



**Florida Network for Youth and Family Services
Compliance Monitoring Report for
Thaise Educational and Exposure Tours – Orlando**

**927 Goldwyn Ave, Suite 213
Orlando, FL 32805**

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 Thaise Educational and Exposure Tours (TEET) – Orlando for the FY 2021-2022 at its program office located at 927 Goldwyn Avenue, Suite 213, Orlando, FL 32805. 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. Thaise Educational and Exposure Tours (TEET) – Orlando is contracted with FNYFS to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 1, 2021 through June 30, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and DJJ Peer Reviewer. Agency representatives from Thaise Educational and Exposure Tours (TEET) – Orlando present for the entrance interview were: Fatima Rodgers, Program Manager, and Marisol Torres, Data Clerk. The last QI visit was conducted on February 3, 2021.

In general, the Reviewer found Thaise Educational and Exposure Tours (TEET) – Orlando is in compliance with specific contract requirements. **Thaise Educational and Exposure Tours (TEET) – Orlando received an overall compliance rating of 100% for achieving full compliance with three applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions or recommendations made as a result of the contract 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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 05-18-2021-2022

Agency Name: Thaise Educational and Exposure Tours (TEET) – Orlando					Monitor Name: Marcia Tavares, Lead Reviewer						
Contract Type: CINS/FINS					Region/Office: 927 Goldwyn Ave., Ste. 213, Orlando, FL 32805						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): May 18, 2022						
Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; background-color: red; color: white; text-align: center; padding: 5px;">Unacceptable</td> <td style="width: 15%; background-color: yellow; text-align: center; padding: 5px;">Conditionally Unacceptable</td> <td style="width: 15%; background-color: black; color: white; text-align: center; padding: 5px;">Fully Met</td> <td style="width: 15%; background-color: green; text-align: center; padding: 5px;">Exceeded</td> <td style="width: 15%; background-color: blue; color: white; text-align: center; padding: 5px;">Not Applicable</td> </tr> </table>							Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable
Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable							
I. Administrative and Fiscal											
Limits of Coverage 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. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through United States Liability Company. The limits of coverage include \$1,000,000 each occurrence/ \$2,000,000 aggregate; \$1,000,000 personal injury; \$100,000 damage to rented property; \$5,000 medical expenses (any one person); \$100,000/200,000 abuse coverage each/aggregate; effective 03/01/2022-03/01/2023 Professional Liability through United States Liability Company. The limits include coverage of \$1,000,000 each and \$2,000,000 each occurrence; effective dates 03/01/2022-03/01/2023.	No recommendation or Corrective Action.				

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Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): May 18, 2022		
	Explain Rating						
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						Auto Insurance is provided through Progressive Commercial Insurance Company, with limits of coverage for bodily injury \$250,00 each person and \$500,00 each accident; property damage \$100,000 each accident; effective 02/05/2022 -02/05/2023. The Florida Network is listed as Certificate Holder.	
Fiscal Practice 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"/>	Documentation: General program and fiscal policies and procedures are maintained in the agency's Accounting Policies and Procedures Manual that provide for limited internal controls. The Accounting Policies and Procedures were last reviewed during fiscal year FY 2020-2021.	No recommendation or Corrective Action.
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Documentation/Interview: The provider does not use petty cash for program related purchases. The fiscal manual includes procedures for petty cash in the event the agency	No recommendation or Corrective Action.

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Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						decides to use petty cash in the future.	
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"/>	Interview: The agency maintains and inventory list for TEET Orlando. However, as of the date of the review, no equipment purchases were made with DJJ funds for FY 2021-2022.	No recommendation or Corrective Action.
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interview: The annual expenses for the agency are not greater than \$750,000. The agency is not required to submit an annual Single audit from an outside agency. No Management Letter is applicable or required.	Not Applicable

CONCLUSION

Thaise Educational and Exposure Tours (TEET) – Orlando 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 indicators were not applicable because: 1) the provider does not currently use petty cash, and 2) TEET is not required to submit a Single Audit as it does not meet the required criteria. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Educational and Exposure Tours (Orlando)
Community Counseling Program

May 18, 2022

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.04 Training Requirements	Satisfactory
1.06 Client Transportation	Satisfactory

Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	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: 100%
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective 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 Service
 Bonita Williams – 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 checked="" type="checkbox"/> Chief Executive Officer	Case Manager	Nurse – Full time
<input type="checkbox"/> Chief Financial Officer	Counselor Non-Licensed	Nurse – Part time
<input type="checkbox"/> Chief Operating Officer	Advocate	# Case Managers
<input type="checkbox"/> Executive Director	Direct – Care Full time	# Program Supervisors
<input type="checkbox"/> Program Director	Direct – Part time	# Food Service Personnel
<input checked="" type="checkbox"/> Program Manager	Direct – Care On-Call	# Healthcare Staff
<input type="checkbox"/> Program Coordinator	Intern	# Maintenance Personnel
<input type="checkbox"/> Clinical Director	Volunteer	# Other (listed by title): ___
<input type="checkbox"/> Counselor Licensed	Human Resources	

Documents Reviewed

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

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

Surveys

0 # of Youth	1 # of Direct Staff	# of Other	
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Comments

Due to COVID-19, this review was conducted onsite 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/or community counseling services.

Strengths and Innovative Approaches

Thaise Educational and Exposure Tours, Inc. (TEET) is a non-profit organization contracted with the Florida Network of Youth and Family Services to work with at-risk youth and their families through the Children in Need of Services & Families in Need of Services (CINS/FINS) Program. The program focuses on at-risk youth from the ages of 6-17 years old who may have behavioral and/or academic concerns that meet the eligibility requirements of the program. Thaise Educational & Exposure Tours, Inc. Orlando's office had several changes and highlights for FY 2021-2022.

Program Highlights

- Hired a new Data Clerk June 2021
- Hired two (2) new case managers
- Moved into a new office location (Suite # 213, within the same building)

Staff Highlights

- Conducted outreach with outside agencies
- Obtained partnership agreements from outside organizations
- Attended all necessary trainings
- Case Manager awarded 'youth gaming system' for job well done

Client Highlights

- Several youths completed 12 weeks of Life Skills/Anger Management/Impulse Control, and successfully completed probation
- 2 Youth successfully completed Highschool
- 4 Youth gained part time employment over the summer of 2021

Narrative Summary

TEET has an Executive Director/CEO who oversees all three locations that the program operates in St. Petersburg, Jacksonville, and Orlando. TEET Orlando is located at 927 South Goldwyn Avenue, Suite 213, Orlando, FL 32805 and serves youth and families in Orange County. The services offered include mentoring, case management, educational assistance, college and exposure tours, speaker's bureau, enrichment classes, career guidance, assistance with college and financial aid applications, and shelter or respite care referrals.

The TEET Orlando program has a program manager who manages the day-to-day operations of the program at that location. There are three contracted case managers who are all Bachelor level certified staff that provide non-residential services to youth and their families. The program also recently contracted a Data Clerk to assist with administrative and data entry duties.

The overall findings for the QI Review for Thaise Educational and Exposure Tours (Orlando) are summarized as follows:

Standard 1

Three indicators were reviewed for this standard. All three indicators rated Satisfactory; however, indicator 1.04 was found to have exceptions because two first year staff did not complete all required training due within 90 days of hire.

Standard 2

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

Summary of deficiencies resulting in Limited or Failed rating (if applicable):

None of the indicators reviewed were rated Limited or Failed.

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CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators: Add an "X" in the applicable column	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable.
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 If NO, explain here: The agency has the required policy and procedure 5.03 that was last reviewed and approved October 10, 2021 by Thaise board members and CEO.	
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 total of three staff were hired since the last Quality Improvement (QI) review. The agency uses the Human Resources (HR) Avatar pre-employment tool with a passing score greater than 50. The tool was administered prior to hire for all three new staff who obtained passing scores.	
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					All three new staff hired received eligible background screening results prior to their hire dates.	
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 were previously employed by the agency.	

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Five-year re-screening completed every 5 years from initial date of hire			X			There were no staff due for a 5-year rescreening during this 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					The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via fax to the Background Screening Unit (BSU) on 1/27/2022 as evidenced by date recorded on the BSU Good Moral Character Affidavit checklist for 2021-2022 accessed by DJJ reviewer.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Documentation of approval of E-Verify work eligibility by the Department of Homeland Security was provided for the three new staff hired.	
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	
						If NO, explain here:	
						The agency has the required policy and procedure 6.4 that was last reviewed and approved October 10, 2021 by Thaise board members and CEO.	
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					Training records for two applicable first year staff were reviewed. Both staff completed the DOJ Civil Rights and Federal Funds training within 30 days of hire.	

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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>Training records reviewed for two first year staff indicate both had been employed for more than 90 days but did not complete all required training during the required timeframe. The CEO stated one training topic, Motivational Interviewing, was not offered between August and November for the Orlando region during the required timeframe from when the two staff were hired.</p>	<p>Exception Two applicable first year staff did not complete Motivational Interviewing and Cultural Humility in the first 90 days of hire. One staff was missing first aid training, and one staff was late completing DJJ SkillPro Suicide Awareness training.</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>Not applicable for community counseling programs.</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>Not applicable.</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 two applicable in-service staff training files reviewed. Both staff completed the required annual trainings and documented more than 24 hours of training for the year.</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>All four training files reviewed were maintained in binders individualized for each staff. Each binder included a training log that lists all training topics completed as well as dates and hours completed. Training files also included training certificates, supporting documents, and/or training transcripts.</p>	
						<p>YES</p>	

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<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>						<p>If NO, explain here:</p>	
						<p>The agency has the required policy and procedure 5.7 that was last reviewed and approved October 10, 2021 by Thaise board members and CEO.</p>	
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	X					<p>The program maintains a list of staff approved to transport youth in agency, rental, or approved vehicle.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	X					<p>Staff who are approved to transport youth have a valid Florida driver's license and are covered under the agency's commercial auto insurance coverage. Coverage is provided by Progressive commercial and lists seven program staff including all staff at the Orlando program location.</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>	X					<p>The program's transportation policy prohibits transporting a youth alone. Per the policy, single youth transport is not allowed.</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>The program has not transported any youth without a third party during this review period.</p>	
<p>The 3rd party an approved volunteer, intern, agency staff, or other youth</p>			X			<p>The program has not transported any youth during this review period.</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>The program has not transported any youth during this review period. However, there are Transportation Logs in place and available for use in the event a youth needs to be transported. The logs have places for all required information to be documented.</p>	
<p>Standard Two – Intervention and Case Management</p>						<p>YES</p>	
						<p>If NO, explain here:</p>	

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Provider has a written policy and procedure that meets the requirement for Indicator 2.03						The agency has the required policy and procedure 4.03 that was last reviewed and approved October 10, 2021 by Thaise board members and CEO.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case/Service plan is developed within 7 working days of NIRVANA	X					A total of six youth records were reviewed, three open and three closed. All six case plans were developed within 7 working days of completion of four needs assessments and two Nirvana assessments.	
Case plan service Plan includes: 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) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated	X					The Case Plans for all six records included all required elements. Due to COVID-19, the youth, parent/guardian, program staff reviewed the case plans remotely; therefore, youth and parent/guardian signatures were E-signed and the remaining parties signed the case pans.	
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					Each of the six youth records included documentation the program conducted reviews every thirty days.	
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES If NO, explain here: The agency has the required policy and procedure 4.04 that was last reviewed and approved October 10, 2021 by Thaise board members and CEO.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	X					Each of the six files reviewed showed a case manager was assigned to the youth.	

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<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 	<p>X</p>					<p>A review of six youth records were reviewed (three open and three closed) for referrals and follow-up services. None of the youth were applicable for out-of-home placement, and services related to court orders. One of the six youth had an additional referral for services. The case plan notes include documentation of communication between the youth, parent/guardian and program staff. The three closed records included documentation the program completed thirty and sixty-day follow-up after the exit or completion of the program.</p>	
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>X</p>					<p>The agency has five Interagency Agreements with community partners to provide a comprehensive referral process.</p>	