



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



**Thaise Educational & Exposure Tours – St. Petersburg
1111 18th Avenue South, St. Petersburg, FL 33712**

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 & Exposure Tours – Saint Petersburg (Thaise – St. Pete) for the FY 2021-2022 at its program office located at 1111 18th Avenue South, St. Petersburg, FL 33712. 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 – St. Pete 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 Nitara LaTouche, Consultant for Forefront LLC, and Peer Reviewer, Brenda Commadore. Agency representatives from Thaise – St. Pete present for the entrance interview were Teresa Clove – CEO/Executive Director and Shanna Baker - Program Manager. The last QI visit was conducted September 23, 2020.

The Reviewer found Thaise – St. Pete is in compliance with specific contract requirements. Thaise – St. Pete **received an overall compliance rating of 100% for achieving full compliance** with all three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions as a result of the monitoring visit and no recommendation was made.

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 06-01-2021-2022

Agency Name: Thaise – St. Pete					Monitor Name: Nitara LaTouche, Lead Reviewer								
Contract Type: CINS/FINS					Region/Office: 1111 18th Avenue South, St. Petersburg								
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): June 1, 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)	
					Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable				
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 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 is through United States Liability Insurance Company for limits of coverage \$1,000,000 each occurrence \$2,000,000 for aggregate, and \$5,000 medical expense per person, effective 3/1/22-3/1/23. United States Liability Insurance Company provides \$1,000,000 coverage for Professional E&O per incident and \$2,000,000 for general aggregate, effective 3/1/22-3/1/23. Automobile insurance is through Progressive Commercial for single limit coverage for Bodily Injury \$250,00 per person; \$500,000 each accident; Property Damage \$100,000 each accident; Basic Personal Injury Protection is \$10,000 per person. Policy effective for 2/5/22-2/5/23.		No recommendation or Corrective Action.	

Agency Name: Thaise – St. Pete					Monitor Name: Nitara LaTouche, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 1111 18th Avenue South, St. Petersburg		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): June 1, 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)
						Thaise St. Pete is exempt from having workers compensation due to not having enough full time employees. Florida Network is listed on the General Liability certificate as 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are contained in the Thaise Educational and Exposure Tours, Inc. Management Fiscal Manual. These policies include: Reporting Payroll Records, Independent Audit, Payment Posting and Reconciliation, Conflict of Interest, Bank Accounts, General Ledger Entries, Equipment and real Property, Risk Management, Safety/Risk Management, Financial Statement and Accounting Procedures. The procedures reviewed appear to be consistent and provide for sound internal controls. The CEO and the Thaise Board Members review the policies during an annual board meeting and have a revision date of October 2021.	No recommendation or Corrective Action.

Agency Name: Thaise – St. Pete					Monitor Name: Nitara LaTouche, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 1111 18th Avenue South, St. Petersburg		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): June 1, 2022		
			Explain Rating				
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable
					Notes		
					Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)		
b. Petty cash ledger system is balanced, and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Observation/Documentation: No change in practice was reported for the agency since the last site program review. Reviewed petty cash Policy and Procedure Petty Cash Fund. The program's policy states that Thaise does not use petty cash at this time but if needed there is a policy in place.		No recommendation or Corrective Action.
c. 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					Interview: N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.		No recommendation or Corrective Action.
d. 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: N/A - The annual expenses for the agency are not greater than \$750,000. The agency is exempt from obtaining a single audit from an outside agency.		No recommendation or Corrective Action.

CONCLUSION

Thaise Educational and Exposure Tours – St. Petersburg has met the requirements for the CINS/FINS contract as a result of full compliance with all three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators was not applicable because 1) the provider does not have any current inventory purchased with DJJ/FN Funds and 2) the agency is not required to submit a Single Audit from an outside agency. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. All indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

Recommendation

There were no recommendations as a result of this review.

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

DATE: June 1, 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

Nitara LaTouche - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Brenda Comadore – 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

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

Documents Reviewed

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

Observations During Review

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

Surveys

<ul style="list-style-type: none"> <input type="checkbox"/> # of Youth 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 # of Direct Staff 	<ul style="list-style-type: none"> <input type="checkbox"/> # of Other
---	--	---

June 1, 2022

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. program communicated with other agencies in the community to help recruit new clients for the year.

The agency focused several months on various opportunities for community outreach.

January 2022- Staff continued to distribute flyers in an effort to recruit new clients for the program. Staff attended program meetings and held a monthly Enrichment Class, where clients learn about new topics while engaging in a positive environment.

February 2022- Client census grew and the program was able to make a positive impact on the youth and their families. The program held sessions with youth virtually due to the COVID-19 pandemic based on the parents request.

April 2022- The program manager reported case managers maintained weekly contact with their clients and families. In addition, the program staff facilitated weekly meetings to discuss new updates or offer suggestions on what to do during times that may be more difficult for clients and their families.

May 2022- The program reported challenges related to communication with families if they do not answer their phone. Staff continue to make numerous attempts to contact the family to maintain engagement. Staff have observed an increase in the amount of resource information needed for families served and continue to provide help and support to the community. This includes resources on financial help, mental health services, or places to get food. The program attended a community meeting and discussed the different programs within the community and the services being offered.

Narrative Summary

Thaise Educational and Exposure Tours, Inc. (Thaise) - St. Petersburg location is contracted with the Florida Network of Youth and Families to provide community counseling services to Children in Need of Services/Families in Need of Services (CINS/FINS) for youth and their families in Circuit 6 which is located in Pinellas County.

The agency has an Executive Director/CEO who oversees all three locations that provide CINS/FINS services in St. Pete, Orlando, and Jacksonville. Thaise St. Pete is supported by the Program Manager and an office assistant to manage the day-to-day operations at this location. The program manager reported no vacancies at the time of the review. Thaise St. Pete is located at 1111 18th Avenue South, St. Petersburg, FL 33712. The program targets at-risk youth from the ages of 6-17 years old who may be exhibiting behavioral and academic issues. The services offered by the program include mentoring, case management, educational assistance, college and exposure tours, speaker's bureau, enrichment classes, career guidance, assistance with college/financial aid applications, and shelter or respite care referrals.

The program reports there is currently no change in funding but they are looking to apply for grants to obtain additional funding. Thaise St. Pete will reconvene offering in-person services in the fall when school returns and continue to offer services in-person or virtually (via video conference or phone).

The overall findings for the QI Review for Thaise - St. Pete are summarized as follows:

Standard 1: Three indicators were reviewed for this standard. All three indicators (1.01, 1.04, and 1.06) were rated Satisfactory; however, indicator 1.04 was found to have an exception because one staff did not have proof of completing the First Aid training which is an annual training requirement.

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

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators: Add an "X" in the applicable column</p> <p><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></p>	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	<p>Review Based Upon Document Source</p> <p><i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes</p> <p>Explain any items that have any deficiencies, exceptions or are not applicable.</p>
Standard One – Management Accountability							
1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	YES					<p>Add any exceptions below:</p>	
	<p>If NO, explain here: Policy #5.03 - Background Screening was last reviewed and approved 10/10/2021, by the CEO and Board of Directors.</p>						
<p>Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth or the agency has provided an explanation for staff hired with a non-passing/low score.</p>	X					<p>The agency uses HR Avatar Employment Test to screen new employees for suitability with a passing score greater than 50. One (1) employee was screened prior to date of hire and obtained a passing score.</p>	
<p>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</p>			X			<p>One (1) employee changed positions within the agency from intern to Chief Financial Officer and was exempt from needing to resubmit the background screening since there was no break in service.</p>	
<p>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.</p>			X			<p>No employees met the requirement for this review item at the time of the review.</p>	
<p>Five-year re-screening completed every 5 years from initial date of hire</p>	X					<p>There was one (1) employee eligible for their 5 year re-screening at the time of the review. The employee completed their background screen early (4 months prior to their anniversary date) and was deemed eligible.</p>	

June 1, 2022

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 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					There was E-Verify documentation provided from the Department of Homeland Security for the one applicable new employee file.	
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						YES	Add any exceptions below:
						If NO, explain here: Policy #6.4 - Training was last reviewed and approved 10/10/2021, by the CEO and Board of Directors.	
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. <i>(Staff hired before January 1st were required to complete no later than December 31, 2020)</i>			X			The agency did not have any new employees that met this requirement. One employee was not applicable because they previously worked for the program and transferred into a new position.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.			X			The agency did not have any new employees that met this requirement.	
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	Not applicable - The agency provides Community Counseling services only.	
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 - The agency provides Community Counseling services only.	
In-Service Direct Care Staff							

<p>Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually <i>(40 hours if the program has a DCF child caring license)</i>.</p>		<p>X</p>				<p>Two training files were reviewed for this annual training requirement. Both staff had documentation that over 24 hours of training was complete for the most recent year. 1 of 2 staff met all the required refresher trainings with supporting documentation in their individual training file. All completed training was observed to be completed within the required timeframe.</p> <p>One training was missing the supporting documentation confirming the date of completion for Suicide Prevention (required annually) and the staff member was unable to access this in their electronic training record due to a system error. However, after the review the program staff was able to contact the system administrator and evidence was provided to verify this training was completed within the required timeframe.</p>	<p>Exception: One (1) staff member did not have documentation of a current First Aid training certificate.</p>
--	--	----------	--	--	--	--	--

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				<p>The program maintains individual training files for each staff, and related documentation, such as certificates, sign-in sheets, etc. It was observed the files were not organized but staff was able to quickly locate or provide the missing documentation when requested. One training file documented completed trainings on the individual tracking form.</p> <p>The agency has an internal policy that states staff training files will be reviewed at least quarterly. During an interview with the program manager, it was explained there is not currently a formal process to document the quarterly review of staff files, however, this is discussed on a frequent basis and at the beginning of the calendar year to ensure staff are maintaining trainings as required.</p>	Exception: During the review, 1 out of 2 training files was missing the employee training hours being tracked on the agency's form.
Provider has a written policy and procedure that meets the requirement for Indicator 1.06					YES	Add any exceptions below:	
					If NO, explain here: Policy #5.7 - Transportation of Youth was last reviewed and approved by the CEO and Board Members on 10/10/21.		
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	X					The program maintains a list of approved staff approved to drive.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	X					Staff who are approved have a valid Florida's drivers license on file and the program maintains a company insurance policy that states staff are covered under the agency's auto policy.	
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	X					Policy states that no staff are to drive a client alone in their vehicles or company vehicle. If they do not have a third party then they cannot transport the youth.	
In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior			X			The program has not completed any transport for the past 2 years due to COVID-19.	

The 3 rd party an approved volunteer, intern, agency staff, or other youth			X			The program has not completed any transport for the past 2 years due to COVID-19.	
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			Transportation record states that no client or staff transport was conducted from Jan 2021-Dec 2021 or from Jan 2022 - May 18, 2022.	
Standard Two – Intervention and Case Management							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES	Add any exceptions below:
						If NO, explain here: Policy # 4.03 Case/Service Plan, last reviewed and approved 10/10/2021, by the CEO and the Board.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>X</p>					<p>The program policy states a case or service plan will be developed for every youth admitted to a program for CINS/FINS services. A case or service plan will consist of a written document developed with youth and parent(s) that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions. Six youth records (three open and three closed) were reviewed for the completion of a Case/Service Plan within seven working days of completion of an assessment. All six were completed as required without issue.</p>	
<p>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</p>	<p>X</p>					<p>Six youth records (three open and three closed) were reviewed for the completion of all required elements of the Case/Service Plan. All six youth case plans identified and prioritized needs; established goals; determined appropriate plan of action; defined responsible parties; set proposed dates of initiation and completion; and tracked and recorded outcomes. One of the six reviewed youth Case/Service Plans contained signatures of youth, parent/guardian, counselor and supervisor. The remaining five youth Case/Service Plans each contained the counselor and supervisor signatures. The policy states, when the youth, parent/guardian are not available for signatures, this shall be documented on the service plan. Each of the five youth's Case/Service Plan documented program and family were following COVID19 alternative measures, as required.</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>X</p>					<p>Six youth records (three open and three closed) were reviewed for the completion of 30, 60 and 90-day reviews for progress toward stated Case/Service Plan goals and findings confirmed each youth record contained the applicable reviews as required.</p>	

June 1, 2022

Provider has a written policy and procedure that meets the requirement for Indicator 2.04						YES	Add any exceptions below:
						If NO, explain here:	
						Policy # 4.04 Case/Service Plan, last reviewed and approved 10/10/2021, by the CEO and the Board.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Counselor/Case Manager is assigned	X					Six youth records (three open and three closed) were reviewed and findings confirmed each was assigned a counselor/case manager, as required.	
The Counselor/Case Manager completes the following as applicable: 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit	X					All six reviewed youth records (three open and three closed) confirmed the case manager established referral needs and coordinated referrals to services based upon the on-going assessment of the youth's/family's problems and needs; coordinated service plan implementation; monitored youth's/family's progress in services; provided support for families; monitored out of home placement, if necessary; referrals to the case staffing committee, as needed to address the problems and needs of the child/family; recommending and pursuing judicial intervention in selected cases; accompanied child and parent(s) to court hearings and related appointments, if applicable; referral to additional services, if needed; continued case monitoring and review including court orders. In addition, review of each of the three closed youth records reflected the completion of case termination notes; 30-day and 60-day follow-ups of exit, as applicable and required.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X					The program has a policy and procedure that details the program develops inter-local provider agreements with local service providers to ensure the smooth linkage to agree upon services. During the onsite review, the program provided a binder containing the written agreements maintained with other community partners.	