Florida Network for Youth and Family Services
Compliance Monitoring Report for

BOYS TOWN

975 Oklahoma Street
Oviedo, FL 32765

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 the Boys Town CINS/FINS program for the FY 2021-2022 at its program office located at 975 Oklahoma Street, Oviedo, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Boys Town is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance, and are funded with General Revenue Funds effective for July 2021 through June 30, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from Boys Town present for the entrance interview were: Laurie Stern, Executive Director, Telma Favors, Senior Director of Program Operations; Catherine Melendez, Financial Officer; Rochelle Davis, Program Support Services Coordinator; Erica Vagle, Program Director (IHFS); Al McCray, Program Director; Melissa Quinn, Clinical Support Manager; Tonya Zelk, Compliance Specialist; Carmen Rodriguez, Business Manager; Consultants; and Administrative Assistant. The last onsite QI visit was conducted February 3, 2021.

In general, the Reviewer found that Boys Town is compliant with specific contract requirements. **Boys Town received an overall compliance rating of 100% for achieving full compliance** with all five 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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 03-23-2021-2022

Agency Name: Boys Town	**Monitor Name: Marcia Tavares, Lead Reviewer**
Contract Type : CINS/FINS	**Region/Office: 975 Oklahoma Street, Oviedo, FL**
Service Description: Comprehensive Onsite Compliance Monitoring	**Site Visit Date(s): March 23-24, 2022**

Major Programmatic Requirements	Explain Rating: 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)
I. Administrative and Fiscal							
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 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	☐	☐	☒	☐	☐	General Liability through Philadelphia Indemnity Insurance Company, for limits of coverage $1,000,000 each $3,000,000 aggregate, and medical expense for $5,000, effective 9/01/2021 through 10/01/22. Automobile insurance through Philadelphia Indemnity Insurance company for combined limits of liability/property damage for $1,000,000. Policy effective date 9/01/2021 through 10/01/22. Workers Compensation through Sentry Casualty Company with limits of $1,000,000 each/aggregate, effective 12/31/2021 – 12/31/2022. Umbrella liability through Philadelphia Indemnity Insurance Company with	

Agency Name: Boys Town	Monitor Name: Marcia Tavares, Lead Reviewer
Contract Type : CINS/FINS	Region/Office: 975 Oklahoma Street, Oviedo, FL
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): March 23-24, 2022

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)
	Explain Rating						
medical payments or $5,000-$10,000 per person. Florida Network is listed as payee or co-payee. **PTV**						limits of $10,000,000 each/aggregate, effective 9/01/2021 through 10/01/22. E&O – MPL – Primary through Philadelphia Indemnity Insurance Company for Professional Liability of $1,000,000 each and $3,000,000 aggregate, effective 9/01/2021 through 10/01/22. Florida Network is listed as the certificate holder.	
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**	☐	☐	☒	☐	☐	The agency maintains Accounting Policies and Procedures in place for: fiscal management, cash, petty cash, support, program service fees, revenue, and receivables, expenses for program and supporting services and accounts payable, payroll and related liabilities, governmental financial assistance programs, property and equipment, debt and other liabilities. The procedures reviewed appear to be consistent with	

Agency Name: Boys Town	Monitor Name: Marcia Tavares, Lead Reviewer
Contract Type : CINS/FINS	Region/Office: 975 Oklahoma Street, Oviedo, FL
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): March 23-24, 2022

Major Programmatic Requirements	Explain Rating: 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)
						GAAP and provide for sound internal controls and review dates are indicated for each procedure.	
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**	☐	☐	☒	☐	☐	Boys Town has procedures for petty cash. Petty cash is stored in a locked box in the Supervisors office. All receipts are submitted for accounting and requesting reimbursement as needed and the fund is reconciled. Reimbursement comes in the form of a check made out to the Program Director who will then cash it and place money in petty cash box. The fund does not exceed $130. Petty cash was reconciled with the reviewer during the visit. In addition to petty cash, Supervisors and 3 of 4 Senior YCWs have purchasing cards.	
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	☐	☐	☒	☐	☐	Documentation: No new inventory was purchased in the past year. However, Boys Town maintains an inventory list of items purchased with DJJ funds. These	

Agency Name: Boys Town	Monitor Name: Marcia Tavares, Lead Reviewer
Contract Type : CINS/FINS	Region/Office: 975 Oklahoma Street, Oviedo, FL
Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): March 23-24, 2022

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)
equipment an Informational Resources Request (IRR) been submitted to DJJ. **PTV/ON SITE**						items include 3 Surface Pro Laptops purchased in May 2016; inventory numbers are on file for each.	
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**	☐	☐	☒	☐	☐	Documentation: Financial audit conducted as of December 31, 2020 was completed by KPMG LLP in a letter dated June 3, 2021. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor.	

CONCLUSION

Boys Town has met the requirements for the CINS/FINS contract as a result of full compliance with all five indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Consequently, t**he 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 majority all of 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 Boys Town - Oviedo, Florida
CINS/FINS Program

DATE: March 23-24, 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	**Not Applicable**

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

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	**Satisfactory**
3.06 Staffing and Youth Supervision	**Satisfactory**

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

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	**Limited**
4.03 Medications	**Satisfactory**

Percent of indicators rated Satisfactory: 50 %
Percent of indicators rated Limited: 50 %
Percent of indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 88.89 %
Percent of indicators rated Limited: 11.11 %
Percent of indicators rated Failed: 0 %

Rating Definitions

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

Rating	Definition
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
Tamara Mahl-Adkins – Regional Monitor, Department of Juvenile Justice

Methodology

This modified review was conducted in accordance with FDJJ-1720 (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

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

Documents Reviewed

	Accreditation Reports	X	Table of Organization		Visitation Logs
X	Affidavit of Good Moral Character	X	Fire Prevention Plan	X	Youth Handbook
X	CCC Reports		Grievance Process/Records		# Health Records
X	Logbooks		Key Control Log	4	# MH/SA Records
	Continuity of Operation Plan	X	Fire Drill Log	10	# Personnel /Volunteer Records
X	Contract Monitoring Reports		Medical and Mental Health Alerts	6	# Training Records
	Contract Scope of Services	X	Precautionary Observation Logs	5	# Youth Records (Closed)
X	Egress Plans	X	Program Schedules	1	# Youth Records (Open)
X	Fire Inspection Report		List of Supplemental Contracts		# Other: ___
	Exposure Control Plan		Vehicle Inspection Reports		

Observations During Review

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

Surveys

5	# of Youth	18	# of Direct Staff		# of Other	

Comments

Due to COVID-19, this review was conducted **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

Boys Town of Central Florida (Boys Town) is located in Oviedo, Florida. The program is an affiliate of its national non-profit agency Father Flanagan's Boys Home with headquarters located in the Village of Boys Town, Omaha, Nebraska. Boys Town provides a variety of services from its main campus as well as in the surrounding community. Services include intervention and assessment; treatment family homes; in-home family services (IHFS); a national hotline; free online resources; parenting; project Safe Place; a comprehensive behavioral health clinic; and behavioral assessments. Community support services enable children and parents to tap into a wide variety of resources from agency experts or through direct specialized services. The Boys Town National Hotline® (800-448-3000) is a free resource and counseling service that assists youth and parents 24/7, year-round, and nationwide. Boys Town Press® produces books, audio products, DVDs, display materials and other resources to assist children, parents, caregivers, educators, and other professionals. YourLifeYourVoice.org is a special website that enables and encourages teens to share their problems and concerns in positive ways and provides access to immediate help in a crisis.

Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides specialized services to youth who meet the criteria for Staff Secure shelter, Domestic Minor Sex Trafficking, and youth referred by the Juvenile Justice Court System for domestic violence, probation respite, and Family/Youth Respite Aftercare Services (FYRAC). The youth census during the QI (Quality Improvement) visit was 5 CINS/FINS and 7 DCF (Department of Children & Families) youth.

Boys Town is currently accredited by the Council of Accreditation (COA) and was recently re-accredited through December 31, 2022.

The following programmatic updates and highlights since the last Quality Improvement review in February 2021 were reported to the QI team during the visit:

Successes

- Ended the year at 100% for overall data from 7/1/21 to 12/31/21
- 83.4% Filled bed days (7/1/21 to 12/31/21)
- 92.5% Community Counseling Admits (7/1/21 to 12/31/21
- Completed 79 Screenings from 7/1/21 to 12/31/21
- 94% of data entry was completed within 72 hours (7/1/21 to 12/31/21)
- Served a total of 255 participants in Common Sense Parenting.
- Served a total of 107 youth at Intervention and Assessment.
- Served a total of 87 youth within In Home Services.
- Served a total of 572 participants in our Outpatient Behavioral Clinic.
- Served a total of 38 youth in our Family Home Program.
- Boys Town Behavioral Health Clinic received a $25,000 grant from the Elinor and T.W. Miller Jr Foundation in November 2021 for autism testing equipment and training.
- The 5K Candy Cane event occurred in person for 2021 and had the best number of volunteers yet.
- Development raised a total of $355,391.00 in grants, foundations, and donations.
- In 2021 the Boys Town Central Florida team created an Employee Recognition Committee and has started hosting quarterly employee recognition events.
- The Patrick and Louse Rainey MOU remains in effect from January 2, 021 to December 32, 2023, to provide $75,000 as matching dollars for current and new donors.
- The Annual Tree Lighting Ceremony resumed for 2021 in person and yielded positive community support.

Obstacles

- COVID-19 continues to present some obstacles especially during December 2021 when the Omicron variant surfaced. This presented changes with ensuring that staff and youth remained safe, and protocols

were implemented to test youth prior to admission. Safety protocols worked and we were able to discontinue testing in March 2022.
• The G Lounge Golf Event was canceled during 2021.

Staff Updates
• Change in Executive Director occurred on July 19, 2021, and new ED (Executive Director) was onboarding on October 29, 2021.
• Prior Intervention and Assessment staff was promoted to the Director of Family Home Program, as a prior supervisor on 7/1/2021.
• Prior Supervisor at the Intervention and Assessment Program became the Family Home Program Consultant on 4/2/2021.
• Former In-Home Consultant was promoted to Family Home Consultant on 3/1/2022.
• Two YCW were promoted as Supervisors for the Intervention and Assessment program
• Prior In-Home employee, N'Kayah Kersey, rejoined the Boys Town team as an in-home consultant during March 2022.

Narrative Summary

Boys Town, located at 975 Oklahoma Street, Oviedo, FL 32765, is under the leadership of a management team that consists of an Executive Director, Senior Director of Program Operations, Program Support Coordinator, Clinical Support Coordinator, Shelter Program Director, and IHFS Director. At the time of the onsite visit there were two vacant youth care staff positions. The program has not reported any major challenges, incidents, administrative review, or current external investigation.

The overall findings for the modified QI Review for Boys Town are summarized as follows:
Standard 1
Three indicators were reviewed for this standard; 1.01, 1.04, and 1.06. All three indicators were rated satisfactory, but indicators 1.04 and 1.06 were found to have exceptions.
Standard 2:
One indicator was reviewed for standard 2. Indicator 2.03 was rated satisfactory with no exceptions.
Standard 3:
Two indicators were reviewed for standard 3, indicators 3.01 and 3.06. Both indicators were rated satisfactory with exceptions noted.
Standard 4:
There are 2 indicators that are reviewed for standard 4, 4.02 and 4.03. Indicator 4.02 received a limited rating and indicator 4.03 was rated satisfactory with no exceptions.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):
Standard 4:
Indicator 4.02– Limited
Two of the four records reviewed were found to have missing observation checks on observation logs where staff document the youth's behavior at thirty minutes or less intervals. One youth had missing checks for the following time periods (some of those checks were documented in the logbook): 10/8/21 6:30 a.m. to 7:30 a.m., 10/10/21 5:30 a.m. to 6:40 a.m., 10/13/21 5:50 a.m. to 7:30 a.m., and 10/14/21 1:30 p.m. to 10/15/21 1:35 p.m. Another youth had missing checks during these periods: 10/1/21 7:35 a.m. to 9:55 a.m., 10/3/21 8:01 p.m. to 10 p.m., 10/5/21 6:10 a.m. to 7:30 a.m., 10/6/21 5:30 a.m. to 7:30 a.m., and 10/7/21 6:20 a.m. to 7:30 a.m. Additionally, two of four youth records were missing follow up assessment of suicide risk to determine change in supervision level and/or determine removal from supervision.

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators: Add an "**X**" in the applicable column *Satisfactory* *Non- Compliant (E.g. Exceptions)* *No Eligible Items for Review* *No Practice* *Not Applicable*	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	**Review Based Upon Document Source** *For example: Interview/Surveys, Observation, and/or Type of Documentation*	**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: Provider has required policy and procedure IAP 19 that was last reviewed and signed by the executive director (ED) on January 10, 2022.	
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					Boys Town uses the Hiring Manager Interview (HMI) pre-assessment tool to determine eligibility rating for employment that was implemented October 9, 2019. An eligible pass rate for a youth care worker is a minimum of 26 and 24 for an In Home Consultant. The tool was utilized to screen 7 applicable new hires, all of whom received 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					A total of eight new staff were hired since the last onsite QI visit. All eight background screenings were initiated prior to hire/start dates with eligibility documented on the Clearinghouse results. No exemptions were applicable.	

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			There are no applicable new hires with a break in service for less than 90 days.	
Five-year re-screening completed every 5 years from initial date of hire	X					The program had two eligible staff who met the criteria for 5-year re-screening. Both staff were re-screened and/or had valid retained prints in the clearinghouse.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					The program had a signed and notarized Annual Affidavit of Compliance with Level 2 Screening Standards that was completed and notarized on January 5, 2022 and sent to the Background Screening Unit on January 7, 2022, prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Proof of E-Verify work authorizations were maintained in all eight new hire files.	

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:	
	Provider has required policy and procedure IAP 37 for that was last reviewed and signed by the executive director (ED) on January 10, 2022.	

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 1st were required to complete no later than December 31, 2020)*	X					All three new hire staff training records indicated the staff received the United States Department of Justice Civil Rights and Federal Funds training within thirty days of hire.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	X					All three new hire staff training records indicated the staff received all mandatory training during the first ninety days of hire.	

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			The program did not hire any non-licensed clinical mental health shelter staff since the last onsite QI visit.	
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			No eligible non-licensed mental health clinical staff.	
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				One of three in-service direct care staff had completed the mandatory forty hours of training. The two other staff did not complete the Child Abuse: Recognition, Reporting and Prevention training; however, the two met all other training requirements.	Exception Two of three in-service staff did not complete the required annual Child Abuse Recognition, Reporting, and Prevention 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 training records for all staff which include tracking hours on a document. Each file reviewed contained certificates of completion, training logs for Bridge, Skill Pro, and DCF training, as well as sign-in sheets for trainings attended.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						**YES** If NO, explain here: The provider has policies and procedures in place titled CINS/FINS Protocol 2 and IAP Protocol 10 that were approved and signed by the Executive Director on 1/10/2022.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	X					The program provided a list of agency staff approved by administrative personnel to drive clients in agency or approved private vehicles.	

Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	X					The program provided a list of sixteen agency staff approved by administrative personnel to drive clients in agency or approved private vehicles. Per the Director of Risk Management, Human Resources office verifies validity of staff driver's licenses and speed checks of agency vehicles are monitored by Azuga Fleet.	
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	X					Per transportation policy, the agency "strives to have a third party (staff, youth, volunteer, and intern) in the vehicle as best practice" when transporting youth at all times. The policy does provide for exceptions in the event a 3rd party is not present in the vehicle while transporting.	
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior		X				The agency has two vehicles, a white and a blue van, used to transport youth. Review of the vehicle transport logs revealed the program performed seven (7) single youth transports in the white van and thirty-eight (38) single youth transports in the blue van. Supervisor's approval is documented on the transportation logs evidenced by their intials and time of approval.	Exception All but five (5) of the forty-five (45) single transports were approved prior to transport by a supervisor who initialed and entered time of approval on the transportation logs. Four of the five approvals had approval times after the transport occured and one did not indicate time of approval.
The 3rd party an approved volunteer, intern, agency staff, or other youth	X					All of the non-single youth transportation records reviewed included staff or other youth as 3rd party in the vehicle.	
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				The program maintains a vehicle transportation log for each vehicle where drivers and other staff present identify themselves, note the date, time out/in, mileage out/in, number of youth present, reason/destination, as well as any supervisory approval and the time of such approval. Both purpose of travel and location are documented under one column and each is not consistently documented as required.	Exception Staff do not consistently note purpose of travel and location on the current transporation log under the column titled "reason/destination". Instead, location is more frequently noted and excludes purpose of travel.
Standard Two – Intervention and Case Management							

Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES If NO, explain here: The provider has policies and procedures in place titled IAP Protocol 38 that was approved and signed by the Executive Director on 1/10/2022.	
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					All six case plans reviewed were developed within seven working days after completion of the 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					All six case plans included the individualized and prioritized needs and goals identified by the assessments, as well as service type, frequency, location, person responsible, target dates for completion and actual completion dates, where applicable, and signature of counselor, supervisor, and date the plan was initiated. In the three community counseling case records, the youth and guardian did not sign the case plans due to virtual visits being conducted, which was documented on the plan. The three residential case plans were signed by the youth and parent/guardian.	
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					Four of the six case plans were reviewed for progress with the counselor and parent/guardian every thirty days. In the two remaining case plans, the youth were discharged prior to a review being required.	

Standard Three – Shelter Care							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01						YES If NO, explain here: There are several policies in place to ensure a shelter environment that is safe: IAP 1 Youth Identification; IAP 29 Youth Hygiene, IAP 25 Youth Phone Calls/Correspondence; IAP 23 Recreational and Cultural Enrichment Activities; IAP 44 Environmental Stressors; IAP 15 First Aid Equipment; IAP 46 Emergency/Disaster Preparedness; IAP 30 Visitation; IAP 10 Vehicle Maintenance, Use and Transportation of Youth; IAP 22 Grievance; IAP 20 Flammable, Poisonous and Toxic Control; IAP 17 Fire Prevention; IAP 14 Safety Inspections; IAP 12 Meals; IAP 8 Health Education; IAP 9 Control and Use of Keys; IAP 45 Search and Seizure of Contraband; All of the policies were approved by the ED on 1/10/2022.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

Facility Inspection		X				A tour of the facility was conducted with the Program Manager. During the tour, the furnishing was observed to be in good condition with no rips or tears. All beds appeared sturdy and functional. No insect droppings or infestation was noticeable. The shelter is located on a large campus with adjacent residential cottages used for other funding agencies. The exterior areas are well maintained and free of debris/hazard. The campus has adequate recreational spaces for outdoor activities. A large dumpster is located across from the entrance to the facility and was observed to be covered during the visit. All bathroom facilities were clean and functional. Girls have access to 2 full bathrooms and boys also have access to 2 full bathrooms. Each bathroom has a toilet, sink, and one shower. Walls appeared clean and void of soil, stains, or graffiti. The facility is well lit throughout. The program uses two minivans to transport youth. Both vehicles are equipped with first aid kits, fire extinguishers, glass breaker, and seat belt cutter. However, no flashlight and air bag deflator was present in either vehicle during the tour. Per ED, air bag deflators are scarce to obtain and the ones found are large and costly. Note, fire extinguishers were at full capacity but were not checked/tagged by safety inspection vendor. Working flashlights were added to the vans during the tour.	Exceptions 1) Two vans were missing flashlight (flashlights were added during the visit). 2) Pantry room temperature is 80 degrees which is above the recommended 72 degrees 3) One extinguisher on girl's wing had tag that expired December 2020; extinguisher was replaced during QI visit. 4) Chemicals are stored in two locations, a locked storage closet in the Boy's wing and locked closet in kitchen. The inventory is conducted on kitchen storage location only and not chemicals stored in other locations. At the time of the tour, the last inventory was conducted 3/21/22; however, the inventory was not up-to-date and 5 different items were in the kitchen closet but not updated on the inventory (disinfectant neutral cleaner, Up &Up laundry detergent, Arm & Hammer laundry detergent, Febreeze, and Clearview window cleaner). No MSDS sheets were on file for four of the five items (MSDS only available for Clearview window cleaner). A review of MSDS sheets for chemicals listed on last inventory revealed missing MSDS for Glass Plus, Bleach, Pink hand soap, and hand sanitizers.

Additional Facility Inspection Narrative (if applicable)	Doors are secure with key access required. Staff use electronic key fobs to gain access to key areas in the facility. There are two sets of keys for staff to use in addition to a set kept by the program director and one set for each senior YCW. Program has postings located on the girls' and boys' wing that includes abuse hotline information, rights/responsibilities, SOGIE signage, program schedules, egress plans, and grievance forms. Egress plans are also posted in the kitchen and office areas. A blue youth grievance box is mounted in the dining room for general grievances and a second box is also mounted for more critical issues and/or concerns. The program responded within 24 hours to a request that was placed in the grievance box during the review by the Lead Reviewer. Each wing is equipped with a laundry room furnished with a washer and a dryer. No lint was observed in the dryers during the tour.Girls and boys wings each have four bedrooms. Three of the bedrooms on each wing has two beds and one has three beds. All beds had a pillow and was covered with bed sheets and a comforter. No contraband was observed. Storage room on each wing is used for locking up personal youth property requiring lockable storage. Each bedroom has dressers with a drawer assigned to each youth for storing clothing items. DCF license is issued by Department of Children and Families effective through 12/04/2022 and copy is on file with reviewer.						
Fire and Safety Health Hazards	**X**					A successful annual fire inspection was completed by Seminole County Fire Department on 11/3/21; no violations cited during reinspection. Prior inspection was 10/27/21 with citations regarding fire extinguisher stored in closet which should be mounted or placed on high shelf and halloween decorations were hanging too low. Annual Fire extinguisher inspection was 12/13/2021 by United Fire Protection Last quarterly alarm and sprinker system inspection was conducted by United Fire Protection on 3/4/22	
Additional Fire and Safety Health Hazards Narrative (if applicable)	Fire drills were completed monthly as required for the past 6 months on each shift with the exception of the third shift in October 2021 and the second shift in December 2021. Emergency drills were conducted on each shift at least quarterly during the review period. Refrigerator temperature is 42 degrees fahrenheit and two freezers' temperatures were 0 degrees. Satisfactory DOH Food inspection was completed 11/29/21 - violations cited were: food handler certification/food manager should be on duty at time of cooking; mattress found on cafeteria floor and sleeping and eating areas are to be separated; dishwasher holders for dishes need to be replaced or clean; and test strips are needed to ensure proper temperature. No reinspection date was required. Satisfactory DOH Group Care inspection completed 11/29/21						

Youth Engagement							
a. Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal. b. At least one hour of physical activity is provided daily. c. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities. d. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read. e. Daily programming schedule is publicly posted and accessible to both staff and youth.	X					Program has a weekday and weekend schedule with structured activities each day. The schedule is posted on each wing as well as staff office. Physical activity is scheduled for at least 1 hour daily. Youth are provided an opportunity to attend religious/faith based activities on Sundays at 10:30am and or community service for youth who do not choose to participate in faith-based activities. Youth are given the time and opportunity to do homework and read between 3:30-5:30 pm.daily. The program schedule is posted on each wing and in the staff office, accessible to both youth and staff.	
Provider has a written policy and procedure that meets the requirement for Indicator 3.06						YES If NO, explain here: The program has a policy and procedures IAP 18, Security Youth Counts and Staffing Ratio, that was approved by the ED on 1/10/2022.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period	X					The agency maintains a minimum staffing ratio required by Florida Administrative Code and contract of 1 staff to 6 youth during awake hours and community activities and 1 staff to 12 youth during sleep hours.	

All shifts must always provide a minimum of two staff present	**X**					Program schedules for the past six months that were reviewed showed at least two staff were present on each shift.	
Program staff included in staff-to-youth ratio includes only staff that are background screened and properly trained youth care workers, supervision staff, and treatment staff	**X**					Shelter staff included in the staff-to-youth ratio included only properly trained youth care workers.	
The staff schedule is provided to staff or posted in a place visible to staff	**X**					The staff schedule is posted in the youth care office and visible to staff.	
There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed	**X**					Staffing challenges experienced by the program impacted availability and access to additional staff to create a holdover roster; however, team leads and other trained agency staff are utilized to fill gaps.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction		**X**				On each wing, each bedroom has two beds, with the exception of one room that has three beds. A separate bed check log is maintained for each wing and kept in a binder. Bed checks were reviewed for five randomly selected dates: 3/6/22, 2/15/22, 1/12/22, 12/6/21, and 11/9/21.	Exception Bed checks were late 3 times on 3/6/22 (girls), 4 times on 11/9/21 (boys), and 6 times on 12/6/21, 1/12/22, and 2/15/22. Late checks were between 1-3 minutes over the fifteen minutes required.
Standard Four – Mental Health/Health Services							
Provider has a written policy and procedure that meets the requirement for Indicator 4.02						**YES** If NO, explain here: The program has a policy and procedures, IAP 5, that was approved by the ED on 1/10/2022.	

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Suicide Risk Screening and Approval							
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	X					In all four records reviewed, suicide risk screening occurred during the initial intake and screening process. The results of the screening were reviewed and signed by the supervisor and placed in each youth's record.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	X					The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services.	
Supervision of Youth with Suicide Risk							
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	X					All four youth were placed on the appropriate supervision placement based on the results of the initial suicide risk assessment.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals		X				Two of the four records reviewed indicated checks were conducted on observation logs wherein staff document the youth's behavior at thirty minutes or less intervals.	Limited Exception One youth had missing checks for the following time periods (some of those checks were documented in the logbook): 10/8/21 6:30 a.m. to 7:30 a.m., 10/10/21 5:30 a.m. to 6:40 a.m., 10/13/21 5:50 a.m. to 7:30 a.m., and 10/14/21 1:30 p.m. to 10/15/21 1:35 p.m. Another youth had missing checks during these periods: 10/1/21 7:35 a.m. to 9:55 a.m., 10/3/21 8:01 p.m. to 10 p.m., 10/5/21 6:10 a.m. to 7:30 a.m., 10/6/21 5:30 a.m. to 7:30 a.m., and 10/7/21 6:20 a.m. to 7:30 a.m.

Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement		X				Two of four records reviewed indicated all assessment of suicide risk were completed, the other two has missing assessments.	Limited Exception On 10/7/21 one youth was considered at risk during admission screening and at 4 p.m. placed on 1-on-1 supervision with the assessment of suicide risk being completed on 10/8/21 at 11:50 a.m., continuing the youth on 1-on-1. There was no 72-hour assessment of suicide risk until 10/15/21 at 1:35 p.m. when the youth was stepped down. Two assessments were missing between 10/8/21 to 10/15/21. On 9/30/21 a second youth was considered at risk during intake screening and placed on 1-on-1. On 10/1/21 at 9:55 a.m. an assessment of suicide risk was conducted and youth was stepped down. On 10/4/21 assessment of suicide risk indicated youth to remain on 1-on-1. There was a missing assessment of suicide risk between 10/1/21 and 10/4/21 placing youth on 1-on-1, as well as missing follow-up assessments for 10/6/21 and 10/7/21, wherein youth was stepped down.
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						**YES** If NO, explain here: The program has a policy and procedures, IAP 13, that was approved by the ED on 1/10/2022.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff) b. Pyxis machine is stored in accordance with guidelines in FS 499.0121 and policy section in Medication Management c. Oral medications are stored separately from injectable epi-pen and topical medications d. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.) e. Narcotics and controlled medications are stored in the Med-Station f. Pyxis keys with the following labels are accessible to staff in the event they need to access medications if there is a Pyxis malfunction: a TOP COVER b BACK PANEL- LEFT TALL CABINET LOCK- LEFT, c BACK PANEL- RIGHT TALL CABINET	X					All medications are stored in the Pyxis Med-Station inaccessible to youth, located in a locked office within the shelter, including over-the-counter (OTC) topical, and pills, and youth prescribed medications, as well as controlled substances, other than refrigerated medication. The program has a locked refrigerator, which was empty during the review and at a temperature of 37 degree Fahrenheit. All youth prescribed medication each have a separate space within the med-station, and OTC topical and pills are maintained separated as well. If there is a malfunction with the med-station the program maintains keys to access the medication.	

Medication Distribution							
a. Agency maintains a minimum of 2 Super Users for the Med-Station b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics) c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual e. When nurse is on duty, medication processes are conducted by the nurse f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens h. Non-licensed staff have received training in the use of epi-pens provided by a registered	X					The agency has a list of six superusers, who have access to the Pyxis Med-Station, which includes controlled substances. The program utilizes the Medication Distribution Log (MDL) when licensed or non-licensed staff provide medications, as indicated by applicable records reviewed. The program has the nurse verify medications for the admitted youth, which is one of the methods listed in the FNYFS Operations Manual. The nurse is the only individual conducting medication processes when on-site, and the delivery process for medications is in accordance with the FNYFS Medication Management and Distribution policy. The program only accepts youth with epi-pen, no other injectable medications. A review of the training for non-licensed staff indicated they received the use of the epi-pen training conducted by a registered nurse.	
Medication Inventory							
b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly	X					The program conducts shift-to-shift counts for controlled substances, which are witnessed and documented, as well as perpetual inventories with running balances. All over-the-counter medications accessed regularly, have a perpetual and weekly inventory. The program does not have any sharps.	
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	X					The program prints out monthly discrepancy reports but conducts them on a daily basis when they occur.	
Medication discrepancies are cleared after each shift.	X					The program nurse indicated when they used the previous med-station discrepancies were cleared after each shift. The new med station does not allow for this practice; therefore, she completes discrepancy reviews daily.	