



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



**PREVENTION CENTRAL**

**1100 W Sunrise Boulevard  
Fort Lauderdale, FL 33311**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Modified Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Prevention Central CINS/FINS program for the FY 2021-2022 at its program office located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. Prevention Central, formerly Mount Bethel Human Services Corporation, is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct community-based 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 1, 2021 through June 30, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and DJJ Peer Reviewer. Agency representatives from Prevention Central present for the entrance interview were: Tierra Smith, Executive Director; Terence Washington, CINS/FINS & FYRAC Director; and case managers Ronald Thimothée, Rose Dorvilus, and Ariel Boucard (SNAP). The last onsite QI visit was conducted October 28, 2020.

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

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

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

Report Number: CM 3-30-2021-2022

<b>Agency Name: Prevention Central</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): March 30, 2022</b>		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b> Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
<b>I. Administrative and Fiscal</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 \$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>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D – Prevention Central provided a certificate of liability insurance that included: Commercial Liability Insurance with Western World Insurance with a limit of \$1,000,000 per occurrence (exceeds minimum), and \$2,000,000 policy aggregate (exceeds minimum), effective through 7/26/2022.  Automobile Liability Insurance through Western World Insurance Co. with a combined single limit of 1,000,000 (exceeds minimum) effective until 7/26/2022.  Director and Officer/Employment Practice Data Security Insurance through United States Liability Insurance Co. with a limit of 1,000,000 effective through 7/26/2022.	

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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 (List Who and What)	<b>Notes</b> <b>Explain Unacceptable or Conditionally Acceptable:</b> <b>(Attach Supportive Documentation)</b>
						Workers Compensation Insurance through Associated Industries Insurance Company Inc. with a \$100,000 limit per accident /per employee and \$500,000 policy limit effective 10/26/2021-10/26/2022.  The Florida Network is listed on the Certificate of Liability Insurance as certificate holder.	
<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"/>	D - The agency maintains accounting policies and procedures in place that were last reviewed July 2021. The procedures include accounting principles and procedures, payroll procedures, cash receipts, cost allocations, reserves and designated funds, and budgeting. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls.	
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"/>	I -N/A Per the executive director, the CINS/FINS program does not utilize petty cash.	

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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 (List Who and What)	<b>Notes</b> <b>Explain Unacceptable or Conditionally Acceptable:</b> <b>(Attach Supportive Documentation)</b>
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Not Applicable</b> Per Program Director, the agency has not purchased any FN inventory or item amounting to more than \$1000 since the last QI visit.	
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Financial audit conducted for year ending June 30, 2021, was completed by BAS Partners LLC, Certified Public Accountant, on January 10, 2022. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor.	

## CONCLUSION

Prevention Central has met the requirements for the CINS/FINS contract as a result of full compliance with three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators were not applicable as follows: 1) the provider did not have any inventory purchased with FN/DJJ funds, and 2) the program does not utilize petty cash. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

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



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

Review of Prevention Central - Fort Lauderdale  
CINS/FINS Program

DATE: March 30, 2022

Compliance Monitoring Services Provided by



## CINS/FINS Rating Profile

### Standard 1: Management Accountability

<b>1.01 Background Screening</b>	<b>Satisfactory</b>
<b>1.04 Training Requirements</b>	<b>Satisfactory</b>
<b>1.06 Client Transportation</b>	<b>Not Applicable</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>2.03 Case/Service Plan</b>	<b>Satisfactory</b>
<b>2.04 Case Management &amp; Service Delivery</b>	<b>Satisfactory</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 %**

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**Rating Definitions**

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

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

**Reviewers**

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services  
 Teves Bush – Regional Monitor, Department of Juvenile Justice

**Methodology**

This modified review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused in particular areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (effective January 2022).

**Persons Interviewed**

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

**Documents Reviewed**

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input checked="" type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	<input type="checkbox"/> Grievance Process/Records	<b>0</b> # Health Records
<input type="checkbox"/> Logbooks	<input type="checkbox"/> Key Control Log	<b>0</b> # MH/SA Records
<input type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Fire Drill Log	<b>5</b> # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<b>4</b> # Training Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<b>4</b> # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input type="checkbox"/> Program Schedules	<b>2</b> # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/> # Other: ____
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	

**Surveys**

<b>0</b> Youth	<b>5</b> Direct Care Staff	<b>0</b> # Other: ____
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**Observations During Review**

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

**Comments**

Due to COVID-19, this review was on-site using the modified QI Review plan.

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

Prevention Central, formerly Mount Bethel Human Services Corporation (MBHSC), is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to provide non-residential services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program in Broward County. The program is located at 1100 W. Sunrise Boulevard, Fort Lauderdale, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP Clinical Group and SNAP in School programs.

Since the last onsite QI review on October 28, 2020, the program experienced a change in leadership. Due to unforeseen circumstances, the former executive director, Dr. Rosby Glove separated 2/28/2021. The current position is filled by Tierra Smith who transitioned into the role immediately. The agency also employed a new FYRAC Case Manager, a new CINS FINS Case Manager, and a new SNAP Case Manager.

The current facility used for staff offices was reduced by the program but offers adequate room for staff as well as space to operate a food pantry and distribute food to the community on a weekly basis. The food pantry is a natural outreach activity that provides a valuable food service to the local community and brings awareness to the agency and program services.

As a result of the Covid-19 pandemic, whenever necessary or as required by parent/guardian, parental consent for services is obtained electronically via text/email and intake may be conducted virtually; however, most intakes are conducted face-to-face. Outreach efforts are resuming in person and program staff communicates with school social workers and other agencies and participate remotely in DJJ Circuit meetings through Zoom.

Narrative Summary

Prevention Central is under the leadership of an Executive Director, a Director of CINS/FINS and FYRAC, and SNAP Coordinator. The CINS/FINS program is staffed with two case managers, one of which is multi-lingual. No current staff vacancies were reported at the time of the QI visit.

The overall findings for the QI Review for Prevention Central are summarized as follows:Standard 1

Three indicators were reviewed for this standard 1; Indicator 1.01, indicator 1.04, and indicator 1.06. Two of the indicators 1.01 and 1.04 were rated satisfactory; however, indicator 1.01 was found to have exceptions due to hiring of a new staff prior to completion of background screening and pre-employment assessment. Indicator 1.06 is not applicable as Prevention Central does not allow staff to transport youth/family.

Standard 2

Two indicators were reviewed for standard 2, indicator 2.03 and 2.04. Both indicators were rated satisfactory with no exceptions.

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

Prevention Central did not receive a limited or failed rating as a result of the QI review.

**CINS/FINS QUALITY IMPROVEMENT TOOL**

<b>Quality Improvement Indicators:</b> Add an "X" in the applicable column  <i>Satisfactory</i> <i>Non-Compliant (E.g. Exceptions)</i> <i>No Eligible Items for Review</i> <i>No Practice</i> <i>Not Applicable</i>	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	<b>Review Based Upon Document Source</b> <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i>	<b>Notes</b> Explain any items that have any deficiencies, exceptions or are not applicable.
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	<b>YES</b>						
	If NO, explain here:						
	The program has a written policy and procedures PC1.01 that was reviewed by the executive director on 9/1/21.						
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				The agency uses the Avatar pre-employment suitability assessment. The program has been using the tool since September 2018 and has established a pass rate of 70%. The Avatar was administered prior to the hiring of three of the four new staff; all staff received a passing score. The fourth staff was originally hired as a part time SNAP facilitator in January 2021 but did not complete the Avatar assessment until July 2021, prior to switching to SNAP case manager position on 8/2/21.	Exception One staff was hired 1/19/21 but did not complete the Avatar assessment until 7/30/21, after their hire date.
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				A total of four eligible background screening files were reviewed for staff hired since the last onsite QI review. The background screenings were submitted prior to hire date for three of the four staff.	Exception The background screening results for one staff hired 1/19/21 was not completed until 1/27/21 after their 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			None of the new staff was reemployed by the agency.	
Five-year re-screening completed every 5 years from initial date of hire	X						There was one staff eligible for 5-year re-screening during the review period. There was evidence of DJJ Clearinghouse valid retained prints through 11/23/2026.	
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 of Compliance with Good Moral Character was submitted to the Department of Juvenile Justice Background Screening Unit on December 5, 2021 with email confirmation of receipt by DJJ BSU prior to the January 31, 2022 deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X						E-verify and proof of employment authorization is on file in the four employees' HR file.	
<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:	
							The program has a written policy and procedures PC1.04 that was reviewed by the executive director on 9/1/21.	
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. (Staff hired before January 1 <sup>st</sup> were required to complete no later than December 31, 2020)	X						The program has two new employees since the last review. The two staff completed the DOJ Civil Rights training within 30 days of hire.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	X						Both completed all required training during the first 90 days of employment.	

Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)						
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	N/A for community counseling programs
Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).					X	Not applicable
In-Service Direct Care Staff						
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					Two in-service training records were reviewed and verified each received the required training and an excess of twenty-four hours of in-service training.
Required Training Documentation						
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	X					The program maintains individual training files for each employee, which include annual employee training log with cumulative hours and related documentation such as certificates, sign-in sheets, and agendas for trainings completed.
Provider has a written policy and procedure that meets the requirement for Indicator 1.06					YES	
					If NO, explain here:	
					The program has a written policy and procedures PC1.06 that was reviewed by the executive director on 9/1/21.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X	Per agency policy PC 1.06, Prevention Central does not permit staff to transport youth/families.
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					X	Not applicable

Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 <sup>rd</sup> party is NOT present in the vehicle while transporting					X	Not applicable	
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior					X	Not applicable	
The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth					X	Not applicable	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.					X	Not applicable	
<b>Standard Two – Intervention and Case Management</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<b>YES</b>	
						If NO, explain here:	
						The program has a written policy and procedures PC2.03 that was reviewed by the executive director on 9/1/21.	
<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/Service plan is developed within 7 working days of NIRVANA	X					A review of six youth case records included four closed and two open youth records. All six records contained a service plan completed within seven days of admission.	
<b>Case plan service Plan includes:</b>  1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA  2. Service type, frequency, location  3. Person(s) responsible  4. Target date(s) for completion and Actual completion date(s)	X					A review of six youth service plans indicated each service plan was individualized and prioritized needs identified by NIRVANA. Further review of the plans show they included service type, location of service, frequency of service, person responsible, target dates for completion, accurate completion dates, and date plan was initialized. Two plans were signed in person by the youth, parent/ guardian, counselor and supervisor. Four plans were reviewed and approved virtually with consent from the parent due to COVID noted in the case notes.	

<p>5. Signature of youth, parent/ guardian, counselor, and supervisor</p> <p>6. Date the plan was initiated</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>A review of six youth case records verified four closed records contained documentation of case service plans reviews every thirty days for the first three months. The two open youth case records contained documentation applicable thirty day service plan review was conducted. No further reviews were required due to the youth being in the program less than sixty days. None of the reviewed records were applicable for needing a review over ninety-days.</p>							
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b></p>						<p><b>YES</b></p>							
												<p>If NO, explain here:</p>	
												<p>The program has a written policy and procedures PC2.04 that was reviewed by the executive director on 9/1/21.</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>A review of six youth case records which included four closed records and two open youth records verified each youth was assigned a counselor upon admission.</p>							



<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> <li>1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>2. Coordinates service plan implementation</li> <li>3. Monitors youth's/family's progress in services</li> <li>4. Provides support for families</li> <li>5. Monitors out-of-home placement (if necessary)</li> <li>6. Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>7. Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>8. Refers the youth/family for additional services when appropriate</li> <li>9. Provides case monitoring and reviews court orders</li> <li>10. Provides case termination notes</li> <li>11. Provides follow-up after 30 days of exit</li> <li>12. Provides follow-up after 60 days of exit</li> </ol>	<p><b>X</b></p>					<p>All six case records indicated the assigned counselor coordinated referrals for services based on the youth's on-going assessment, implemented service plan coordination, monitored youth and family progress in services, provided support to the youth and family, made necessary referrals to address issues and needs of the youth and family, made accommodations for the youth and parent/ guardian for court appearances, and provided case monitoring. None of the youth required monitoring for out-of-home placement. Four youth closed records were reviewed and each contained documentation case service plans were reviewed every thirty and sixty days after the youth's exit from the program.</p>	
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p><b>X</b></p>					<p>The program maintains a list of providers including written agreements to partner within the community. An example of the agencies are: OIC of South Florida, Career Source of Broward County, Upchurch Management, Bethel Elementary School, Florida Atlantic University, and Global Orphan Project.</p>	