



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



Orange County Youth and Family Services
1800 East Michigan Avenue
Orlando, Florida 32806
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 on October 12-13, 2022, for the FY 2022-2023 for Orange County Youth and Family Services (OCYFS) CINS/FINS program at its program office located at 1800 East Michigan Avenue, Orlando, 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. Orange County Youth and Family Services 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 1, 2022 through June 30, 2023.

The review was conducted by Keith Carr, Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, Bonita Williams, Regional Monitor. Agency representatives from Orange County present for the entrance interview were Shashondalyn Upson, Senior Program Manager; Felicia Brown, Senior Program Manager; Angela Patton, Program Manager and Christine Morgan, Residential Service Supervisor. The last QI visit was conducted October 20-21, 2022.

In general, the Reviewer found that Orange County Youth and Family Services is in compliance with specific contract requirements. Orange County Youth and Family Services **received an overall compliance rating of 100% for achieving full compliance** with all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. One indicator was not applicable. 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.

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 10-12-13-2022-2023

Agency Name: Orange County Youth and Family Services					Monitor Name: Keith Carr, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 1800 East Michigan Avenue, Orlando, Florida 32806		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): October 12-13, 2022		
Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	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 – Orange County, a political subdivision of the State of Florida, has an ongoing inter-local self-insurance program for workers' compensation, general liability, auto liability, and property. This program covers the employees, officials, and most of the constitutional officers of Orange County, Florida. The County's self-insured property deductible is \$2,500 with a \$1,000,000 limit. The County also purchases commercial property insurance. The property program consists of several layers with several insurance carriers participating with a limit of \$1,000,000,000. Policy effective date 4/1/2022-4/1/2023. The County also elects to purchase excess liability coverage above and	No recommendation or Corrective Action.

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	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)
						beyond the limits of the inter-local self-insurance program (\$1,000,000). However, the limits of the self-insurance program and the purchasing of excess coverage should not be construed as a waiver of the County's sovereign immunity or the provisions of Section 768.28 of the Florida Statutes. Florida Network is listed on the Worker's Compensation 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 maintained in the agency's Procurement Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed November 18, 2020.	No recommendation or Corrective Action.
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"/>	Interview/Documentation – The program is not allowed to access petty cash since supervisors and administrative assistants have credit cards to use for items that do not require a check request. The agency	No recommendation or Corrective Action.

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Major Programmatic Requirements						
Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
					submitted documented evidence of the past six months April 2022 – September 2022 of youth shelter petty cash reconciliation activity reports.	
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 – The agency has not purchased any items with FNYFS funds. Per the Division Program Manager, Orange County Youth and Families does not have any inventory secured with funds from the Florida Network.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation – Copy of financial audit conducted for year ending September 30, 2021 by Phil Diamond, CPA, LLP and dated March 29, 2021. No Management Letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.

CONCLUSION

Orange County Youth and Family Services has met the requirements for the CINS/FINS contract as a result of full compliance with all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. One of the five indicators was not applicable because the provider does not have any current inventory purchased with DJJ/FN Funds. 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 majority of 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 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 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 Orange County Youth and Family Services - Orlando
CINS/FINS Program

October 12-13, 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
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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	Satisfactory
4.03 Medications	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

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Bonita Williams - Regional Monitor, Florida Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the 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 September 1, 2022).

Persons Interviewed

<input checked="" type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Case Manager	<input type="checkbox"/> Nurse – Full time
<input checked="" type="checkbox"/> Chief Financial Officer	<input checked="" type="checkbox"/> Counselor Non-Licensed	<input type="checkbox"/> Nurse – Part time
<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Advocate	3 # Case Managers
<input type="checkbox"/> Executive Director	<input checked="" type="checkbox"/> Direct – Care Full time	2 # Program Supervisors
<input type="checkbox"/> Program Director	<input type="checkbox"/> Direct – Part time	1 # Food Service Personnel
<input checked="" type="checkbox"/> Program Manager	<input type="checkbox"/> Direct – Care On-Call	<input type="checkbox"/> # Healthcare Staff
<input checked="" type="checkbox"/> Program Coordinator	<input type="checkbox"/> Intern	1 # Maintenance Personnel
<input checked="" type="checkbox"/> Clinical Director	<input type="checkbox"/> Volunteer	4 # Other (listed by title): ___
<input checked="" type="checkbox"/> Counselor Licensed	<input type="checkbox"/> Human Resources	

Documents Reviewed

<input checked="" type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input checked="" type="checkbox"/> Fire Prevention Plan	<input checked="" type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Grievance Process/Records	8 # Health Records
<input checked="" type="checkbox"/> Logbooks	<input checked="" type="checkbox"/> Key Control Log	8 # MH/SA Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Fire Drill Log	8 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input checked="" type="checkbox"/> Medical and Mental Health Alerts	10 # Training Records
<input checked="" type="checkbox"/> Contract Scope of Services	<input checked="" type="checkbox"/> Precautionary Observation Logs	4 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	4 # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/> # Other: ___
<input checked="" type="checkbox"/> Exposure Control Plan	<input checked="" type="checkbox"/> Vehicle Inspection Reports	

Observations During Review

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

Surveys

10 # of Youth	24 # of Direct Staff	<input type="checkbox"/> # of Other	<input type="checkbox"/>
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Comments

Due to COVID-19, this review was conducted onsite/hybrid/virtually.

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

The agency reported losing several staff members including Paulette Hinton, former Program Manager and Rodney Dailey, former Residential Service Supervisor. Both retired earlier this year. The agency specifically reported vacancies including the Registered Nurse, three Caseworker positions and two Family Teacher Assistant positions.

The agency hired Orlando Roman as its new Program Manager. Kathy Merus was hired as a Caseworker and was promoted to Residential Services Supervisor this year. The agency also welcomed Shi-Teria Littles as a Caseworker. Kathy Merus completed her certification and became their second Crisis Prevention Intervention (CPI) instructor. Counselors continue to facilitate psychoeducational group sessions regarding topics to improve their youth's understanding issues that they deal with every day. They have concentrated on social media and social platforms and how they affect youth. The youth's fears and concerns are also discussed in these sessions.

The agency reports all staff have been working tirelessly to cover all shifts and keep ratio up and stable. Staff member Colette Peter changed her shift voluntarily to the night shift so the agency would have coverage. Caseworker Wilner Vincent has leveraged his creativity and took the initiative to finding activities on/off campus to help motivate and inspire the youth. Mr. Vincent takes pride in researching various youth friendly topics such as music, articles, movies, and sports to assist with the agency's psychoeducational group sessions. One of the youth's favorite things is to dine at Olive Garden. The youth learn dining etiquette while having a good time and good food. Off-campus activities have resumed and as a special treat for the end of school year, the youth went to Fun Spot and spent the whole day riding rides and enjoying themselves.

Personal Protection Equipment (PPE) has been distributed and continues to be available to all staff. This includes face shields, cloth masks, disposable masks, shoe covers, garments, gloves, hand sanitizer, signage, and protective shields. The program is piloting the new NetMIS 3.0 for the Florida Network and are enjoying the improvements. All Department of Juvenile Justice (DJJ) Performance Measure Monitoring (PMM) and desk audits were completed, and the program was in 100% compliance with their contractual obligations. The agency also reports having scored high on all their internal audits this year.

The agency operates a "Way to Go" store for the youth to continue to grow strong. The "Way to Go" store is a significant part of their behavior management system (BMS) that allows the youth to purchase items from the "good decision dollars" they earn during their respite stay at the shelter. The program allows the youth to make suggestions in respect to items to be purchased for the store. The youth must work hard to keep their points to purchase items such as cards, games and special hygiene products as well as special snacks.

Counselors continue to enhance the Trauma Informed Care (TIC) sensory cart to ensure that age-appropriate sensory

items are available for the youth during their counseling sessions. Science, Technology, Engineering, and Math (STEM) continue to be integrated into the youth's academic curriculum during the school year and summer program. The youth also learn computer skills and take typing tests. In recognition of Child Abuse Month, the Youth Shelter displayed a small pin wheel garden in front of the building. In addition, the youth and staff celebrated child safety by participating in an ice cream social. The Learning Center Teachers are utilizing redirecting strategies which seem to be working for most students. With the current population, all are working in APEX credit recovery programs. Students worked on Remedial Math, Algebra, English 1, English 2 and English 3 as well as Social emotional learning (SEL) strategies, Digital Information Technology and Career Research.

As a result of the new program initiative "It Takes a Village", students were able to improve their grades and earn at least one course credit. In addition, there were four seniors who participated in the program successfully and were able to complete the required assignments. Since the students have improved their grades and earned the extra credit, the four seniors are now on track with their academic requirements for graduation in the spring.

The agency conducted Cardiopulmonary Resuscitation (CPR) training with youth during summer school. The youth were provided in-depth training regarding life-saving measures using appropriate skills in the event of an emergency to increase the survival rate of the ill or injured person. Now these youth will be able to take charge in an emergency situation until medical professionals arrive on the scene.

The agency had three incidents of positive COVID-19 cases. They continue to adjust its COVID-19 guidelines as recommended by the County and Centers for Disease Control (CDC) providing the staff with Personal Protective Equipment (PPE's), as well as taking steps to sanitize hard surfaces during every shift to keep everyone safe. County Risk Management Operations conducted active shooter training during the month of September 2022. This training covered all aspects of an active shooter on campus or out in the community including how often they occur and what to do if caught in an active shooting event. All staff attended.

Installation of a generator for the youth shelter during the hurricane season in the event of power outage was completed this year.

Family Counseling and SNAP have been dealing with critical staff shortages but has been able to continue to provide quality services to youth via WebEx Meeting, face-to-face, and in the home as requested. Family Counseling maintains a strong partnership with Orange County Public Schools. Family Counseling and SNAP staff worked during Hurricane Ian at Special Needs Shelters providing Mental Health Services.

Management participated in several community outreach events with various Community Providers. These events provided an opportunity for Orange County to collaborate with other providers and let the community know what resources Orange County provides. Management had a table at several events and provided the community with brochures and information about Family Counseling and the SNAP program. Management also handed out giveaways such as hand sanitizer, stress balls, pens, and cell phone holders.

Management was able to purchase Trauma Informed Care sensory learning toys, games, and activities used to improve learning, communication, and mood to be used with clients during sessions. Management also purchased many therapeutic and inspirational books to enhance the counselor's skills during sessions.

Staff participated in Back-to-School giveaways and Meet the Teacher events. This provided an opportunity for the staff to interact with the community and educated them on services to increase referrals.

The Family Counseling section of the agency exceeded contract by 77 and served 392 youth & families. Staff participated in several trainings each month provided by the Child Advocacy Center (CAC) to ensure compliance with contract requirements.

Several of the staff attended Quality Improvement (QI) training. Family Counseling staff provided 50 bookbags filled with school supplies to clients.

SNAP met contract and had 31 youth complete the SNAP groups. SNAP served 33 families during the 2021-2022 contract year. SNAP piloted SNAP for Youth and served 12 youth, meeting contract requirement. SNAP in Schools completed 104 groups, meeting contractual requirements. Three staff attended the SNAP Lead Training in Daytona Beach, Florida. Five staff completed the SNAP Facilitator Training. All Family Counseling staff and SNAP staff are facilitator trained. SNAP staff also attended SNAP for Youth Facilitator Training for both boys and girls.

Narrative Summary

Orange County Youth and Family Services (OCYFS) is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary residential and non-residential services to youth and families through the Children in Need of Services/Families in Need of Services (CINS/FINS) program. The agency is located at 1758 E. Michigan Street, Orlando, Florida. OCYFS serves both male and female youth in Orange and Osceola counties between the ages of ten to seventeen years who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The program is also contracted to provide services for Staff Secure Shelter and is a provider for youth referred through the Juvenile Justice Court System for domestic violence, probation respite, domestic minor sex trafficking, Family/Youth Respite Aftercare Services (FYRAC), and Stop Now and Plan (SNAP). The agency's accreditation by the Council of Accreditation (COA) is effective through February 28, 2025. Orange County Youth and Family Services is under the leadership of the Youth and Family Services Manager, a Senior Program Manager, a residential Program Manager, and a Family Counseling Program Manager. The shelter is licensed for 20 beds by the Department of Children and Families effective through December 20, 2022.

The agency is still operating the youth shelter and delivering community counseling services with a reduced number of staff members. The agency reports vacancies in both residential and non-residential staffing. The agency utilizes the background screening process to screen all staff members and interns. Since the last on-site program review, the longtime Shelter Manager retired. A new Shelter Manager was appointed over the Summer. The agency is not currently under external investigation or management review. All NetMIS data collection efforts are operational and up-to-date. The agency facilitates all client work with paper client file folders. The agency has an internal review process that involves reviewing the files to ensure that all files meet minimum client file service requirements. The residential program and community counseling program refer and receive eligible clients from each other following completion and official discharge of the client receiving services.

The agency has an outstanding youth shelter facility that is co-located with other residential group care cottages on the same multi-acre property. The youth shelter can serve a maximum of 20 residents and there were a total of 11 residents being served by the agency during the program review. The agency reported there were no changes to its existing behavior management plan that is used to work with the residents during their shelter stay. The agency follows a highly structured daily activities plan in which the direct care staff guide the youth through on a daily basis. The agency has recently secured a Registered Nurse (RN) who will be starting in their new nursing role for the agency in the next 30 days. The agency has master level counselors, as well as licensed clinicians who oversee the counseling and case management work performed by all counselors. The agency offers first aid, CPR and universal precautions training.

The agency also requires all staff to be able to assist in the delivery of medication. All staff members are trained by System Managers or the RN to access and distribute medications to residents via the upgraded Pyxis ES medication cabinet. The agency stores all prescribed medications in the Pyxis ES and no new trends were reported by the agency.

The overall findings for the QI Review for Orange County Youth and Family Services are summarized as follows:

Standard 1: Standard 1 has a total of three indicators regarding management accountability. Two of the three indicators in Standard 1 were rated Satisfactory (1.01 - Background Screening of Employees/Volunteers and 1.04 - Training Requirements) and one was rated Satisfactory with exceptions (1.06 - Client Transportation).

Standard 2: Standard 2 has a total of one indicator that is related to intervention and case management. The indicator 2.03 - Case/Service Plan was rated Satisfactory with exceptions.

Standard 3: Standard 3 has a total of two indicators regarding shelter care. Both indicators were rated Satisfactory with exceptions (3.01 - Shelter Environment and 3.06 - Staffing and Youth Supervision).

Standard 4: Standard 4 has a total of two indicators regarding mental health and health services. One of the two indicators was rated Satisfactory with no exceptions (4.02 - Suicide Prevention) and one indicator was rated Satisfactory with exceptions (4.03 - Medications).

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

None of the indicators reviewed resulted in a Limited or Failed rating.

October 12-13, 2022

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator</p>	<p>Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes Explain any items that have any deficiencies, exceptions or are not applicable.</p>
<p>Standard One – Management Accountability</p>		
<p>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</p>		<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>YES If NO, explain here: The agency policy number is 1.01, Background Screening. This policy content addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</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>	<p>Compliance</p>	<p>The program has a policy and procedures which were reviewed on January 28, 2022 by the program manager outlining the background screening and five-year rescreening process. The program utilizes Criteria Candidate Summary as their pre-employment assessment. A total of six new hire files were reviewed. Each of the six new hires passed the Criteria Candidate Summary with either a HIGH or MEDIUM 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>	<p>Compliance</p>	<p>Since the last program review, the program had a total six new hires. Each new hire was found to have an eligible background screening in the Florida Department of Juvenile Justice's Background Screening Unit (BSU), which contained evidence of each new hire receiving the required eligibility rating prior to hire date.</p>

October 12-13, 2022

<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>	<p>No eligible items for review</p>	<p>None of the employee files reviewed demonstrated a break in service.</p>	
<p>Five-year re-screening completed every 5 years from initial date of hire</p>	<p>Compliance</p>	<p>A review of the personnel records of all staff members employed with the agency more than four years was conducted. This review of records identified two staff members who were required to have five year rescreens conducted. Evidence of five year rescreenings with an eligible rating was found on two staff members prior to their five year anniversary date of hire.</p>	
<p>Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?</p>	<p>Compliance</p>	<p>An Annual Affidavit of Compliance with level 2 screening standards was submitted to the Department's Background Screening Unit on January 10, 2022.</p>	
<p>Proof of E-Verify for all new employees obtained from the Department of Homeland Security</p>	<p>Compliance</p>	<p>A review of the personnel record of all six new hires was conducted. Each of the six new hires had an E-Verify in their staff personnel record.</p>	
<p>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency policy number is 1.04, Training Requirements. This policy content addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		
<p>First Year Direct Care Staff</p>			
<p>All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.</p>	<p>Compliance</p>	<p>A review of two CINS/FINS and three SNAP training records was conducted. Each staff member completed new hire pre-service training requirements for safety and supervision.</p>	

October 12-13, 2022

<p>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></p>	<p>Compliance</p>	<p>Each of the five staff member (two CINS/FINS and three SNAP) training records had documentation of the completion of the required DOJ Civil Rights Training within the required timeframe.</p>	
<p>All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.</p>	<p>Compliance</p>	<p>Four of the five staff members completed a minimum of 80 hours of training for the first year of employment. One of the five staff is not able to complete training as a result of being on military active duty (deployed) since April 2022.</p>	
<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>Three of the five staff members completed all required training courses within the first 90 days of employment.</p>	<p>Exceptions: None of the staff members completed Managing Aggressive Behavior. Two of the five staff completed Universal Precautions and CPR/First Aid after the ninety day timeframe.</p>
<p>Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)</p>			
<p>Any designated staff that is responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.</p>	<p>Compliance</p>	<p>Three of the five staff (SNAP) are responsible for administering the NIRVANA. Each of the three staff have been trained in required trainings in order to enter information in the Department's Juvenile Justice System (JJIS).</p>	
<p>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</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>No eligible items for review</p>	<p>The program had no eligible non-licensed mental health clinical staff who were required to complete training in Assessment of Suicide Risk form overseen by a licensed mental health staff member.</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 <i>(40 hours if the program has a DCF child caring license)</i>.</p>	<p>Exception</p>	<p>Each of the four staff members reviewed completed required trainings except one training. Each of the staff members completed a minimum of 24 hours. The twenty-four hours of training include refresher courses from the Florida Network, SkillPro, and job-related training.</p>	<p>Exception: None of the four staff member training records contained evidence of completing Managing Aggressive Behavior.</p>
<p>Required Training Documentation</p>			

<p>The agency has a designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.</p>	<p>Compliance</p>	<p>The program manager is the designated person responsible for managing training records for staff. The training plans document review of staff progress of completion of required training.</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 electronic record/transcript, training certificates, sign-in sheets, and agendas for each training attended.</p>	<p>Compliance</p>	<p>The program maintains individual training records for each staff member to include a copy of the training plan. The training records are divided by annual training years. Each staff members' record has training certificates, sign-in sheets, and SkillPro trainings.</p>	
<p>1.06: Client Transportation</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency policy number is 1.06, Client Transportation. This policy content addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>Compliance</p>	<p>A review of staff members approved to drive and transport youth was conducted. All direct care staff members on the active staff roster are approved to conduct transportation activities on behalf of the program as directed management during their work shift.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>Compliance</p>	<p>A review of eight staff members driver's license records was conducted. All eight staff members personnel records contained evidence of these staff having a valid Florida driver's license. The agency is self-insured and all staff members are insured under the county government's policy.</p>	

<p>Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3rd party is NOT present in the vehicle while transporting</p>	<p>Compliance</p>	<p>A review of the agency's policy was conducted. The policy contains language which prohibits transporting clients without a minimum of one additional passenger during all transportation events. The policy does include exceptions that require the staff to contact the designated supervisor prior to entering any single party transport event.</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>	<p>Compliance</p>	<p>An interview with the program manager regarding third party policy resulted in the agency reporting it takes into account the client's history, evaluation, and recent behavior prior to each transportation event.</p>	
<p>The 3rd party is an approved volunteer, intern, agency staff, or other youth</p>	<p>Compliance</p>	<p>A review of all transportation practice indicated the agency designates an approved third party as staff member, volunteers, interns and youth in care at the shelter. A review of the last six months indicates third party riders were youth, staff members and interns.</p>	
<p>The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.</p>	<p>Exception</p>	<p>There were a total of fifty-nine single transport events documented with prior approval from the supervisor logged in the agency's Check Reviewed binder.</p>	<p>Exception: There were 2 single transportation events that were required to be documented prior to the transportation event occurring that were not found. These two events requiring prior approval occurred on June 1, 2022 (school transport event) and September 15, 2022 (JAC), were not documented in the binder. Supervisor was contacted to search for missing transportation events. The missing transportation events were not found by the agency.</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>	<p>Compliance</p>	<p>The agency documents all transportation events on a vehicle travel log called the Monthly Van and Cell Phone Check Out Log. The log includes date; destination; number of clients out; number of clients in; number of staff; supervisor approval; safety check completed, van number; and telephone number. The agency has a total of 3 transportation vans.</p>	
<p>2.03 - Case/Service Plan</p>			<p>Exception</p>
<p>YES If NO, explain here:</p>			

<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>	<p>The agency policy number is 2.03 Case / Service Plan. This policy content addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		
<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p>Compliance</p>	<p>Eight randomly selected residential and community counseling client files served in the last six months from April 2022 to October 2022 were assessed to determine their adherence to the requirements of this indicator. Six of the eight client files contained an initial case plan based on presenting problems obtained during the initial screening, intake and NIRVANA assessment process. Two cases contained NIRVANA documentation that was delayed. The program has documented evidence of attempting to contact clients and families in each client record.</p>	
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Compliance</p>	<p>The eight client records served in the last six months were reviewed. The reviewer identified the date of assessment in all eight client records to determine their adherence to the case plan being developed within the required 7 working days or less timeframe.</p>	

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<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>Exception</p>	<p>Eight randomly selected client records served in the last six months from April 2022 to October 2022 were reviewed to assess the status of case plan services provided by the agency. Eight of the eight client files were reviewed and found to have individualized case plans which addressed the goals identified during the screening, intake and in the NIRVANA assessment. Eight of eight client records contained evidence of each file documenting the service type, frequency, and location associated with addressing each client's goals in their respective service plans. Five of eight client records contained evidence of the designated person responsible for completing each goal documented in each file. Seven of eight client files contained evidence documenting the scheduled target dates. Seven out of eight eligible client records contained evidence of the actual date of completion of goals.</p>	<p>Exceptions: One community counseling record did not have documented evidence of a service plan with actual completion dates. Two of the eight client records did not contain evidence of parent/guardian signatures documented in each file. One non-residential client and two residential client records did not complete assigned one out of three assigned goals.</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>Compliance</p>	<p>Eight randomly selected client files served in the last six months from April 2022 to October 2022 were reviewed to assess the status of case plan services provided by the agency. Four of the eight client records were eligible to be reviewed for adherence to the requirements of this indicator. Four of the four eligible client records contained evidence of case plans which were reviewed for progress by counselor and parent/guardian every 30 days and schedule for review for 6 month follow up.</p>	
<p>3.01 - Shelter Environment</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.01</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency policy number is 3.01, Shelter Environment. This policy addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		

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<p>Facility Inspection</p>	<p>Exception</p>	<p>A full tour and inspection of the Orange County youth shelter was conducted on day one of the onsite program review. The youth shelter is located in the downtown area of the city. The building is a concrete structure with an entry way that opens up into a large dayroom or commons areas. The building has female and male bedrooms on opposite sides of the dayroom. The youth shelter is licensed by the Florida Department of Children and Families (DCF) through December 20, 2022 and can serve a maximum capacity of twenty residents. The facility has four bedrooms and a large bathroom on each side. Each bathroom has two sink basins and two shower stalls. Each room has a range of two to four beds. All beds have adequate fitted sheets, top sheets, comforters and pillows. All furniture in the day room and in the male and female bathrooms were in good shape. At the time of the tour of the facility, there were no rips, tears, markings or broken items identified. The facility has a small kitchen and washers and dryers in the building. The kitchen is only used for warming food and disseminating snacks. The facility is well lighted and has emergency lighting affixed and fully operational in all major areas. There is a youth care work station that is limited access to staff members only. The Pyxis ES Cabinet is located in the youth care work station. The knife for life, wire cutters, metal wand detector and camera system are also located in this office. The camera system has 16 camera views and can store up to 30 days of video footage. The facility has a grievance box. The grievance forms are located in the wall mounted trays in both the</p>	<p>Exceptions: Day one of program review found paint peeling in boys' bathroom and in cafeteria. Trash bin onsite is full and overflowing. One sink in boy's bathroom is not working. One transportation van requires cleaning (sticking, spilled item) on the driver's side floor mats. Freezer in cafeteria is missing a thermometer. During the walk-through inspection of the facility, there was no Material Safety Data Sheet (MSDS) found for the Lysol Scrubbing Bubbles cleaner. One shower is not working in the girl's bathroom. Work orders are in process for all repairs (shower handle, sink, painting and dumpster). On day two of the program review the dumpster has been emptied and is no longer overflowing. The weekly chemical inventory is being tracked on a weekly basis everywhere chemicals are stored. The chemical inventory is not being captured on a perpetual basis. The agency is in the process of developing a revised chemical inventory process on a perpetual basis. The agency provided a copy of a draft perpetual process on day two of the program review. The Senior Youth Care Supervisor later produced a MSDS and placed it in the main chemical inventory binder.</p>
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<p>Additional Facility Inspection Narrative (if applicable)</p>	<p>male and female halls. Chemicals are stored in a locked cabinet that is only accessible to staff members. The agency chemical inventory is counted weekly. The chemicals are counted utilizing an inventory form for chemicals and over the counter medication. This inventory maintains record of all chemicals in the facility. There is a secondary chemical inventory located in a locked cabinet in the dayroom. This secondary chemical storage area houses items that staff can easily access for daily cleaning chores. There is a separate inventory tracking the number of chemical items at this secondary location where the chemicals are stored. The facility has extensive exterior grounds that are immaculate and extremely well maintained. The grounds are expansive as the facility is co-located with several other residential group homes located on another area of the campus. The multi-acre downtown property includes open green space, a covered basketball pavilion, softball diamond, a swimming pool, a library and a cafeteria. The cafeteria is equipped with an industrial kitchen. The kitchen has large commercial refrigerators and an ice maker. The kitchen also has a walking freezer and refrigerator. There is a separate dining hall to eat all meals.</p>		
<p>Fire and Safety Health Hazards</p>	<p>Compliance</p>	<p>A fire inspection was conducted by the Orange County Fire Department on September 20, 2022. No violations were noted. An annual fire alarm system test was conducted by Signature Systems of Florida on September 12, 2022. Annual fire extinguisher inspection was conducted by United Fire Protection on August 23, 2022. A minimum of one fire drill per month was conducted within two minutes or less from April 2022 - October 2022. The agency conducts fire drills monthly on all three shifts. The agency conducted fire drills on April 14, 22, and 24; May 13, 18, and 29; June 15, 21 and 29; July 18, 23, and 26; August 4, 10, and 26; September 6, 27, and 30. The agency provided evidence of completing one mock emergency drill per shift per quarter between April 2022 - October 2022. Mock Drills were conducted on May 10, 2022 and three exercises were completed on each work shift (tornado on each drill), September 14, 2022 (three tornado drills conducted on each work shift).</p>	
<p>Additional Fire and Safety Health Hazards Narrative (if applicable)</p>			

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Grievance			
<p>There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.</p>	<p>Compliance</p>	<p>The agency has a grievance process for residents to report issues during their shelter stay. The agency's grievance box is located near the youth care work station in the dayroom. The client grievance forms are located on both the male and female hallways adjacent to their respective bedrooms. The forms are housed in wall mounted trays for residents to access as needed.</p>	
<p>There is evidence that grievance boxes are checked by management or a designated supervisor at least daily as evidenced in the program logbook. All grievances are resolved within 72 hours and documented by program director.</p>	<p>Exception</p>	<p>A review of the agency's current documentation process related to documentation of grievances on a daily basis was conducted. The reviewer interview resulted in the supervisor reporting that all grievances are checked by the supervisor daily.</p>	<p>Exception: The recent change in the policy which requires the agency document checking for grievances submitted by residents is not being documented by the agency at the time of this onsite program review. The agency did not provide documentation of a daily check for grievances by management or a designee as being completed and documented in a logbook or other method.</p>
Youth Engagement			

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<p>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.</p> <p>b. At least one hour of physical activity is provided daily.</p> <p>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.</p> <p>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.</p> <p>e. Daily programming schedule is publicly posted and accessible to both staff and youth.</p>	<p>Compliance</p>	<p>The agency has a detailed daily activity schedule posted in the youth dayroom in the youth shelter and in the hallways of male and female sleeping areas. The program conducts a daily activities schedule that includes caring for all general needs and a broad range of daily activities that include wake up, hygiene, room cleanup/chores, morning motivation/conference, breakfast, school, lunch, snack, individual counseling, recreation, physical activity, dinner, group, structured activity, evening chores, showers, snack, card conferences, bedtime level zero, rule restriction, and bedtime for all. The schedule specifically provides for daily physical activity and weekly faith-based activities. The youth shelter environment is abuse free and does offer non-punitive activities to those youth who do not participate in faith-based activities. The agency has a behavior management system (BMS) that each direct care staff member is trained to use when engaging with residents during their shelter stay. The daily schedule is also posted in the dayroom for both youth and staff to access as needed.</p>	
<p>3.06 - Staffing and Youth Supervision</p>		<p>Exception</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.06</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency policy number is 3.06, Staffing and Supervision. This policy addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		

<p>The program maintains minimum staffing ratios as required by Florida Administrative Code and contract.</p> <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<p>Compliance</p>	<p>The program has a policy and procedures outlining supervision of youth. The policy and procedures requires staff to youth ratio to be 1:6 during awake hours and community service hours and 1:12 during sleeping hours. A review of the staff member schedule was conducted. The staff schedule consistently staffed each shift with a minimum of 2 staff persons per work shift.</p>	
<p>All shifts must always provide a minimum of two direct care staff present that have met the minimum training requirements</p>	<p>Compliance</p>	<p>A review of the staff member schedule, logbooks, youth census, and available video in the last six months for each shift was conducted. The logbooks from the last six months and video footage from the last 30 days confirmed staff and youth ratio was being met during awake and sleeping hours.</p>	
<p>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</p>	<p>Compliance</p>	<p>A review of documentation confirmed each staff member file observed for the Background Screening and Training indicators completed required training courses and background screening as required.</p>	
<p>The staff schedule is provided to staff or posted in a place visible to staff</p>	<p>Compliance</p>	<p>It was observed the staff schedule for two weeks was posted in the master control room for staff access.</p>	
<p>There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed</p>	<p>Exception</p>	<p>The program does have a binder with all staff telephone numbers to call when additional coverage is needed. When coverage is needed, the staff goes to the list of telephone numbers and conducts calls asking other staff members to come in to work.</p>	<p>Exception: The program does not have a formal holdover schedule.</p>
<p>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</p>	<p>Compliance</p>	<p>Logbooks and video footage were reviewed to confirm staff observing youth at least every fifteen minutes during sleeping hours or in rooms. The logbooks and video confirm staff were conducting checks within fifteen minutes as required.</p>	
<p>4.02 - Suicide Prevention</p>			<p>Satisfactory</p>
<p>YES</p> <p>If NO, explain here:</p>			

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<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</p>	<p>The agency policy number is 3.06, Staffing and Youth Supervision. This policy addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>		
<p>Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)</p>			
<p>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.</p>	<p>Compliance</p>	<p>Six randomly selected client records (three open and three closed) served in the last six months from April 2022 to October 2022 were assessed to determine their adherence to the requirements of this indicator. Six of the six client files contained documented evidence of the client indicating a 'Yes' on a suicide risk screening to at least one of the five suicide questions. Each direct care staff member is trained and asks all residential clients the five suicide risk screening questions during the intake process. Each of the six client records reviewed contained evidence of the supervisor's signature confirming the review of the screening results. All six client files answered 'Yes' to a minimum of one or more suicide risk screening questions.</p>	
<p>Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)</p>			
<p>Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.</p>	<p>Compliance</p>	<p>Six of the six client records contained documented evidence of a completed screening form in the file indicating the youth being placed on sight and sound supervision status. A review of the program logbook found that all six clients were documented in the logbook as being placed on the appropriate level of elevated supervision. All six client records contained a 'Yes' response on the suicide risk form which required immediate placement on sight and sound status.</p>	

<p>Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals</p>	<p>Compliance</p>	<p>All direct care staff members are required to document the status of the client every thirty minutes or less while on duty. Six of the six client records contained documented evidence of the client's status being observed on sight and sound observation sheets every thirty minutes or less by direct care staff across all three work shifts. No clients were removed from this status unless receiving direct orders from the clinician to remove them from sight and sound status.</p>	
<p>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</p>	<p>Compliance</p>	<p>Six of the six client files contained documented evidence of the client's sight and sound status not being changed unless given directions by order of the licensed clinician to maintain them on the same status or remove them from the sight and sound status. All sight and sound observations are consistently documented by direct care staff without interruption unless ordered by the licensed clinician to remove them from the sight and sound status. Each of the six client records reviewed had documented evidence in the logbook and observation sheets indicating the clients were removed from the sight and sound status by order of the licensed clinician.</p>	
<p>Youth with Suicide Risk (Community Counseling Only)</p>			
<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>Not Applicable</p>	<p>This section of the indicator is only applicable to Community Counseling service providers.</p>	

<p>During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.</p>	<p>Not Applicable</p>	<p>This section of the indicator is only applicable to Community Counseling service providers.</p>	
<p>Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth's file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.</p>	<p>Not Applicable</p>	<p>This section of the indicator is only applicable to Community Counseling service providers.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>Not Applicable</p>	<p>This section of the indicator is only applicable to Community Counseling service providers.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>Not Applicable</p>	<p>This section of the indicator is only applicable to Community Counseling service providers.</p>	
<p>4.03 - Medications</p>			<p>Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.03</p>		<p>YES</p>	
		<p>If NO, explain here:</p>	
		<p>The agency policy number is 3.06, Staffing and Youth Supervision. This policy addresses all requirements for this indicator. The policy was reviewed and signed by the Program Manager on January 28, 2022.</p>	

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<p>The agency has a Registered Nurse (RN) and/or a Licensed Practical Nurse (LPN) that is being supervised by RN and all of their credentials have been verified.</p>	<p>Exception</p>	<p>A new RN is in the hiring process and should have a start date in the next 30 days.</p>	<p>Exception: The program has not had a Registered Nurse (RN) since April 2022.</p>
<p>Medication Storage</p>			
<p>a. All medications are stored in a Pyxis ES 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 Pyxis ES 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 LOCK- RIGHT</p>	<p>Compliance</p>	<p>The program stores narcotics and controlled medications. At the time of annual review, the program did not have any narcotics or controlled medications. It is typically stored in a Pyxis ES medication cabinet which is located in an area inaccessible to youth. All oral medications are stored separately from the injectable Epi-pen and topical medications. The program has a secured refrigerator and inaccessible to youth. The program maintains the Pyxis ES medication cabinet keys in an area accessible to staff members. The program does not have syringes and other sharps on site.</p>	
<p>Medication Distribution</p>			

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<p>a. Agency maintains a minimum of 2 site-specific System Managers for the Pyxis ES Station</p> <p>b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)</p> <p>c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff</p> <p>d. Agency verifies medication using one of three methods listed in the FNYFS Policies & Procedures Manual</p> <p>e. When nurse is on duty, medication processes are conducted by the nurse</p> <p>f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy</p> <p>g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens</p> <p>h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse</p>	<p>Compliance</p>	<p>The program has ten site staff members who are System Managers for the Pyxis ES medication cabinet. Ten staff have been trained to administer medication by a registered nurse. Trained System Managers are the only staff that are permitted access to secured medications. The agency verifies all medication utilizing the three methods consistent with the FNYFS policy. All trained System Managers assist in the delivery of medications to all clients that require medication during their shelter stay. The program utilizes Medication Distribution Log to document distribution of medication to youth by both licensed and non-licensed staff. The program does not accept youth who require injection medication except Epi-pens.</p>	
<p>Medication Inventory</p>			

<p>a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift to shift count verified by a witness and documented</p> <p>b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory</p> <p>c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly</p>	<p>Compliance</p>	<p>The program did not have any controlled substances and syringes/sharps on-site; therefore, an inventory was not required. All controlled medications stored in the Pyxis ES Station are inventoried three times per day on each work shift. All prescribed medications are inventoried weekly and when distributed to the client. When applicable, all sharps are inventoried weekly and when the agency assist the client with an Epi-pen. Epi-pens are the only sharps/pens that are allowed to be accepted in the program.</p>	
<p>There are monthly reviews of the Pyxis reports to monitor medication management practice.</p>	<p>Compliance</p>	<p>The program conducts monthly reviews reports of the Pyxis at the end of each month to ensure compliance.</p>	
<p>Medication discrepancies are cleared after each shift.</p>	<p>Compliance</p>	<p>The program has a practice in place to address any discrepancies identified. If discrepancies do arise, staff members are required to clear any discrepancies prior to leaving their work shift.</p>	