



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

Thaise Educational and Exposure Tours - Jacksonville

**728 Blanche Street
Jacksonville, Florida 32204**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Modified Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Thaise Educational and Exposure Tours – Jacksonville, for the FY 2022-2023 at its program office located at 728 Blanche Street, Jacksonville, Florida 32204. 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. Thaise Educational and Exposure Tours – Jacksonville 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 Baldwin Davis Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, LeAnn Gruentzel. Agency representatives from Thaise Educational and Exposure Tours – Jacksonville present for the entrance interview was the Chief Executive Officer, Teresa Clove. The last QI visit was conducted November 3, 2021.

In general, the Reviewer found that Thaise Educational and Exposure Tours – Jacksonville is in compliance with specific contract requirements. Thaise Educational and Exposure Tours – Jacksonville **received an overall compliance rating of 100% for achieving full compliance** with two 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

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 02-23-2021-2023

Agency Name: Thaise Educational and Exposure Tours – Jacksonville					Monitor Name: Baldwin Davis, Lead Reviewer						
Contract Type: CINS/FINS					Region/Office: 728 Blanche Street, Jacksonville, Florida 32204.						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): November 9, 2022						
Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)						
Major Programmatic Requirements							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"/>	No recommendation or Corrective Action. Documentation: The agency is insured for General Liability through United States Liability Company. The limits include coverage of \$1,000,000 each occurrence; \$2,000,000 aggregate; \$1,000,000 personal injury; \$100,000 Damage to Rented Property; \$5,000 medical expenses (any one person); \$100,000/200,000 Abuse Coverage Occ/Agg; effective 03/01/2022-03/01/2023. Professional Liability through United States Liability Company. The limits include coverage of \$1,000,000/2,000,000 Occurrence/Aggregate; effective dates 02/05/2022- 02/05/2023.	

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Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						Auto Insurance is provided through Progressive Express Ins. Company, with combined single limit coverage for Bodily Injury \$250,00 per person; \$500,00 each accident; Property Damage \$100,000 each accident; effective 01/13/2022 -01/13/2023. The Florida Network is listed 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 Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed 10/10/2022.	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A: The provider does not use petty cash for program related or any other purchases. Procedures for petty cash	No recommendation or Corrective Action.

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Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): November 9, 2022		
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Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
						are contained in the Fiscal Policies and Procedures Manual.	
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"/>	N/A: The agency states that it has not purchased any items with FNYFS monies since the last QI review was conducted in November 2021. The agency maintains an ongoing inventory of office sundries under the \$1000.00 required value for reporting but submits this list to the Florida Network monthly.	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"/>	N/A: The annual expenses for the agency are not greater than \$750,000. The agency is therefore not required to submit an annual single audit from an outside agency. No Management Letter is applicable or required.	No recommendation or Corrective Action.

CONCLUSION

Thaise Educational and Exposure Tours (TEET) – Jacksonville 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.

Three of the five indicators were not applicable because 1). the provider does not have any current inventory purchased with DJJ/FN Funds, 2). the provider is not required to submit a Single Audit from an outside agency and 3). the provider does not use a petty cash system. Consequently, **the overall 100% compliance rate for this contract monitoring visit is percentage.** 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 fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Educational and Exposure Tours - Jacksonville

CINS/FINS Program

DATE: November 9, 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 and Service Delivery	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
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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

Baldwin Davis - Lead Reviewer Consultant - Forefront LLC/Florida Network of Youth and Family Services
LeAnn Gruentzel – Regional Monitor - 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	Case Manager		Nurse – Full time
Chief Financial Officer	Counselor Non-Licensed		Nurse – Part time
Chief Operating Officer	Advocate		# Case Managers
Executive Director	Direct – Care Full time		# Program Supervisors
Program Director	Direct – Part time		# Food Service Personnel
Program Manager	Direct – Care On-Call		# Healthcare Staff
Program Coordinator	Intern		# Maintenance Personnel
Clinical Director	Volunteer		# Other (listed by title): ____
Counselor Licensed	Human Resources		

Documents Reviewed

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

Observations During Review

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

Surveys

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

Due to COVID-19, this review was conducted using the Modified QI Review tool.

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 (TEET) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide non-residential Children in Need of Services/Families in Need of Services (CINS/FINS) for youth and their families in Duval County. They target at-risk youth from ages 6-17 who may be exhibiting behavioral and academic issues and provide centralized screening and intake services during regular business hours. The agency's Executive Director oversees the operations of a total of three (3) TEET locations. Thaise Educational and Exposure Tours - Jacksonville location remains at 728 Blanche Street, Suite 115, Jacksonville, Florida 32204. The Chief Executive Officer (CEO) has indicated that they have no plans to change their location anytime soon. The agency reports that this location works well for them and the property management team has completed the well-needed maintenance and a carpet cleaning recently. TEET provided college tours within Florida up to three times a year to expose the youth to possible college and university choices. Due to COVID-19, these tours were suspended but are gradually being resumed.

Prior to the COVID-19 pandemic, all services were provided in the youth and/or family's homes if that option was possible for the client. However, due to post-COVID-19 concerns voiced by families, most services are now provided in schools to youth or done virtually. For transportation, the records reviewed indicate that no staff transportation of youth occurred since the COVID-19 pandemic. There is an appropriate transportation policy in place and all staff are covered under the agency's insurance policy.

TEET funding has not changed and remains the same since the last review as well as the CEO reports that no new grants were applied for over this past year. As a result, TEET continues to be funded through CINS/FINS and Family/Youth Respite Aftercare Services (FYRAC) grants. TEET has partnered with agencies in their building (Enterprise Community Center) including legal services from an attorney based in their building. TEET continues to be engaged in and attend the community monthly meetings and workshops. They also continue to attend the Department of Juvenile Justice Circuit Advisory Board meetings which have been conducted virtually this year and are still doing outreach in the community, though these outreach activities have mostly been virtual. The CEO reports that the community meetings are gradually transitioning to in-person but have not fully done so at this time. At the time of the review, the CEO confirms that TEET is not subject to any corrective action plans.

Narrative Summary

Thaise Educational and Exposure Tours (TEET) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide non-residential Children in Need of Services/Families in Need of Services (CINS/FINS) for youth and their families in Duval County. They target at-risk youth from ages 6-17 who may be exhibiting behavioral and academic issues and provide centralized screening and intake services during regular business hours. The agency's Executive Director oversees the operations of a total of three (3) TEET locations. Thaise Educational and Exposure Tours - Jacksonville location remains at 728 Blanche Street, Suite 115, Jacksonville, Florida 32204. The Chief Executive Officer (CEO) has indicated that they have no plans to change their location anytime soon. The agency reports that this location works well for them and the property management team has completed the well-needed maintenance and a carpet cleaning recently. TEET provided college tours within Florida up to three times a year to expose the youth to possible college and university choices. Due to COVID-19, these tours were suspended but are gradually being resumed.

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TEET staff continue to work remotely from home as a result of the COVID pandemic. It appears to be working well and providing a good work and home balance for staff and their clients, so they are continuing with this remote or hybrid work model. Their case managers have an assigned day each week that they visit the office to complete or submit paperwork. The office is opened Monday-Friday 8am to 5pm and should any case manager need to meet with a family or do a group session with a family or youth, they will schedule to come in for that particular day. Post COVID-19 group sessions are few and limited due to family's reluctance for fear of health exposures. The current Program Manager/CEO and the Data Clerk are in the office daily and several days of each month the Program Manager attends one of the other TEET locations or may work from home. The agency utilizes manual files and maintains these for all clients. Client files reviewed were all organized, labeled appropriately with relevant sections providing ease of access to documentation in a logical manner.

There is a policy in place titled 3.01 Suicide Prevention that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO. The agency has a policy 3.01 and protocol in place with local mental health providers to make referrals if there is suicide risk assessment identified.

The overall findings for the QI Review for Thaise Jacksonville are summarized as follows:

Standard 1: This standard had three applicable indicators for this review regarding Management Accountability; two indicators 1.01 and 1.06 were rated Satisfactory with no exceptions and Indicator 1.04 was rated Satisfactory with an exception.

Standard 2: This standard had two applicable indicators for this review that relate to Intervention and Case Management; both indicators 2.03 Case Service Plan and 2.04 Case Management and Service Delivery were rated Satisfactory with no exceptions.

Standard 4: This standard had one applicable indicator for this review regarding Mental Health/Health Services; Indicator 4.02 Suicide Prevention was rated Satisfactory with no exceptions.

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: Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 5.03 Background Screening that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.</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>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 and the agency has provided an explanation for staff hired with a non-passing/low score. There was one new employee hired since the last QI review. The agency uses the HR Avatar Preemployment Test. The employee completed the screening prior to hire and documented 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>	<p>Compliance</p>	<p>The newly hired staff had a background screening completed prior to date of hire with an eligible rating.</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.	Compliance	The Agency has evidence for one employee who had a family absence break in service, not terminated. The staff was in good standing and resumed duties with the agency without an additional suitability assessment but a successful background screening was conducted although the break was less than 90 days.	
Five-year re-screening completed every 5 years from initial date of hire	Compliance	The employee roster presented identified no staff as being applicable for a 5-year re-screen since the last review.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening Standards via email on January 25, 2022.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	Documentation of approval of E-Verify work eligibility was provided for the new staff who was hired.	
Additional Comments: There are no additional comments for this indicator.			
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)		Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here: Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 6.4 Training that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Compliance	The first year staff file that was reviewed completed the mandatory pre service requirement for safety and supervision training and required during the first 90 days of employment.	

<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>The newly hired staff training file reviewed indicated that the staff completed the DOJ Civil Rights and Federal Funds training in the first thirty days of hire.</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>One direct care CINS/FINS staff was reviewed while not reached the required amount of annual hours, this is on track to meet the minimum of 80 hours of training or more for the first full year of employment. The staff was employed on 5/19/2022 and has 76 hours of training as of 11/9/2022.</p>	
<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>The staff training file reviewed showed that the staff received mandatory training during the first 90 days of employment from date of hire with the exception that two of the required trainings were completed at a later date.</p>	<p>Exception: One new staff did not complete SOGIE and Serving LGBTQ Youth training within the required 90 day timeframe. The staff completed both trainings on 11/7/2022.</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>The new staff training file reviewed showed that the staff had completed the relevant NIRVANA training that ensures accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.</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>Not Applicable</p>	<p>The program is a community based non-residential and does not employ any clinical shelter staff.</p>	

In-Service Direct Care Staff		
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	Compliance	There were three (3) in-service employee training files reviewed and all staff had completed the required annual training in excess of 24 hours.
Required Training Documentation		
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.	Compliance	The agency has a designated staff member, a Data Clerk is responsible for managing all staff individual training files and she completes routine reviews of staff files to ensure compliance.
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.	Compliance	The agency maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentations.
Additional Comments: There are no additional comments for this indicator.		
1.06: Client Transportation		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.06	YES	
	If NO, explain here:	
	Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 5.07 Transportation of Youth that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.	

Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Compliance	The program provided a list of staff approved to transport youth.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Compliance	Documents showed that all staff at the program are approved to transport youth and all have a valid Florida driver's license and are listed and covered under the agency's insurance 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	Compliance	The program's policy titled 1.06 Client Transportation prohibits transporting of a youth alone. It also includes exceptions in the event that a 3 rd party is not present in the vehicle.	
In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	No eligible items for review	The program has not transported any youth during this review period and since the COVID-19 pandemic.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	No eligible items for review	The program has not transported any youth during this review period and since the COVID-19 pandemic.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	No eligible items for review	The program has not transported any youth during this review period and since the COVID-19 pandemic.	
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.	No eligible items for review	The program has not transported any youth during this review period and since the COVID-19 pandemic.	

Additional Comments: There are no additional comments for this indicator.

2.03 - Case/Service Plan		Satisfactory	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>		YES	
		If NO, explain here:	
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 4.03 Case/Service Plan that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.	
<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p>Compliance</p>	<p>Ten (10) files were reviewed, five (5) open and five (5) closed. All case plans were developed based on information gathered during the initial screening, intake, suicide screening, and NIRVANA completion.</p>	
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p>Compliance</p>	<p>All ten (10) case plans were completed within seven (7) working days of the NIRVANA being completed.</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>Compliance</p>	<p>In all ten (10) files reviewed the Service Plan included: individualized and prioritized needs and goals identified by NIRVANA, service type, frequency, and location; person responsible, target dates for completion, signature of youth, parent/guardian, counselor, and supervisor; and the date the plan was initiated. All five (5) closed files reviewed documented actual completing dates.</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>Nine (9) out of the ten (10) files were applicable for Service Plan reviews. All applicable Service Plan reviews were completed every thirty days, as applicable, for the first three months. One (1) file was not applicable for a thirty day review due to being admitted within the last thirty days. None of the files were applicable for reviews beyond the first three months and none of the files selected were older than six months.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.04 - Case Management and Service Delivery</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</p>	<p>YES</p> <p>If NO, explain here:</p> <p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 4.04 Case Management Services that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.</p>		
<p>Counselor/Case Manager is assigned</p>	<p>Compliance</p>	<p>Ten (10) files were reviewed, five (5) open and five (5) closed. All ten (10) files showed that a Case Manager was assigned to the youth.</p>	

<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit 	<p>Compliance</p>	<p>Ten (10) files were reviewed, five (5) open and five (5) closed. All ten (10) files established referral needs and coordinated referrals to services based upon the ongoing assessment of the youth's/family's problems and needs, coordinated service plan implementation, monitored youth's/family's progress in service, and provided support to families. None of the files were applicable for monitoring out-of-home placement. None of the files were applicable for referring the youth and family to the case staffing committee. None of the files reviewed were applicable for accompanying youth/guardian to court hearings and related appointments or were applicable for needing youth or family referrals for additional services. All five (5) applicable closed files provided case termination documentation. Two (2) files were applicable for providing follow-up after 30 days of exit and one (1) file after 60 days of exit. All follow-ups were completed and documented as required.</p>	
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>Compliance</p>	<p>During the annual review period, the program maintained written agreements with eighteen other community partners, including services provided and a comprehensive referral process.</p>	

Additional Comments: There are no additional comments for this indicator.

4.02 - Suicide Prevention		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here:		
	Indicate policy number, authorized signee, date(s) of last review/revision/approval: There is a policy in place titled 3.01 Suicide Prevention that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.		
Suicide Risk Screening and Approval (Residential and Community Counseling)			
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.	Compliance	Ten (10) files were reviewed, five (5) open and five (5) closed. All ten (10) files documented that a suicide risk screening was completed during initial intake and screening process.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services.	
Supervision of Youth with Suicide Risk (Shelter Only)			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	Not Applicable	N/A - This program is a community based counseling service and does not provide shelter services.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	Not Applicable	N/A - This program is a community based counseling service and does not provide shelter services.	
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	Not Applicable	N/A - This program is a community based counseling service and does not provide shelter services.	

Youth with Suicide Risk (Community Counseling Only)			
<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>No eligible items for review</p>	<p>Of the ten (10) files reviewed, none of the youth were identified or documented as a suicide risk during the intake process.</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>No eligible items for review</p>	<p>Of the ten (10) files reviewed, none of the youth were identified or documented as a suicide risk during the intake process.</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>No eligible items for review</p>	<p>Of the ten (10) files reviewed, none of the youth were identified or documented as a suicide risk during the intake process.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>Of the ten (10) files reviewed, none of the youth were identified or documented as a suicide risk during the intake process.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>Of the ten (10) files reviewed, none of the youth were identified or documented as a suicide risk during the intake process.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			