring the youth and family to the case staffing committee. None of the files were applicable for accompanying</p>	

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<p>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>youth/guardian to court hearings and related appointments. All six files referred the youth/family for additional services. All four applicable files provided case termination documentation. There were two files applicable for providing follow-up after thirty days of exit and one file after sixty days of exit. All follow-ups were completed as required.</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>On page 4 of the Closing/Discharge Summary, there are 19 other community partners/resources that the families can be referred to.</p>	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b></p>						<p><b>YES</b>                  If NO, explain here:                  There is a policy in place titled 4.03 Individual, Family, Group Counseling and Mentoring that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.</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 demonstrated all six youth received counseling services as identified during the assessment process.</p>	
<p><b>Shelter Program</b></p>							
<p>Shelter programs provides individual and family counseling</p>					<p>X</p>	<p>This is a community counseling program and does not provide shelter services.</p>	
<p>Group counseling sessions held a minimum of five days per week</p>					<p>X</p>	<p>This is a community counseling program and does not provide shelter services.</p>	
<p>Group counseling sessions consist of:                  a. Length of at least 30 minutes</p>						<p>This is a community counseling program and does not provide shelter services.</p>	

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b. Opportunity for youth engagement						X	
c. Clear and relevant topic (informational/developmental/educational)							
d. Clear leader or facilitator							
<b>Community Counseling</b>							
Community counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's 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.							All six files documented therapeutic services were provided by program staff and this was documented in the case notes. Services were provided both virtually, due to COVID-19, and in the youth's home.
<b>Counseling Services</b>							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up							All six files reviewed documented coordination between presenting problems, the Needs 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							An individual youth file was maintained for all six youth files reviewed.
Case notes maintained for all counseling services provided and documents youth's progress							All six youth files included case notes that documented services provided including counseling and the youth's progress.
On-going internal process that ensures clinical reviews of case records and staff performance							All case files are reviewed monthly by the Program Manager. The Program Manager also signs all screening, assessment, and treatment paperwork in each file to ensure staff performance is adequate. In addition, staff performance is also discussed and reviewed at each monthly staff meeting.
						<b>YES</b>	
							If NO, explain here:

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<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.06</b>						There are two policies in place titled 4.05 Adjudication Services and 4.06 CINS Petition Process that address the requirements of this indicator. Both policies were last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
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 Manager reported there have been no case staffing's during this review period.	
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			The Program Manager reported there have been no case staffing's during this review period.	
<b>Case Staffing Committee</b>							
<b>Must include:</b> a. DJJ rep. or CINS/FINS provider b. Local school district representative			X			The Program Manager reported there have been no case staffing's during this review period.	
<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			The Program Manager reported there have been no case staffing's during this review period.	
The program has an established case staffing committee, and has regular communication with committee members	X					The program has an established committee that meets when needed.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	X					The program has policy 4.06 Case Staffing Committee/Adjudication Services that outlines procedures for the case staffing process.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services			X			The Program Manager reported there have been no case staffing's during this review period.	

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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			The Program Manager reported there have been no case staffing's during this review period.						
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X			The Program Manager reported there have been no case staffing's during this review period.						
Case Manager/Counselor completes a review summary prior to the court hearing			X			The Program Manager reported there have been no case staffing's during this review period.						
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<b>YES</b>						
						If NO, explain here:						
						There is a policy in place titled 2.07 Youth Records that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.						
<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 six youth files reviewed were stamped confidential.						
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					A picture was provided of the locked file cabinets where files are stored. The file cabinets were marked "confidential."						
When in transport, all records are locked in an opaque container marked "confidential"	X					A picture was provided of an opaque container marked "confidential" that is used to transport files.						
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All six files reviewed were organized and maintained in a neat and orderly manner making information in the file quick and easy to access.						
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<b>YES</b>						
						If NO, explain here:						
						There is a policy in place titled 5.8 Sexual Orientation, Gender Identity & Gender Expression that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.						
<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>							
Use of youth's preferred name/ pronoun:						A review of the Florida Network's SOGIE Report as of October 4, 2021 revealed there were no youth who						

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a. Youth are addressed according to their preferred name and gender pronouns			X			fell under the requirements of this indicator.	
b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards							
Youth in need of specialized support is referred to qualified resources (as applicable)			X			A review of the Florida Network's SOGIE Report as of October 4, 2021 revealed there were no youth who fell under the requirements of this indicator.	
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	This program only serves community counseling youth.	
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					X	This program only serves community counseling youth.	
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					Pictures were provided of postings around the office indicating all youth are welcome regardless of sexual orientation, gender identity, and gender expression.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.09</b>						<b>YES</b>	
						If NO, explain here:	
						There is a policy in place titled 4.076 FYRAC Community Counseling Service Only that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2021 by the Thaise Board Members and CEO.	
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
<b>Staff Secure</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")					N/A	This program does not provide Staff Secure services.	
Staff Secure policy and procedure outlines the following:						This program does not provide Staff Secure services.	



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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	This program does not provide Staff Secure services.	
<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	This program does not provide Staff Secure services.	
Agency provides a written report for any court proceedings regarding the youth's progress					X	This program does not provide Staff Secure services.	
<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					This program does not provide DMST services.	
<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	This program does not provide DMST services.	

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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	This program does not provide DMST services.	
Services provided to these youth specifically designated services designed to serve DMST youth					X	This program does not provide DMST services.	
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	This program does not provide DMST services.	
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	This program does not provide DMST services.	
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	This program does not provide DMST services.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements					X	This program does not provide DMST services.	
<b>Domestic Violence</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	N/A					This program does not provide domestic violence services - see FYRAC below.	
<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	This program does not provide domestic violence services.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	This program does not provide domestic violence services.	
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	This program does not provide domestic violence services.	
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	This program does not provide domestic violence services.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements					X	This program does not provide domestic violence services.	
<b>Probation Respite</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	N/A					This program does not provide probation respite services – see FYRAC below.	
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	This program does not provide probation respite services.	
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status					X	This program does not provide probation respite services.	

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Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	This program does not provide probation respite services.	
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	This program does not provide probation respite services.	
All case management and counseling needs have been considered and addressed					X	This program does not provide probation respite services.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements					X	This program does not provide probation respite services.	
<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					This program does not provide ICM services.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth receiving services was court ordered					X	This program does not provide ICM services.	
<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	This program does not provide ICM services.	
<b>Assessments include:</b>						This program does not provide ICM services.	

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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	This program does not provide ICM services.	
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	This program does not provide ICM services.	
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating “No eligible items for review”)	YES						
<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					There were three FYRAC files reviewed, two open and one closed. All three youth were referred by DJJ.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	X					All three files documented approval from the Florida Network.	

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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>	X					<p>In all three files the intake was face-to-face and included a gathering of family history and demographic information. All three files also had a Service Plan developed during the initial session that was signed by the parent and youth. All three files also documented the parent and youth were oriented to the program.</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>	X					<p>In all three files the individual sessions with the youth and family identified strengths and needs of the family and helped to improve family functioning. All sessions documented were at least 60 minutes in length.</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>	X					<p>All three files had group sessions that met the required criteria.</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>	X					<p>The one applicable closed file documented the youth and family participated in 90 consecutive days of services.</p>	
<p><b>2.10: STOP NOW AND PLAN (SNAP)</b></p>							
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b></p>						<p>N/A</p>	
						<p>If NO, explain here: This program does not 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	This program does not provide SNAP services.	
Needs assessment is completed at initial intake, or within two face-to-face sessions					X	This program does not provide SNAP services.	
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	This program does not provide SNAP services.	
SNAP discharge report summary					X	This program does not provide SNAP services.	
SNAP Boys/SNAP Girls <b>Parent</b> Group Evaluation Form					X	This program does not provide SNAP services.	
SNAP Boys/SNAP Girls <b>Child</b> Group Evaluation Form					X	This program does not provide SNAP services.	
<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	This program does not 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	This program does not provide SNAP services.	
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	This program does not provide SNAP services.	
"Class Goal" sheet					X	This program does not provide SNAP services.	
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X	This program does not provide SNAP services.	
Pre and Post Evaluations					X	This program does not provide SNAP services.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X	This program does not provide SNAP services.	