



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



Youth Advocate Program

2115 North 22nd Street, Tampa, Florida 33605

September 8, 2021

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) Compliance Monitoring (CM) visit for the Youth Advocate Program for the FY 2021-2022 at its program office located at 2115 North 22nd Street, Tampa, Florida 33605. 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, administrative, and overall contract requirements. The Youth Advocate Program 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 Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate Program is located in the downtown area of Tampa, Florida. The agency's Children in Need of Services and Family in Need of Services (CINS/FINS) program is funded by the Florida Network of Youth and Family Services (FNYFS). The agency is also contracted with the FNYFS as a designated Stop Now and Plan (SNAP) site that provides a comprehensive family intervention program, as well as a Family Youth Respite After Care (FYRAC) service provider.

The compliance monitoring review was conducted by Keith Carr, Consultant for Forefront LLC. Agency representatives from Youth Advocate Program present for the entrance interview were Felicia Wells, Program Director; Sheryl Kincy, Clinical Quality Improvement Coordinator; and Julia Hamilton, SNAP Program Coordinator. The last onsite QI visit was conducted on November 18, 2020.

In general, the Reviewer found that Youth Advocate Program is in compliance with specific contract requirements. **Youth Advocate Program received an overall compliance rating of 92.3% for achieving full compliance with 12 of the 13 indicators** of the CINS/FINS Monitoring Tool. There was one corrective action as a result of the monitoring visit; however, a recommendation was made for an indicator as it was 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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 09-08-2021-2022

Agency Name: Youth Advocate Program					Monitor Name: Keith Carr, Lead Reviewer						
Contract Type: CINS/FINS					Region/Office: 2115 North 22nd Street, Tampa, FL						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): September 9, 2021						
Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)					
Major Programmatic Requirements					Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
I. Administrative and Fiscal											
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type of 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"/>	I: Youth Advocate Program has three (3) staff members that are QI Peer Reviewers. At the time of this program review, a total of 3 staff participated in QI program reviews during the 2020-2021 fiscal year.	No corrective action recommended.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: No additional contracts were submitted. At the time of this compliance monitoring, the agency reported only FNYFS as the only contracted provider for the agency. The agency also has an agreement to provide FYRAC services.	No corrective action recommended.
Limits of Coverage 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					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Certificate of Liability Insurance was provided by the agency. The agency's limits of coverage are detailed and list as the following: General Liability at \$3,000,000 aggregate and \$1,000,000 per each occurrence, \$3,000,000 general aggregate, and	No corrective action recommended.

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<p>policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV</p>							<p>\$3,000,000 comprehensive aggregate 8/15/21-8/15/22; Umbrella Liability is set at \$5,000,000 per occurrence and \$5,000,000 aggregate through 8/15/20-8/15/22 with a \$10,000 deductible; Auto Insurance policy with combined single limit coverage for \$1,000,000 8/15/21-8/15/22. The above Commercial General Liability and Automotive and Umbrella policies are provided by Philadelphia Indemnity Insurance. The Workers' Compensation policy is provided by Charter Oak Fire Insurance Company for \$1,000,000 each Accident; effective 1/24/2021- 1/24/2022. Additionally, the agency has Third Party Cyber/Privacy Liability Professional Liability Sexual Abuse/Molestation provided by Travelers Casualty & Surety Policy for \$2,000,000 and \$3,000,000 expires 8/15/2021-8/15/22.</p>	

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					Unacceptable	Conditionally Unacceptable			Fully Met	Exceeded	Not Applicable
							Florida Network is listed as Certificate Holder.				
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I: None reported. At the time of this review, the agency does not have any corrective action items cited by an external funding source.	No corrective action recommended.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided a copy of the Fiscal Responsibility Policy which was last revised on 09/09/2021 and information titled 'Understanding Your Fiscal Department: A Miniature Accounting Lesson' that is provided to staff.	No corrective action recommended.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided general ledger monthly statements from Fulton Bank. General ledger (GL) program detail report series of six (6) consecutive months for periods: January 2021 – June 2021.	No corrective action recommended.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) –ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency does not have a petty cash system for the program. Program expenditures are requested in advance via a check payment request.	No corrective action recommended.
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					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The provider has an account with Fulton Bank and accounts payable reconciliations are reviewed and approved monthly by the Region and	The agency should ensure that all bank statements are reconciled and include all signatures from the designated parties.

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(Attach Supportive Documentation)								
monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE							HQ offices. Each vendor file is stored in an adjacent file cabinet. Additional records for purchases are recorded at the headquarters (HQ) level. Account reconciliations are conducted through the HQ fiscal department. The program's bank statements and reconciliations were provided. The agency provided signed bank reconciliation for the following months: April '21, May '21 and June '21. There were no signatures present for Jan, Feb, and March 2021.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided an inventory list including 2 desk top computers and 2 tablets that included the item purchased, ID number, description, DJJ ID serial number, and location. Images of the items with inventory numbers and tags were provided as evidence. This is maintained by the agency. No new purchases were made thus far in the 2021-2022 fiscal year.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Agency provided 1 st , 2 nd , 3 rd quarter for FY 2021 payroll form 941 tax payments to the IRS.
							No corrective action recommended.	
							No corrective action recommended.	

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<u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE								
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget is investigated and explained. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided the income statement for FY 2020 - 2021 ending on June 30, 2021 including the revenue, expenses, and miscellaneous income.	No corrective action recommended.	
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. Obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: A single audit was submitted for FY June 30, 2019 and 2020 conducted by Baker Tilly Virchow Krause, LLP. Since the last administrative audit was conducted in November 2020, the agency has not received an update Audit for the period ending June 30, 2021.	No corrective action recommended.	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I, D: The agency has policies in Storage and Retention, Confidentiality, Record Retention, Disaster Planning. The Records Retention Schedule was last reviewed on 2/10/2021. The agency also has related policies that address Storage and Disposal. An	No corrective action recommended.	

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documents are shredded and computer hard drives are wiped prior to discarding. ON SITE						interview with the Program Director was conducted and she stated that there were no other changes in policies since the last review.	

CONCLUSION

Youth Advocate Program has met the requirements for the CINS/FINS contract as a result of full compliance with --- applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen indicators were not applicable because: **1) the provider did not have evidence of signature on 3 out of 6 back reconciliation bank reports. Consequently, the overall compliance rate for this contract monitoring visit is 92.30%.** There are no corrective actions cited, but one (1) note 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 (1)

A review of bank reconciliation documents must have a review that include evidence of signature from designated staff members from the agency for all months.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Youth Advocate Program - Tampa
CINS/FINS Program

September 9, 2021

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

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

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

Percent of indicators rated Satisfactory: 100 %

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.

Reviewer

Members

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Jonathan Thompson – Regional Monitor, Department of Juvenile Justice
Rebecca Hankins - Anchorage Children's Home

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	1 # Case Managers
Executive Director	Direct – Care Full time	# Program Supervisors
<input checked="" type="checkbox"/> Program Director	Direct – Part time	# Food Service Personnel
Program Manager	Direct – Care On-Call	# Healthcare Staff
<input checked="" type="checkbox"/> Program Coordinator	Intern	# Maintenance Personnel
Clinical Director	Volunteer	1 # Other (listed by title): <u>Administrative Manager</u>
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	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
Continuity of Operation Plan	<input checked="" type="checkbox"/> Fire Drill Log	2 # Personnel /Volunteer Records
Contract Monitoring Reports	Medical and Mental Health Alerts	5 # Training Records
Contract Scope of Services	Precautionary Observation Logs	3 # Youth Records (Closed)
Egress Plans	Program Schedules	4 # Youth Records (Open)
Fire Inspection Report	List of Supplemental Contracts	# Other: ___
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	<input checked="" type="checkbox"/> Facility and Grounds
Recreation	Toxic Item Inventory & Storage	<input checked="" type="checkbox"/> 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 via hybrid (virtually and on-site).

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.

Narrative Summary

The Youth Advocate Program (YAP), located at 2215 North 22nd Street, Tampa, Florida 33605 and is operated under the leadership of a state Vice President and Program Director. The program's staffing includes an Administrative Manager, Program Coordinator, Youth Care Workers, Case Managers, a Mentor and Clinical Quality Improvement Specialist. The program uses a direct to client approach incorporating mentoring and guiding clients through structured, planned individual and group, activities over a 12-16 month program service period.

The Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate Program is located in the downtown area of Tampa, Florida. The agency's Children in Need of Services and Family in Need of Services (CINS/FINS) program is funded by the Florida Network of Youth and Family Services (FNYFS). The agency is a designated Stop Now and Plan (SNAP) site that provides this comprehensive family intervention program.

The agency utilizes an electronic records system to manage all client files. This system organizes all sessions and information that is associated with documenting individual, family and groups. The platform also tracks hours that the Advocate records, and mentoring and counseling with the client and their family.

The Program Director has served in this position since the program was established. In addition, she is a member of the Local DJJ Circuit Board and attends meetings on a regular basis. The Program Director's membership ensures that the other organizations are familiar with the YAP services in order to receive potential referrals. The organization also has program operating in other cities in Florida, Nevada, New York, Pennsylvania, Texas and Washington, DC, Argentina and Sierra Leone.

Strengths and Innovative Approaches

Since the last quality improvement site visit on November 18, 2020, the Youth Advocate Program created a group for the agency titled "TeamYAP Wellness". This is weekly groups staff can attend for mental and physical wellbeing support groups.

The agency also hired a Clinical Quality Improvement Specialist to assist the Youth Advocate Florida programs' QI reviews for Pinellas, Hillsborough, Orange, Seminole, Leon, Bay, Escambia, and Okaloosa Counties. This specialist role is also structured to be a trainer. She has already completed the "train the trainer" for motivational interviewing (MI).

The agency is moving towards a complete paper-free environment. Currently all case notes are completed electronically, and training phase has begun to complete consents and obtain youth and family signatures electronically.

Additionally, their Pinellas County YAP has now expanded to cover wrap around services to the entire Circuit 6, to include Pasco County. The population served are adjudicated delinquent youth.

The overall findings for the QI Review for the Youth Advocate Program are summarized as follows:

Standard 1: Standard one has a total of seven (7) Quality Improvement indicators regarding to the organization's status as it relates to overall Management Accountability. Five (5) out of 7 indicators were rated Satisfactory with no exceptions. However, Indicators 1.04 Training and 1.05 Analyzing and Reporting Information both included exceptions. Indicator 1.04 Training: Three of the four staff had not completed their Annual Child Abuse: Recognition, Reporting, and Prevention training. The exception in 1.05 resulted in a limited rating.

Standard 2: Standard 2 has a total of ten (10) Quality Improvement indicators that relate to intervention and case management. Six (6) out of ten (10) indicators were rated Satisfactory with no exceptions. Indicator 2.01 Screening and Intake was rated satisfactory with exceptions. The exception noted in 2.01 was due to one of the secret shopper screenings not being entered into NETMIS within 72 hours of screening completion. Indicator 2.03's exception was the agency is missing client and parent signatures on three files. Two files were missing counselor signatures. Completion dates are missing on four files. The agency stated these were completed over teletherapy during Covid-19. Additionally, one file out of 6 is missing the case reviews and revisions. The exception for Indicator 2.05 is two cases were missing case plan reviews--one open case and one closed case. Also, Indicator 2.06's exception is there was no evidence of an updated Service Plan for the applicable case staffing file.

Summary of Deficiencies resulting in Limited or Failed Rating:

Standard 1 - Indicator 1.05: Limited

The exceptions noted in 1.05 - Analyzing and Reporting Information found that there were missing signatures of youth and parents, missing intake and treatment service plan follow-up dates, and discharge deficiencies identified across multiple files. There was no verification that the agency conducted follow up to correct these identified deficient missing items. Additionally, the agency has improved and does now have a process to review files and identify deficiencies. However, the agency does not provide information on whether the identified deficiencies have been addressed with the intervention for improvement and if it has been corrected.

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
Standard One – Management Accountability							
1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	YES					Add any exceptions below:	
	If NO, explain here:						
	FN Policy 5.03 The provider's Policy for Background Screenings, #5.03, was last reviewed on 9/9/2021 and was approved by the Program Director. The agency's policy contains content that adheres to the current requirements of this FNYFS indicator.						
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.	X					A review of the policy does include provisions that require a necessary passing score on the suitability assessment tool in order to hire prospective direct care employees. There was a total of two members which were applicable for initial background screening.	
Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	X					Both of the applicable records reviewed contained a completed background screening which was conducted prior to the employee's hire date.	
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.	X					Both applicable records contained evidence of good standing for the single reemployed member which were obtained from the Department of Homeland Security.	
Five-year re-screening completed every 5 years from initial date of hire					X	Employee files were reviewed to assess whether the staff met this indicator. There are no staff eligible for 5 year re-screening during this current QI program review period.	

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					Annual Affidavit was retained which annotated the approval date of December, 2020.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					There were two applicable employees. Both records contained an E-verify for the perspective employee which were obtained from the Department of Homeland Security.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						YES	Add any exceptions below:
						If NO, explain here:	
						FN Policy 5.02 The provider's policy and procedure for Abuse Free Environment was last reviewed on 9/9/2021 by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Abuse Free Environment							
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X					The program has policy and procedures addressing the provision of an abuse free environment. The program has an integrity compliance plan that prohibits the use of physical abuse, profanity, threats, or intimidation.	
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					There are signs posting the Florida Abuse Hotline for visitors to see. At the time of this onsite program review, there were no calls placed to the Abuse Hotline during the review period.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					The program does have signage that posts the Florida Abuse hotline on property. The program documents any calls made to the child abuse hotline in their CCC incident reporting binder.	
Management takes immediate action to address any incidents of threats or abuse	X					The program documents any calls made to the child abuse hotline in their CCC incident reporting binder. An interview with Program Director confirmed there have been no reportable complaints for management to address since the last compliance review.	
Grievance Process							

Agency has a formal grievance process	X					The program has a responsive grievance process to provide feedback or address any concerns. There have been no grievances since the last annual compliance review. A review of surveys responses confirmed that provider has not had any reports in the past six months.	
Locked box accessible to only management and available to youth in a common area	X					The agency has a locked box that is posted in the common or entry area that is visible and is only accessible by the agency's Program Director.	
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 agency has an anonymous hotline. There have been no grievances reported by youth since the last annual compliance review.	
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 agency's policy requires that grievances be addressed in no less than 72 hours or less. There have been no grievances reported by youth since the last annual compliance review.	

1.03: Incident Reporting

Provider has a written policy and procedure that meets the requirement for Indicator 1.03	YES					Add any exceptions below:
	If NO, explain here:					
	FN Policy 5.01 The provider's policy and procedure for Incident Reporting was last reviewed on 9/9/2021 by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator.					

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 CCC Reports database. A review of the Central Communications Center (CCC) daily report confirmed that provider has not had any CCC reports in the past six months. An interview with Program Director confirmed there have been no reportable incidents since the last compliance review.	

The program completes follow-up communication tasks/special instructions as required by the CCC			X			The YAP agency has a policy with follow up procedures that are consistent with DJJ CCC requirements.	
Incidents are documented in the program logs and on incident reporting forms			X			The YAP agency has a policy with documentation of all incident forms and on the agency's internal system.	
All incident reports are reviewed and signed by program supervisors/directors			X			The YAP agency has a policy that requires all incidents to be reviewed and signed by the agency's Program Director.	

1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)

Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES					Add any exceptions below:
	If NO, explain here:					
	The provider's policy and procedure for Training Requirements, #6.04, was last reviewed on 9/9/2021 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. An interview with the Program Director confirmed trainings that staff must complete on the agency's intranet portal.					
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	

First Year Direct Care Staff

All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. (Staff hired before January 1 st were required to complete no later than December 31, 2020)			X			All agency staff members that provide direct service to children on a caseload have accessed and are receiving training during the first 120 days of employment. There was one direct care staff for pre-service training. Training file was reviewed for new employee training. The single first year Direct Care member was in the first three weeks of employment, therefore, only a small amount of training was completed. The employee is on track and has ample time to complete the trainings.	
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<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>			<p>X</p>			<p>All agency staff members that provide direct service to children on a caseload have accessed and are receiving training during the first 120 days of employment. There was one direct care staff for pre-service training. Training file was reviewed for new employee training. The single first year Direct Care member was in the first three weeks of employment, therefore, only a small amount of training was completed. The employee is on track and has ample time to complete the trainings.</p>	
<p>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</p>							
<p>Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training</p>					<p>X</p>		
<p>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).</p>					<p>X</p>		
<p>In-Service Direct Care Staff</p>							
<p>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).</p>		<p>X</p>				<p>There were four annual in-service training records that were applicable for In-Service Training. All of the required trainings were completed in each of the employee records with one exception. All four staff members have valid Cardiopulmonary Resuscitation (CPR) and First Aid training.</p>	<p>Exception: Three of the four staff had not completed their Annual Child Abuse: Recognition, Reporting, and Prevention training.</p>
<p>Required Training Documentation</p>							
<p>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.</p>	<p>X</p>					<p>The YAP agency has a record of an individual training file for each staff member which includes evidence of annual staff member's training hours, a tracking form and all associated documentation that verifies training course completion.</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</p>						<p>YES</p>	<p>Add any exceptions below:</p>
						<p>If NO, explain here:</p>	

						The provider's policy and procedure for Analyzing and Reporting Information Requirements, #1.05, was last reviewed on 9/9/2021 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. An interview with the Program Director confirmed the analyzing and reporting for the agency is required to be completed by agency staff.
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				<p>The agency provided evidence of conducting client file reviews for screenings, intakes, orientation, receipt of client rights and service options, assessments, confidentiality, consent to share information, transportation release, service planning, court documents, school documents and other client file related information. A document request for evidence of this information resulted in client file check list for accuracy and completion of fifty-two (52) was provided in the sample of client records. These reviews were primarily completed by the Administrative Data Manager.</p> <p>Exception: A review of the findings found that the agency identified client files missing signatures of youth and parents, missing intake, treatment service plan follow up dates, and discharge deficiencies identified by the agency in these across multiple files. The reviewer could not verify that the agency conducted follow up on the correction of these identified deficient missing items were noted.</p>
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	X					<p>The agency conducts monthly staff meetings to discuss key areas of performance that include latest incident and grievance data results. As of the date of the Program Review, there were no formal/official incidents or grievances submitted within the last 6 months or since the last QI Program Review. A review of the Document Request revealed there was no official documentation of official incidents reported to DJJ Central Communication Office. The agency does review efforts related to office safety protocols (COVID and COOP contingency plans, etc.) on a routine basis.</p>

<p>The program conducts an annual review of customer satisfaction data</p>	<p>X</p>					<p>The agency conducts reviews of its customer satisfaction data. A review of monthly customer satisfaction surveys is completed by the PD and Clinical Quality Improvement Manager along with other monthly service delivery and performance data provided through the FNYFS NetMIS system.</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>The program has a quality improvement plan that is lead by its Program Director. The YAP QI system is made up of key staff in the office that includes the Clinical Quality Improvement Coordinator, SNAP Program Coordinator, Administrative Manager and SNAP Case Manager. This group leads the YAP agency's efforts related to QI data collection, review and analysis, reporting, and corrective actions.</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>The agency conducts monthly staff meetings to discuss key areas of performance that include latest CINS/FINS and SNAP performance data. A review of the documents provided in the Document Request revealed evidence of documentation of Monthly Meetings for the months of March, May, June, July and August of 2021. Additional focus areas discussed in meeting included status of referrals, local community partnerships with other community-based organizations, upcoming and completed trainings, outreach efforts and office safety protocols (COVID and COOP contingency plans, etc.).</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>The agency provided evidence that it conducts a review and reconciliation of NetMIS results and JJIS information on a routine basis. An interview with the agency's Program Director resulted in obtaining information that the agency reviews the accuracy of data entered versus what is found in NetMIS and JJIS to ensure that it is accurate and complete. Data reviewed at the time of the review indicate that the agency has no non-reconciled differences.</p>	

<p>The program has a process in place to review and improve accuracy of data entry & collection</p>	<p>X</p>					<p>The YAP agency reviews data entry practices of internal YAP agency services delivery data requirements that are required to be submitted to their national headquarters for tracking weekly service delivery requirements and FNYFS NetMIS data entry requirements. The agency has an Administrative Manager that enters and monitors data entry for both entities. The data entered into NetMIS is reviewed monthly on or before the early month due date.</p>	
<p>There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.</p>	<p>X</p>					<p>The agency's Program Director is primarily responsible for overseeing the day to day operations of YAP Tampa's services delivery and performance. An interview with the Program Director revealed that the agency conducts regular staff meetings on a monthly basis. A review of the agency's monthly staff meeting minutes indicates that the Program Director reviews monthly CINS/FINS performance results that are also communicated to the agency staff. The agency provided copies of meetings conducted in 2021 in March, May, June, July and August as evidence.</p>	
<p>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.</p>	<p>X</p>					<p>The agency provided evidence of the internal tracking system called Evlov that monitors evidence of all documented services to each client and family. The agency also monitors Data Extracts of all major service deliverables required by the FNYFS on a monthly basis. The agency's Program Director is required to report and provide information on all areas of their contract where they are performing below the contract's minimally acceptable level of performance. An interview with the agency's Program Director revealed that the program was submitting updates on the progress of status of last year's corrective action plan that required updates to the FNYFS. The agency is required to send all reports related to their performance and the CINS/FINS contract to their Tri-State Regional Director and headquarters.</p>	

<p>There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.</p>		<p>X</p>				<p>The agency's PQI procedures also requires that the program director monitors and escalate the findings or low performance to the Southeast Regional Director as needed on a monthly basis. The agency has a process to review files and identify deficiencies. However, the agency does not provide information on whether the identified deficiencies have been addressed with the intervention for improvement and if it has been corrected.</p>	<p>Exception: The agency has a process to review files and identify deficiencies. However, the agency does not provide information on whether the identified deficiencies have been addressed with the intervention for improvement and if it has been corrected.</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>						<p>YES</p>	<p>Add any exceptions below:</p>
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>X</p>					<p>The agency conducts full screenings on each staff member's driving background record prior to hire to ensure that they have a clean driving record. A review of the current staff member files resulted in all staff having clean driving records.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>X</p>					<p>An interview with the agency's Program Director resulted in the agency informing the Reviewer that youth advocates have a valid driver's license and all staff members are covered under the YAP company insurance policy.</p>	
<p>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 3rd party is NOT present in the vehicle while transporting</p>	<p>X</p>					<p>An interview with the agency's Program Director informed the Reviewer that she must be aware of, or notified prior, to the practice of individual staff transporting a single client. The agency's practices include the criteria that will be utilized to determine approval for single transports. This policy applies to same sex and opposite sex youth and staff.</p>	

<p>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</p>	X					<p>An interview with the Program Director revealed that in the event that a 3rd party cannot be obtained for transport, the client's evaluations, history, personality, recent behavior and length of stay in the program indicates no inappropriate behavior is likely to occur. In addition, per the agency's policy a review of various indicators are considered including transporting employee's work performance and history, length of employment indicates no inappropriate behavior is likely to occur.</p>	
<p>The 3rd party an approved volunteer, intern, agency staff, or other youth</p>	X					<p>The agency's current transportation process involves the use of the staff member's personal vehicle. An interview with the Program Director found that the staff member must notify the Program Director prior to the practice of individual staff transporting a single client. All trip plans must be documented and include the destination and anticipated time of arrival. The agency has not had to transport youth for several months except for the Program Director.</p>	
<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>	X					<p>An interview with the Program Director found that the staff members document all sessions with clients in their client records. The YAP program requires that the staff member must document outings, date, time and destination. Staff members must also log all miles and passengers. A review of the current insurance indicates a total of five staff members and insurance information was found for each staff member.</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</p>						YES	<p>Add any exceptions below:</p>
<p>Rating Criteria</p>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

<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>	X					<p>The agency's Program Director and other designated staff participate in local DJJ board and council meetings to ensure CINS/FINS services are represented in local meetings. The agency attends scheduled local system partner meetings to inform these parties about their services to ensure a coordinated approach to increasing public safety by making the community aware of prevention services that work to reduce juvenile delinquency. Agency provided evidence of Case Staffing meetings that include minutes from December 2020, January, February, March and April 2021; Circuit 13 meeting minutes (March and May 2021); Community Alliance meeting June, May, April, March, February and January 2021; and Detention Advisory Board February 2021. The agency also provided evidence of NetMIS of documented events in March (4), April (3) and August (2) of 2021.</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>	X					<p>An interview with the Program Director indicated that the YAP agency utilizes the Program Director and other designated staff to attend all local system partner meetings.</p>	
<p>The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	X					<p>The agency provided evidence of existing community partners. The agency has memorandums of understanding agreements with Tampa Connect Group-TCG Works, Bay Area Youth Services, Hillsborough County Children's Services.</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</p>						YES	<p>Add any exceptions below:</p>
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

<p>Shelter youth: Eligibility screening is completed immediately for all shelter placement inquiries. If staff on duty cannot complete the screening, an on-call supervisor is contacted and eligibility is determined within 30 minutes from initial inquiry.</p>					X	<p>N/A This is not applicable due to the program being Non-Residential. This is only a community counseling program and does not qualify for shelter intakes.</p>	
<p>Community counseling: Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form</p>	X					<p>The reviewer viewed screenings and referrals for 5 out of 6 clients with accurate dates to match. The last file had attempted to meet these dates and is still satisfactory. The open case, JF, showed attempts by staff to complete a screening within the 3 business days but contact was not reached.</p> <p>Two secret shopper calls were made to YAP. Two of two calls resulted in an immediate screening and acceptance within 30 mins.</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>6 out of 6 files had documented Netmis Screenings showing dates within the expected time range.</p> <p>Two secret shopper calls were made to the program. One screening was entered into NETMIS within 72 hours of screening completion.</p>	<p>Exception: One of the secret shopper screenings was not entered into NETMIS within 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>6 out of 6 files had documentation stating parents and clients received a handbook that included all of the service options and rights and responsibilities. The handbook was reviewed by the reviewer.</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>6 out of 6 files included possible actions occurring through involvement with the agency and the grievance procedures. This was reviewed in the handbook given to clients.</p>	
						YES	

Provider has a written policy and procedure that meets the requirement for Indicator 2.02						If NO, explain here:	Add any exceptions below:
						The provider's policy and procedure for Needs Assessment #3.03 was last reviewed on 9/9/2021 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Completion of Needs Assessment							
Shelter Youth: Needs Assessment initiated within 72 hours of admission					X	N/A This is not applicable due to the program being Non-Residential. The agency only has a community counseling program and does not qualify for shelter youth.	
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					6 out of 6 files had Needs Assessments that were dated to be the same date as the screening within their first face to face interaction.	
Needs Assessment is conducted by a bachelor's or master's level staff member	X					6 out of 6 files had Needs Assessments that were completed and signed by a staff member with a bachelor's degree.	
Needs Assessment includes a supervisor's review signature upon completion	X					6 out of 6 files had supervisor signatures for all Needs Assessments.	
Suicide Risk as a Result of the Needs Assessment							
Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	X					Six (6) of the 6 files reviewed have evidence that none of the client identified have an elevated risk of suicide as a result of the Needs Assessment. The clients were screened for the potential of suicide risk on their intake assessment, however, none of the 6 files indicate a yes response to any of the suicide risk screening questions.	
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	Not applicable. No youth needed to be referred for an assessment.	
						YES	
						If NO, explain here:	

Provider has a written policy and procedure that meets the requirement for Indicator 2.03						The provider's policy and procedure for Case/Services Plans 4.04 were last reviewed on September 9, 2021 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	Add any exceptions below:
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					Six files were reviewed, three open and three closed. Six out of 6 files had Case Plans developed within 7 working days of the Needs Assessment. They were all completed the same day as the Needs Assessment.	
Case plan service Plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated		X				Five out of 6 files has persons responsible identified. Two out of 6 files has completion dates identified. Three out of 6 files has youth and parent signatures. Four out of 6 files had counselor signatures.	Exceptions: The agency is missing client and parent signatures on three files. Two files were missing counselor signatures. Completion dates are missing on four files, two of those being closed files and two being open files. The agency stated these were completed over teletherapy during Covid-19.
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				Five out of 6 files have documentation of a case plan review and revision.	Exception: One file out of 6 is missing the case reviews and revisions and is a closed case plan.
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES	Add any exceptions below:
						If NO, explain here:	
						The provider's policy and procedure for Case Management and Service Delivery #4.05 was last reviewed on September 9, 2021 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

Counselor/Case Manager is assigned	X					A total of six client files were reviewed. Applicable to all 6 client files that were randomly selected from the client roster of the previous 6 months (3 open and 3 closed). 6 of the 6 client files reviewed have evidence in the client file that each case had an assigned Counselor/Case Manager.	
<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit 		X				<p>Six of the six client cases reviewed had documented evidence that found referral needs were identified and coordinated to necessary services based upon the on-going assessment of the youth's/family's problems and needs. Six of the applicable client cases had evidence that the agency advocate coordinates service plan implementation. Six of the six client case files reviewed had evidence that case management services were provided as needed and progress is monitored and includes the following:</p> <ul style="list-style-type: none"> -All 6 applicable client files monitored the youth's and family's progress in services. -All 6 applicable files provided support for families. -None of the 6 files were applicable for monitoring out-of-home placement. -None of the 6 files were applicable for referrals to the case staffing committee. -None of the 6 files were applicable for accompanying the youth or parent to court hearings or appointments. -6 applicable files referred the youth/family for additional services when needed. -All 6 applicable files provided case monitoring and reviewed court orders where applicable -The three closed cases provided termination notes. -All three closed cases had exit follow-ups for 30 and 60 days. 	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X					There has been agreements with the local residential program and the local full service provider Hillsborough County Government.	
						YES	
						If NO, explain here:	

Provider has a written policy and procedure that meets the requirement for Indicator 2.05						The provider's policy and procedure for Counseling Services # 4.03 was last reviewed on September 9, 2021 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	Add any exceptions below:
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	X					All 6 client service plans and case progress notes had evidence of youth receiving counseling services as identified during the assessment process.	
Shelter Program							
Shelter programs provides individual and family counseling					X	The requirement is not applicable to Non-Residential providers (N/A). Not applicable due to being a community counseling program.	
Group counseling sessions held a minimum of five days per week					X	N/A. This program only serves non-residential youth. Not applicable due to being a community counseling program.	
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. This program only serves non-residential youth. Not applicable due to being a community counseling program.	
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					The YAP practice model utilizes mentoring, coaching and activities with each youth as the primary method of how services are provided by agency staff to youth. All 6 cases have documented evidence that these aforementioned activities are in client case file progress notes. All necessary presenting problems and needs had evidence that referrals were made provided to all 6 where applicable. YAP also has documentation for teletherapy services to clients.	
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				Coordination of services was observed in all 6 client files reviewed. Four out of 6 cases had case plan reviews documented.	Exceptions: Two cases were missing case plan reviews. One open case, Client KH, and one closed case, Client AG.					
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					Individual client records were maintained for all 6 client files reviewed.						
Case notes maintained for all counseling services provided and documents youth's progress	X					All 6 client files included case notes that document services provided including counseling services.						
On-going internal process that ensures clinical reviews of case records and staff performance	X					The YAP agency utilizes an internal tracking process to document and monitor mentoring, coaching and activities with each youth as the primary method of how services are provided by agency staff to youth.						
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						YES	Add any exceptions below:					
						If NO, explain here:						
						The provider's policy and procedure for Adjudication/Petition Process #2.06 was last reviewed on September 9, 2021 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.						
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable							
Case Staffing Initiation and Notifications												
If parent/guardian initiates, staffing is held within 7 days					X	N/A The guardian did not initiate the staffing.						
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 had one youth applicable to this requirement. There was documentation of communication from the program to the guardians of the youth with the dates noted.						
Case Staffing Committee												
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	X					In the one applicable file, there was documentation of a DJJ and CINS/FINS representative and a school district representative.						

<p>Other members may include: a. State Attorney's Office b. Others requested by youth/ family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative</p>	X					A DCF, State Attorney's Office, and Mental health representative were involved. There was documentation of getting a Substance abuse representative involved as well in the future.						
The program has an established case staffing committee, and has regular communication with committee members	X					Documentation was reviewed of community members communicating but no official committee documented.						
The program has an internal procedure for the case staffing process, including a schedule for committee meetings		X				There is a policy in regards to the procedure for a staffing committee. There is evidence of a schedule for committee meetings.						
As a result of the Case Staffing												
The youth and family are provided a new or revised plan for services		X				There was one applicable file that was reviewed.	Exception: There was no evidence of an updated Service Plan.					
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	X					There was one applicable file that was reviewed. There was no documentation of a report provided to guardian. There is documentation of attempts to contact mom and complete staffings with her involved.						
If applicable, the program works with the circuit court for judicial intervention for the youth/family	X					The one applicable file was reviewed and there was documentation of working with the circuit court for judicial intervention.						
Case Manager/Counselor completes a review summary prior to the court hearing	X					The one applicable file was reviewed and there was documentation of a statement to the court hearing.						
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</p>						YES	<p>Add any exceptions below:</p>					
						If NO, explain here:						
						<p>The provider's policy and procedure for Youth Records, #2.07, was last reviewed on 9/9/2021 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. An interview with the Program Director confirmed that the policy addresses the agency's youth records practice.</p>						

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable							
All records are clearly marked 'confidential'.	X					All records are marked "confidential" and kept in a secure room or locked in a file cabinet that is marked confidential which is accessible only to authorized program staff.						
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					An onsite review of the program was conducted. This onsite tour found that all files are maintained in a separate room and stored in 2 four drawer locking metal file cabinets that are marked confidential. Each cabinet is secured with a key lock.						
When in transport, all records are locked in an opaque container marked "confidential"	X					The agency utilizes a mobile file cabinet that is equipped with wheels and a collapsible pull handle. The mobile file cabinet is marked confidential, aluminum and has a locking mechanism to secure the files.						
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					A review of client files was conducted virtually. The agency provided scanned copies of a randomly selected number of client files. The client files reviewed contained a file format and copies of over 2 dozen client files. All files had major forms that included easy to review sections from screening, intake, assessment, service plan, progress notes and other documents.						
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</p>						YES	<p>Add any exceptions below:</p>					
						If NO, explain here:						
						<p>The provider's policy and procedure for FNYS policy #2.08 and YAP policy 5.08, was last reviewed on 9/9/2021 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. An interview with the Program Director confirmed that the policy addresses the agency's Policy for Youth Sexual Orientation, Gender Identity, Gender Expression practice.</p>						
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable							
<p>Use of youth's preferred name/ pronoun:</p> <p>a. Youth are addressed according to their preferred name and gender pronouns</p>						An interview was conducted with the agency's Program Director that informed the reviewer that the agency utilizes a therapeutic case planning process for all youth regardless of actual or perceived sexual orientation, gender identity, or gender expression.						

b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	X					The Director stated that all staff are trained and required when providing services to youth to use the youths' preferred names and gender pronouns and when documenting services, activities and events related to the youth.						
Youth in need of specialized support is referred to qualified resources (as applicable)					X	At the time of this program review, the agency did not have any youth that requested to be addressed by the agency as transgender, gay or non-gender identifying.						
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	At the time of this program review, the agency is a community counseling program and did not have any youth that met the SOGIE profile samples for this indicator.						
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					X	At the time of this program review, the agency is a community counseling program and did not have any youth that met the SOGIE profile samples for this indicator.						
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					An onsite tour of the agency was conducted by the reviewer. The agency had physical evidence of informing and alerting clients, families and system partners via postings that included the front door, exit door, information wall in the entry way, service counter (flag), and door knob hangers.						
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						YES	Add any exceptions below:					
						If NO, explain here:						
						The provider's policy and procedure for FNYS indicator #2.09 and YAP policy 4.121, was last reviewed on 9/9/2021 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator.						
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable							
Staff Secure												
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")					N/A	Due to this agency being a community counseling service provider, this indicator is not applicable.						

<p>Staff Secure policy and procedure outlines the following: a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare</p>					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
<p>Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services</p>					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
<p>Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift</p>					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
<p>Agency provides a written report for any court proceedings regarding the youth's progress</p>					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
<p>Domestic Minor Sex Trafficking (DMST)</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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
<p>Rating Criteria</p>	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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Services provided to these youth specifically designated services designed to serve DMST youth					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Domestic Violence							

Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")					N/A	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")					N/A	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	

Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Data entry into NetMIS and JJIS within (3) business days of intake and discharge					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
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	Due to this agency being a community counseling service provider, this indicator is not applicable.	
All case management and counseling needs have been considered and addressed					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements					X	Due to this agency being a community counseling service provider, this indicator is not applicable.	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")					N/A	This indicator is not applicable. The agency is not contracted to provide ICM services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth receiving services was court ordered					X	This indicator is not applicable. The agency is not contracted to provide ICM services.	

<p>Services for youth and family include: 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.</p>					X	<p>This indicator is not applicable. The agency is not contracted to provide ICM services.</p>	
<p>Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)</p>					X	<p>This indicator is not applicable. The agency is not contracted to provide ICM services.</p>	
<p>Case plan demonstrates a strength-based, trauma-informed focus</p>					X	<p>This indicator is not applicable. The agency is not contracted to provide ICM services.</p>	
<p>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</p>					X	<p>This indicator is not applicable. The agency is not contracted to provide ICM services.</p>	
<p>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</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”)			NO			There are no eligible items to review. There were no cases since the last QI visit.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating			X			There are no eligible items to review. There were no cases since the last QI visit.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office			X			There are no eligible items to review. There were no cases since the last QI visit.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program			X			There are no eligible items to review. There were no cases since the last QI visit.	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning			X			There are no eligible items to review. There were no cases since the last QI visit.	
Group Sessions:						There are no eligible items to review. There were no cases since the last QI visit.	

<p>a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence</p> <p>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>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			There are no eligible items to review. There were no cases since the last QI visit.	
<p>2.10: STOP NOW AND PLAN (SNAP)</p>								
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</p>						<p>YES</p>		<p>Add any exceptions below:</p>
						<p>If NO, explain here:</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>SNAP Clinical Groups</p>								
<p>Youth are screened to determine eligibility of services</p>	X						The agency provided a roster of twenty-four SNAP clients. For the purposes of this review a total of 6 randomly selected SNAP client files were conducted. All 6 client files were reviewed and were screened and determined to be eligible to be SNAP program clients.	
<p>Needs assessment is completed at initial intake, or within two face-to-face sessions</p>	X						All 6 SNAP client files had completed Intake forms. All 6 Intake forms contained evidence of initial Intake forms that were completed at the first session. The agency actually completes the majority of forms following the screening to determine eligibility.	
<p>SNAP Assessments</p>							A total of 6 client files were reviewed and contained	

<p>a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)</p> <p>b. Teacher Report Form (TRF) completed by the teacher (pre & post)</p> <p>c. Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post)</p> <p>d. Prevention Assessment Tool (PAT) (pre & post)</p> <p>There must be at least three (3) documented attempts in the youths' file to obtain all pre-assessment (listed above) information.</p>	X					<p>evidence of a Child Behavior Checklist (CBCL) that are completed by the caregiver (pre & post); a Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post); and a Prevention Assessment Tool (PAT) (pre & post); All Teacher Report Forms were not found and were not being completed at this time due to COVID-19 contact restrictions by the local school system.</p>	
<p>SNAP discharge report summary</p>	X					<p>A total of 5 of the 6 client files have applicable discharge status client files. A review of these 5 files contained evidence of a SNAP Discharge Report Summary that is completed by the agency. One client file is an active case and is still being provided services. The said case is not scheduled to discharge until December 2021</p>	
<p>SNAP Boys/SNAP Girls Parent Group Evaluation Form</p>	X					<p>All SNAP Girls Parent evaluation forms have evidence of a copy in the file as required.</p>	
<p>SNAP Boys/SNAP Girls Child Group Evaluation Form</p>	X					<p>All SNAP Boys Parent evaluation forms have evidence of a copy in the files as required.</p>	
<p>SNAP for Schools & Communities</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>All cycles conducted outside of the school setting is reviewed by the Florida Network prior to the facilitation of services.</p>	X					<p>All applicable client files had evidence that all cycles were conducted outside of the school setting are reviewed by the Florida Network prior to the facilitation of services.</p>	

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					A total of 5 of the 6 client files have applicable discharge status client files. A review of these 5 files contained evidence of client file group information including ages, general group information and verification of the group trainer.	
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					A review of the SNAP files revealed documented evidence of the program conducting weekly sessions over a 13 week period in 5 of the 6 client files. One client file is an active case and is still being provided services. The said case is not scheduled to discharge until December 2021.	
“Class Goal” sheet	X					All client files had evidence of Goal sheets that were completed through the latest date of service delivered by YAP staff.	
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.	X					A review of SNAP client files revealed documented evidence of the program conducting required test to identify baseline and treatment outcomes of reported classroom dynamics.	
Pre and Post Evaluations	X					All applicable closed files (5) contained evidence of Pre and Post evaluation documentation as required.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	X					A total of 5 of the 6 applicable files contained evidence of a multi-week checklist of 1-13 weeks of activities that were conducted in various formats (combination of in person and virtual due to COVID-19 precautions).	