



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



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

**January 25, 2023**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Modified Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Thaise Educational & Exposure Tours – Saint Petersburg (Thaise – St. Pete) for the FY 2022-2023 at its program office located at 1111 18<sup>th</sup> Avenue South, St. Petersburg, FL 33712. 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 & Exposure Tours 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, Sharday Moore. Agency representatives from Thaise Educational & Exposure Tours – St. Pete present for the entrance interview were Teresa Clove – CEO/Executive Director, Shanna Baker - Program Manager and Cynthia Rogers - Data Clerk. The last QI visit was conducted June 1, 2022.

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

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: [keithcarr@forefrontllc.com](mailto:keithcarr@forefrontllc.com)

## 2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 01-25-2022-2023

<b>Agency Name: Thaise Educational &amp; Exposure Tours</b>					<b>Monitor Name: Baldwin Davis, Lead Reviewer</b>		
<b>Contract Type: CINS/FINS</b>					<b>Region/Office: 1111 18<sup>th</sup> Avenue South, St. Petersburg, FL 33712</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): January 25, 2023</b>		
<b>Major Programmatic Requirements</b>	<b>Explain Rating</b>					<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
<b>I. Administrative and Fiscal</b>							
<b>Limits of Coverage</b> 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 of \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability is through United States Liability Insurance Company for limits of coverage \$1,000,000 each occurrence \$2,000,000 for aggregate, and \$5,000 medical expense per person, effective 3/1/22-3/1/23.  United States Liability Insurance Company provides \$1,000,000 coverage for Professional E&O per incident and \$2,000,000 for general aggregate, effective 3/1/22-3/1/23.  Automobile insurance is through Progressive Commercial for single limit coverage for Bodily Injury \$250,00 per person; \$500,000 each accident; Property Damage \$100,000 each accident; Basic Personal Injury Protection is \$10,000	<b>No recommendation or Corrective Action.</b>

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<b>Major Programmatic Requirements</b>						
<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>		
					per person. Policy effective for 2/5/22-2/5/23. Thaise St. Pete is exempt from having workers compensation due to not having enough full-time employees.  Florida Network is listed on the General Liability certificate as certificate holder.	
<b>Fiscal Practice</b> 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. <b>PTV</b>					<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
					Documentation: Fiscal Policies and Procedures are contained in the Thaise Educational and Exposure Tours, Inc. Management Fiscal Manual. These policies include Reporting Payroll Records, Independent Audit, Payment Posting and Reconciliation, Conflict of Interest, Bank Accounts, General Ledger Entries, Equipment and real Property, Risk Management, Safety/Risk Management, Financial Statement and Accounting Procedures. The procedures reviewed appear to be consistent and provide for sound internal controls. The CEO and the Thaise Board Members review the	
					<b>No recommendation or Corrective Action.</b>	

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	<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>		
						policies during an annual board meeting that has a revision date of October 2022.	
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.) – <b>ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O/D/I: No change in practice was reported for the agency since the last site program review in June 2022. Reviewed Policy and Procedure - Petty Cash Fund. The program's policy states that Thaise does not use petty cash at this time but if needed there is a policy in place. Staff confirmed that there was no petty cash on hand.	<b>No recommendation or Corrective Action.</b>
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. <b>PTV/ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interview N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	<b>No recommendation or Corrective Action.</b>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interview: N/A - The annual expenses for the agency are not greater than \$750,000. The agency is exempt from obtaining a single audit from an outside agency.	<b>No recommendation or Corrective Action.</b>

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	<b>Explain Rating</b>						
<b>Major Programmatic Requirements</b>	<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
	extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. <b>Obtain from FNYFS</b>						

## CONCLUSION

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

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](http://www.floridanetwork.org)) website forms section and download the Service Provider Corrective Action Tracking Form.



## **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Thaise Educational and Exposure Tour - St. Petersburg  
CINS/FINS Program

DATE: January 25, 2023

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 CaseManagement 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 %

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

**Documents Reviewed**

<input 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 type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> Youth Handbook
<input type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Grievance Process/Records	<input type="checkbox"/>	# Health Records
<input type="checkbox"/> Logbooks	<input type="checkbox"/> Key Control Log	<input type="checkbox"/>	# MH/SA Records
<input type="checkbox"/> Continuity of Operation Plan	<input type="checkbox"/> Fire Drill Log	<input type="checkbox"/>	# Personnel /Volunteer Records
<input type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<input type="checkbox"/>	2 # Training Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<input type="checkbox"/>	6 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input type="checkbox"/> Program Schedules	<input type="checkbox"/>	4 # Youth Records (Open)
<input type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/>	# Other: ___
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	<input type="checkbox"/>	

**Observations During Review**

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

**Surveys**

0 # of Youth	0 # of Direct Staff	<input type="checkbox"/>	# of Other	<input type="checkbox"/>
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January 25, 2023

## Comments

Due to the systemic staffing issues which impact the availability for member agencies to participate in the QI Peer Review team review, 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

The agency provided the following programmatic updates:

Staffing: Thaise Educational and Exposure Tours, Inc. (TEET) St. Petersburg operates their Pinellas County CINS/FINS contract primarily with two staff members. They are a Program Manager/Case Manager and a Data Clerk. The agency's CEO, Teresa Clove, occasionally works from and provides some staffing cover at one of three TEET locations.

Programmatic Updates: TEET serves children and families on the North and South side of St. Petersburg, Florida. The referrals come from the schools, other programs, parents/family members, friends, law enforcement and by word of mouth. TEET staff are office based as they resume normalcy in working, post COVID 19 pandemic. The office is fully functional and staff meet with families onsite, primarily for intake purposes. The Chief Executive Officer (CEO) reports that they are on track to meet their overall contractual case load numbers for the year. The CEO also notes that no new CINS/FINS initiatives are in place and that the program is continuing to provide in home, school and community base services. The Enrichment Program was halted due to COVID-19, but plans are in place to have it resumed in the new fiscal year 2023-24. The agency reports that some families are still reluctant to have in-person services in their homes and some are not ready for their youth to attend group functions. They operate in communities that were hard hit by the pandemic and are still recovering from the ravaging pandemic effects. The agency has no agency accreditations but operates to the high standards expected of the Florida Network of Youth and Families and Florida Department of Juvenile Justice (DJJ). In terms of service of the practice model, client sessions are provided in-person or virtual on a weekly basis. TEET states there are no immediate plans to utilize electronic files and so they continue to operate a paper file system. These files are kept in the office in organized individual binders and maintained in a securely locked file cabinet.

Facility: The agency remains at its present location, 1111 18th Ave South, Suite #7, St. Petersburg, Florida 33705 and has no plans to change the location any time soon as it appears to be working well for them and the community they serve, especially as it is very well used and maintained multi-functional city facility. The offices are clean and adequately furnished with all the essential needs. All required signs were posted as well as the first aid kit was viewed in place.

Funding: TEET funding has not changed and has remained the same since the last review. The CEO reports that no new grants were applied for and there have been no capital campaigns over this past year. TEET St. Petersburg continues to be funded through the CINS/FINS program.

Governance and Community: The CEO reports that TEET has been involved with the community partners in St. Petersburg and has been very active in the Campbell Park community meetings once a month. This year they have a partnership with Bay Kids Cohort of Champions and Woodlawn Elementary School as a referral source for the program.

The agency continues to attend the Department of Juvenile Justice (DJJ) Community Advisory Board (CAB) meetings which remain in practice virtually as a result of COVID. There have been no new mental health agreements as TEET has agreements with Family Resources and Suncoast Mental Health as well as Cara-Pinnacle ADHD Counseling Services. They have an active three-person board of directors which has not changed since the last review.

Major Challenges: As a result of COVID, some parents are still requesting virtual services. Significant numbers of parents are still not comfortable with the case manager coming to their homes or schools. TEET St. Petersburg has a contract with Pinellas County Schools to visit clients on campus if the parents agree.

External Correction Action Plans: TEET St. Petersburg is not currently subject to any correction action plans.

### **Narrative Summary**

Thaise Educational and Exposure Tours (TEET) St. Petersburg is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Pinellas County, Circuit 6. 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.

At the time of the review, the TEET – St. Petersburg location employs a Program/Case Manager and a Data Clerk. The agency ensures that Level 2 background screening is a mandatory requirement for all employees and volunteers working with direct access to youth to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. The agency ensures that all staff members meet minimum professional credentials and are provided the necessary training to perform their job responsibilities. Individual training records are maintained in a binder for each staff that includes: a training plan, individual certificates, and training hours. The agency employs a contracted Case/Program Manager to provide all case management and counseling services at its St. Petersburg location. The contracted Case/Program Manager has a bachelor's degree. The agency accepts referrals from established partners and the local elementary, middle, and high schools. The agency also receives referrals from youth, parents/guardians, and local community-based organizations. The agency trains all staff members to screen for presenting problems, current risk, and CINS/FINS eligibility criteria to determine the needs of the family and youth. The agency has screening, intake, and assessment components to address an array of various issues presented by youth and their families. TEET provides college tours within Florida up to three times a year to expose the youth to possible college/university choices. Due to COVID-19, these tours were suspended but are expected to reconvene this summer, 2023.

Pre covid 19, all services were provided in the youth and family's homes, if possible, or in a suitable community location. However, due to COVID-19, most services are provided in school to youth or virtually. The practice is for a hybrid operation, depending on the need or requirements of the family. For transportation, records indicate that no staff transportation of youth has occurred since the Covid 19 pandemic. There is an appropriate transportation policy in place as well as all staff is covered under the agency's insurance policy.

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

**Standard 1:** A total of three indicators were reviewed for this standard, 1.01, 1.04 and 1.06. All three indicators were rated Satisfactory.

**Standard 2:** A total of two indicators were reviewed for this standard, 2.03 and 2.04. Both indicators were rated Satisfactory.

**Standard 4:** One indicator was reviewed for this standard, 4.02. The indicator was rated Satisfactory.

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

At the time of this review, there were no indicators that received a limited or failed rating.

**CINS/FINS QUALITY IMPROVEMENT TOOL**

<p><b>Quality Improvement Indicators and Results:</b> Please select the appropriate outcome for each indicator</p>	<p><b>Review Based Upon Document Source</b> <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p><b>Notes</b> Explain any items that have any deficiencies, exceptions or are not applicable.</p>
<p><b>Standard One – Management Accountability</b></p>		
<p><b>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b></p>		<p><b>Satisfactory</b></p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p><b>YES</b></p>	
	<p>If NO, explain here:  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><b>Compliance</b></p>	<p>The agency uses HR Avatar Employment Test to screen new employees for suitability with a passing score greater than 50. There were no employee's hired since the last review who required screening prior to date of hire in order to obtain 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><b>No eligible items for review</b></p>	<p>There were no new employees hired who would have required background screening by the agency since the last review.</p>
<p>Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.</p>	<p><b>No eligible items for review</b></p>	<p>There were no employees who had a break of less than ninety days who are in good standing and was reemployed by the agency.</p>

Five-year re-screening completed every 5 years from initial date of hire	No eligible items for review	There were no staff who required a five year re-screening since the last review period.	
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 to the Background Screening Unit (BSU) on 1/05/2022 as evidenced by date recorded on the Background Screening Unit (BSU) Good Moral Character Affidavit checklist. Email verification to BSU was provided for review, dated 1/15/2023.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	No eligible items for review	The agency had no new employees for whom they had to obtain Proof of E-Verify from the Department of Homeland Security.	
<b>Additional Comments: There are no additional comments for this indicator.</b>			
<b>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</b>		<b>Satisfactory</b>	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	There is a policy in place titled Training that addresses the requirements of this indicator. The policy was last reviewed on October 10, 2022 by the Thaise Board Members and CEO.		
<b>First Year Direct Care Staff</b>			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	No eligible items for review	There were no new employees hired by the agency during the review period.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. (Staff hired before January 1 <sup>st</sup> were required to complete no later than December 31, 2020)	No eligible items for review	There were no new employees hired by the agency during the review period.	



<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><b>No eligible items for review</b></p>	<p>There were no new employees hired by the agency during the review period.</p>	
<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p><b>No eligible items for review</b></p>	<p>There were no new employees hired by the agency during the review period.</p>	
<p><b>Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)</b></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><b>Compliance</b></p>	<p>Both staff who are responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed the required trainings.</p>	
<p><b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b></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><b>Not Applicable</b></p>	<p>Not applicable as the agency provides community based services only.</p>	
<p><b>In-Service Direct Care Staff</b></p>			
<p>Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).</p>	<p><b>Compliance</b></p>	<p>Two training files were reviewed for this annual training requirement of mandatory refresher Florida Network, SkillPro, and job-related training. Both staff files had documentation showing that over 24 hours of training was completed for the most recent year. Both staff met all of the required refresher trainings and all completed training was observed to be completed within the required annual timeframe.</p>	

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.	<b>Compliance</b>	The agency has an internal policy that states staff training files will be reviewed at least quarterly. During an interview it was confirmed that the program manager is responsible for managing these files.
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.	<b>Compliance</b>	The program maintains individual training files for each staff, and they include related documentation such as certificates, sign-in sheets, etc. It was observed that the files were organized and the reviewer was able to quickly locate or provide the missing documentation when requested. Both training files documented completed trainings on the individual tracking form but did not provide a final tally of hours.
<b>Additional Comments: There are no additional comments for this indicator.</b>		
<b>1.06: Client Transportation</b>		<b>Satisfactory</b>
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>	<b>YES</b>	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.
	If NO, explain here:	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<b>Compliance</b>	The agency maintains a list of staff who are approved to drive on behalf of the agency.
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<b>Compliance</b>	Staff who are approved to drive have a valid Florida's drivers license on file and the program maintains a company insurance policy that lists staff who are covered under the agency's auto policy.

<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 3<sup>rd</sup> party is NOT present in the vehicle while transporting</p>	<p><b>Compliance</b></p>	<p>The agency's policy states that no staff are to drive a client alone in their vehicles or company rented vehicle. If they do not have a third party then they cannot transport the youth as confirmed in interview with program manager.</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><b>Compliance</b></p>	<p>The agency has a policy that states that 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. The agency has not completed any transportation of youth for over 2 years due to COVID-19 pandemic and post pandemic concerns.</p>	
<p>The 3<sup>rd</sup> party is an approved volunteer, intern, agency staff, or other youth</p>	<p><b>Compliance</b></p>	<p>The agency policy states that the 3rd party is an approved volunteer, intern, agency staff, or other youth. The agency has not completed any transportation of youth for over 2 years due to COVID-19 pandemic and post pandemic concerns.</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><b>No eligible items for review</b></p>	<p>The agency has not conducted any transportation of youth since 2019 and do not conduct daily transporting of youth.</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><b>No eligible items for review</b></p>	<p>The agency has not conducted any transportation of youth since 2019 and do not do daily transporting of youth and so while the agency has a document to fulfill this requirement, there is none completed for review.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>			

2.03 - Case/Service Plan		Satisfactory
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b></p>	<p><b>YES</b></p>	
	<p>If NO, explain here:</p> <p>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>	
<p>The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.</p>	<p><b>Compliance</b></p>	<p>The program policy states that a case or service plan will be developed for every youth admitted to a program for CINS/FINS services. A case or service plan will consist of a written document developed with youth and parent(s) that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions. Ten youth records (four open and six closed) were reviewed for the completion of a Case/Service Plan within seven working days of completion of an assessment. All ten were completed as required.</p>
<p>Case/Service plan is developed within 7 working days of NIRVANA</p>	<p><b>Compliance</b></p>	<p>All ten youths service plans were developed within seven days as required by standards and agency policy.</p>
<p><b>Case plan service Plan includes:</b> 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><b>Compliance</b></p>	<p>Ten youth records were reviewed and each file contained a service plan that included the service type, frequency, and location. All ten youth service plans listed the youth goals, objectives, and target dates for completion. All ten youth service plans were signed by the required parties to be the youth, parent, counselor and supervisor.</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><b>Compliance</b></p>	<p>All ten youth service plans were reviewed for progress every 30 days as required by the contract.</p>
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>		

2.04 - Case Management and Service Delivery		Satisfactory
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b></p>	<p><b>YES</b></p>	
	<p>If NO, explain here:</p>	
	<p>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><b>Compliance</b></p>	<p>Ten cases were reviewed (four open and six closed) and each youth's case record was assigned to a case manager upon admission to the program.</p>
<p>The Counselor/Case Manager completes the following as applicable:                      1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs                      2. Coordinates service plan implementation                      3. Monitors youth's/family's progress in services                      4. Provides support for families                      5. Monitors out-of-home placement (if necessary)                      6. Makes referrals to the case staffing to address problems and needs of the youth/family                      7. Accompanies youth and parent/guardian to court hearings and related appointments                      8. Refers the youth/family for additional services when appropriate                      9. Provides case monitoring and reviews court orders                      10. Provides case termination notes                      11. Provides follow-up after 30 days of exit                      12. Provides follow-up after 60 days of exit</p>	<p><b>Compliance</b></p>	<p>The program coordinates referrals based upon the ongoing assessment of the youth and family's needs. All ten youth's progress notes contained monitoring of the youth ongoing services. The service plans indicated if the youth and or families were in need of additional support. The youth progress notes also stated if the youth was referred to additional services at the time of discharge. There were no case staffing referrals nor accompanying of youth or family member for additional services. None of the six closed youth records were applicable for follow ups to a referral source after exit of the program due to being discharged with no further referrals needs. In addition, review of each of the six closed youth records reflected the completion of case termination notes and 30-day follow-ups of exit, as applicable and required. None of the six closed case files had yet qualified for a 60 day follow at the time of the review.</p>

<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p><b>Compliance</b></p>	<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process as was documented in each youth record.</p>	
<p><b>Additional Comments: There are no additional comments for this indicator.</b></p>			
<p><b>4.02 - Suicide Prevention</b></p>			<p><b>Satisfactory</b></p>
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</b></p>	<p><b>YES</b></p>		
	<p>If NO, explain here:</p>		
	<p>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.</p>		
<p><b>Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)</b></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><b>Compliance</b></p>	<p>Each of the ten youth case records reviewed were screened for suicide risk during the intake process. The suicide screening results were reviewed and signed by the supervisor and documented in each youth record. None of the ten youth were applicable for suicide risk as a result of the suicide risk screening being conducted.</p>	
<p>The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services</p>	<p><b>Compliance</b></p>	<p>The program uses a suicide risk assessment that has been approved by the Florida Network of Youth and Family Services.</p>	
<p><b>Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)</b></p>			
<p>Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.</p>	<p><b>Not Applicable</b></p>	<p>Not applicable as the agency provides community based services only.</p>	
<p>Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals</p>	<p><b>Not Applicable</b></p>	<p>Not applicable as the agency provides community based services only.</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</p>	<p><b>Not Applicable</b></p>	<p>Not applicable as the agency provides community based services only.</p>	

<b>Youth with Suicide Risk (Community Counseling Only)</b>			
<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><b>No eligible items for review</b></p>	<p>Of the ten youth case records reviewed over the past review period, none of the ten youth records identified any youth who was assessed as a suicide risk resulting from the suicide risk screening being conducted at intake.</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><b>No eligible items for review</b></p>	<p>Of the ten case records reviewed over the past six months, none of the ten youth were deemed applicable for suicide risk as a result of the suicide risk screening being conducted.</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><b>No eligible items for review</b></p>	<p>Of the ten case files reviewed over the past six months, none of the ten youth were deemed applicable for suicide risk as a result of the suicide risk screening being conducted.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p><b>No eligible items for review</b></p>	<p>Of the ten case records reviewed over the past six months, none of the ten youth were deemed applicable for suicide risk as a result of the suicide risk screening being conducted.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p><b>No eligible items for review</b></p>	<p>Of the ten case records reviewed over the past six months, none of the ten youth were deemed applicable for suicide risk as a result of the suicide risk screening being conducted.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>			