



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

**CENTER FOR FAMILY AND CHILD ENRICHMENT INC.**

**1825 NW 167 Street  
Miami, FL 33056**

**May 3, 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 the Center for Family and Child Enrichment (CFCE) CINS/FINS program for the FY 2022-2023 at its program office located at 1825 NW 167 Street, Miami, 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. CFCE 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 2022 through June 30, 2023.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and DJJ Peer Reviewer Shakela Minns. Agency representative from CFCE present for the entrance interview was Delores Dunn, CEO and Mary Williams, Program Administrator. The last onsite QI visit was conducted June 1, 2022.

In general, the Reviewer found that CFCE is in compliance with specific contract requirements. **CFCE received an overall compliance rating of 100% for achieving full compliance with three applicable indicators** of the Modified Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions or recommendations made as a result of the monitoring visit.

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

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

Report Number: CM 05-03-2022-2023

Agency Name: Center for Family and Child Enrichment					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 1825 NW 167 Street, Miami, FL 33056		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): May 3, 2023		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	<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>
<b>I. Administrative and Fiscal</b>							
<b>Limits of Coverage</b> 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. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000 aggregate, effective 6/8/2022-6/8/2023  Automobile insurance through Alliance of Nonprofits for Insurance for combined single limit of \$1,000,000 and PIP Basic for \$10,000. The policy is effective for 6/8/2022-6/8/2023.  Workers Compensation through Wesco Insurance Company with limits of \$1,000,000 each/aggregate, effective 4/1/2023-4/1/2024.  Florida Network is listed as certificate holder.	<b>No recommendation or Corrective Action.</b>

<b>Agency Name: Center for Family and Child Enrichment</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1825 NW 167 Street, Miami, FL 33056</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): May 3, 2023</b>		
	<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>
<b>Fiscal Practice</b> 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"/>	<b>D,I-</b> Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last approved by the board of directors August 21, 2020. No recent changes were made to the fiscal policies and they are revised as needed.	<b>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.) <b>-ON SITE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The CINS/FINS program does not have petty cash; petty cash is for administration only.	<b>No recommendation or Corrective Action.</b>
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"/>	<b>D, I-</b> N/A - No program equipment/inventory has been purchased with DJJ funds.	<b>No recommendation or Corrective Action.</b>

<b>Agency Name: Center for Family and Child Enrichment</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1825 NW 167 Street, Miami, FL 33056</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): May 3, 2023</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>
<b>Major Programmatic Requirements</b>	<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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. <b>Obtain from FNYFS</b>						<b>D-</b> Copy of financial audit conducted for year ended June 30, 2022, by Anthony Brunson P.A., dated November 11, 2022. Per the audit report, a Management Letter was not issued 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.	<b>No recommendation or Corrective Action.</b>

## CONCLUSION

CFCE has met the requirements for the CINS/FINS contract as a result of full compliance with three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators were not applicable because: 1) the CINS/FINS program does not utilize a petty cash system, and 2) 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 or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract and all of the indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

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

May 3, 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	Not Applicable

**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
-------------------------	--------------

**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

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services  
 Shakela Minns – 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	<input type="checkbox"/> Nurse – Full time
<input type="checkbox"/> Chief Financial Officer	<input type="checkbox"/> Counselor Non-Licensed	<input type="checkbox"/> Nurse – Part time
<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Advocate	<input type="checkbox"/> 3 # Case Managers
<input type="checkbox"/> Executive Director	<input type="checkbox"/> Direct – Care Full time	<input type="checkbox"/> # Program Supervisors
<input checked="" type="checkbox"/> Program Director	<input type="checkbox"/> Direct – Part time	<input type="checkbox"/> # Food Service Personnel
<input type="checkbox"/> Program Manager	<input type="checkbox"/> Direct – Care On-Call	<input type="checkbox"/> # Healthcare Staff
<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> Intern	<input type="checkbox"/> # Maintenance Personnel
<input type="checkbox"/> Clinical Director	<input type="checkbox"/> Volunteer	<input type="checkbox"/> # Other (listed by title): ___
<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"/> Youth Handbook
<input type="checkbox"/> CCC Reports	<input 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"/> 3 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<input type="checkbox"/> 4 # 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 checked="" type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/> # Other: ___
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	

### 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 checked="" type="checkbox"/> Facility and Grounds
<input type="checkbox"/> Recreation	<input type="checkbox"/> Toxic Item Inventory & Storage	<input 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 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

<input type="checkbox"/> 0 # of Youth	<input type="checkbox"/> 3 # of Direct Staff	<input type="checkbox"/> # of Other	<input type="checkbox"/>
---------------------------------------	--	-------------------------------------	--------------------------

May 3, 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**

Center for Family and Child Enrichment (CFCE) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Miami-Dade County. The program is located at 1825 NW 167 Street, Miami Gardens, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP Clinical Group and SNAP in School programs. CFCE is currently accredited by the Council of Accreditation (COA) and was re-accredited through 6/30/2026. The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.

### **The following programmatic updates were provided by the agency:**

#### ***Staffing***

The agency reported no changes in management structure or staffing since the last QI review. Staffing for programs funded by the Florida Network are as follows: CINS/FINS- five Case Manager positions; and SNAP - one SNAP Coordinator, one SNAP Counselor, and two part time SNAP group facilitators. Credentials for staff is a minimum of a Bachelor's degree education preferably in behavioral science discipline.

#### ***Program updates***

CFCE CINS/FINS offices are located at 1825 N.W. 167 Street, Miami Gardens, Florida and services are provided in Miami-Dade County. There are no new program initiatives since the last QI review. The program has discontinued virtual staff offices and encourages staff to provide services in-home, at schools, or in the community. SNAP offers groups in the office and provide some in-school services. Files are maintained in file folders but some forms are completed electronically. Other non-CINS activities that complement the CINS program are Behavioral Health; Primary (Medical) Care; and PEAK (Providing Educational Alternatives for Kids) Afterschool and summer camp programs. During the Christmas holiday, CINS/FINS and SNAP youth are presented toys and gifts that were generously donated by the Bachelor Foundation.

#### ***Facility***

The agency has completed renovations of the building which started three years ago and recently completed repairs/re-paving of the parking lot. Planned facility updates for the future will include resurfacing and painting the building exterior (26,000 sq. Ft.) and the build-out/refurbishing of the behavioral health office suite, inclusive of new cubicles and treatment rooms. The agency plans to relocate child welfare offices in late 2024 and considering CINS/SNAP co-location.

#### ***Funding/Finance***

CFCE hosted its inaugural "Mayor's Ball" for City of Miami Gardens on November 5, 2022 with proceeds benefitting CFCE. The agency received \$20,000 from Baptist Health System for nurse-family partnership that provides in-home nursing services for young mothers, until the child reaches their second birthday, to prevent child neglect. Additional funding allows CFCE to continue providing COVID testing and vaccinations in the community.

***Governance and Community***

Ms. Dunn, CEO for CFCE, was honored by the Historic Hampton House at its 2nd Annual Legacy Day luncheon for providing over 32 years of service to children and families in Miami-Dade County. During this period, Ms. Dunn has received numerous honors and accolades.

CFCE's engagements within the past year include new community partnerships (non-profit and corporate), mental health agreements, and addition of four new board members who were inducted in March and April, 2023.

**Narrative Summary**

CFCE is under the leadership of a Board of Directors, CEO, and Chief Officers for: Medical/Pediatrics, Behavioral Health, Program Operations, Finance, and Administrative/Compliance. The CINS/FINS program consists of a program director, administrative assistant, and five full-time case management staff. The case manager's duties include intake and assessment, development of case plans, providing case management services, and linking youth and families to community services. Through the screening and intake process, trained staff can assess youth and families for eligibility of services. Case management, substance abuse prevention education, and parenting group education are available as well. Aftercare planning includes referral of youth and families being referred to other agency programs or to external community resources. There were two current vacancies, one of which was pending hire, at the time of the QI visit.

The overall findings for the QI Review for **Center for Family and Child Enrichment** are summarized as follows:

**Standard 1:**

Three indicators were reviewed for this standard: 1.01 Background Screening, 1.04 Training, and 1.06 Transportation. One of the three indicators, Indicator 1.06, was not applicable because CFCE does not allow staff to transport youth in personal or agency vehicles. Indicator 1.01 was rated Satisfactory with no exceptions; however, indicator 1.04 was found to have an exception because one eligible new hire staff was late completing the required Signs and Symptoms of Mental Health and Substance Abuse training that was due by 11/16/22 but not completed until 1/9/23.

**Standard 2:**

Two indicators were reviewed for standard 2: 2.03 Case/Service Plan, and 2.04 Case Management and Service Delivery. Both indicators, 2.03 and 2.04, were rated Satisfactory but Indicator 2.03 had an exception because one of the six applicable records reflected the first 30-day review was completed three days late.

**Standard 4:**

Standard 4, Mental Health/Health Services, has one indicator, 4.02 Suicide Prevention, that was reviewed. Indicator 4.02 was rated Satisfactory with no exceptions.

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

None of the indicators reviewed were rated Limited or Failed.

**CINS/FINS QUALITY IMPROVEMENT TOOL**

<b>Quality Improvement Indicators and Results:</b> Please select the appropriate outcome for each indicator.	<b>Review Based Upon Document Source</b> <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i>	<b>Notes</b> Explain any items that have any deficiencies, exceptions or are not applicable.
<b>Standard One – Management Accountability</b>		
<b>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>		<b>Satisfactory</b>
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</b>	<b>YES</b> If NO, explain here:  The agency has the required policies and procedures, 5.03 (Background Screening) and 5.04 (Affidavit of Compliance with Good Moral Character Standards), that were approved July 1, 2022 and July 14, 2022, respectively, by the program administrator.	
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.	<b>Compliance</b>	The agency uses Avatar pre-employment suitability assessment with an established passing rate of 60%. The Avatar was administered prior to the hiring of two new staff who received passing scores.
Background screening completed prior to hire/start date (or exemption obtained prior to working with youth if rated ineligible) for new hires, volunteers/interns, and contractors	<b>Compliance</b>	Two new staff were hired since the last onsite QI review. At the time of the Quality Improvement (QI) visit, there were no active interns/volunteers in the program. Eligible background screening results were obtained prior to hire for both staff.
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.	<b>No eligible items for review</b>	The agency has not re-hired any staff during the annual review period.
Five-year re-screening completed every 5 years from initial date of hire	<b>Compliance</b>	The program had one eligible for 5-year re-screening for the review period. Evidence of 5-year rescreening and valid retained prints was on file for the re-screened staff.

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<b>Compliance</b>	The Annual Affidavit of Compliance with Level 2 Screening Standards was emailed to the Department of Juvenile Justice Background Screening Unit on January 9, 2022, prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<b>Compliance</b>	E-Verify and proof of employment authorization from the Department of Homeland Security is on file and was reviewed for the two new employees.	
<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>Exception</b>
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>	<b>YES</b>		
	If NO, explain here:		
	The agency has the required policy and procedure 6.04 that was approved April 20, 2023 by the program administrator.		
<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.	<b>Compliance</b>	Training records were reviewed for two first year staff. One of the staff has been employed for more than 90 days and both were still completing the first year of employment. Both staff completed all pre-service training requirements prior to working independently with youth.	
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)	<b>Compliance</b>	Training records reviewed show both staff completed the required DOJ Civil Rights and Federal Funds training within 30 days of hire.	
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.	<b>Compliance</b>	Although both staff were currently within their first year of hire, each had completed more than 80 hours of training surpassing the minimum hours required.	

<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p><b>Exception</b></p>	<p>One applicable staff, hired 8/18/2022, has been in service for more than 90 days. All but two required trainings (Signs and Symptoms of Mental Health and Substance Abuse (SSMHSA) and Motivational Interviewing) were completed on time during the required timeframe. The staff was scheduled for the September 2022 Motivational Interviewing training on time; however, the DJJ canceled the training due to the Hurricane Ian and it was rescheduled and completed on 12/7/22. Consequently, this finding is reported as an external control factor.</p>	<p>One eligible staff was late completing the required SSMHSA training that was due by 11/16/22 but completed on 1/9/23.</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>Training record for one case management staff hired verified staff completed all required NIRVANA training. Staff does not input data into JJIS and is not required to take JJIS 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 for community counseling programs.</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 in-service training records were reviewed. Both staff completed all mandatory annual training topics and exceeded the required 24 training hours of annual training.</p>	
<p><b>Required Training Documentation</b></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><b>Compliance</b></p>	<p>The program's administrative assistant maintains the training files for all staff and the program director routinely monitors staff training records during staff meetings to ensure compliance.</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><b>Compliance</b></p>	<p>Training records reviewed include transcripts for each staff that logs training topics, status of completion, date of training, and completed hours. Training records also included training certificates and other supporting documents.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>			
<p><b>1.06: Client Transportation</b></p>			<p><b>Not Applicable</b></p>
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b></p>	<p>N/A</p>		
	<p>If NO, explain here:</p>		
	<p>CFCE prohibits staff from transporting youth in personal or agency vehicles.</p>		
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p><b>Not Applicable</b></p>	<p>Youth transport is not permitted.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p><b>Not Applicable</b></p>	<p>Youth transport is not permitted.</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 3<sup>rd</sup> party is NOT present in the vehicle while transporting</p>	<p><b>Not Applicable</b></p>	<p>Youth transport is not permitted.</p>	
<p>In the event that a 3<sup>rd</sup> party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior</p>	<p><b>Not Applicable</b></p>	<p>Youth transport is not permitted.</p>	
<p>The 3<sup>rd</sup> party is an approved volunteer, intern, agency staff, or other youth</p>	<p><b>Not Applicable</b></p>	<p>Youth transport is not permitted.</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>Not Applicable</b></p>	<p>Youth transport is not permitted.</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.	<b>Not Applicable</b>	Youth transport is not permitted.	
<b>Additional Comments: There are no additional comments for this indicator.</b>			
<b>2.03 - Case/Service Plan</b>			<b>Exception</b>
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>	<b>YES</b>		
	If NO, explain here:		
	The program has the required policy and procedures 4.01-4.05 that were approved on July 1, 2022 by the program director.		
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	<b>Compliance</b>	A review of six closed records and four open records found each case plan was developed based on information gathered during the intake.	
Case/Service plan is developed within 7 working days of NIRVANA	<b>Compliance</b>	Case plans were developed within seven working days of completion of the needs assessment/NIRVANA in each of the ten records reviewed.	
<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	<b>Compliance</b>	The case plans in all ten records reviewed were observed to include all elements required by the indicator. Signatures of youth, parent/guardian, counselors, and supervisors were present in each record.	
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	<b>Exception</b>	Five of the six reviewed closed records and four open records reflected the plans were reviewed by the counselor and parent every thirty days, when applicable.	One of the six closed records reflected the first thirty day review was completed three days late on December 21, 2022. The review was due December 18, 2022.
<b>Additional Comments: There are no additional comments for this indicator.</b>			
<b>2.04 - Case Management and Service Delivery</b>			<b>Satisfactory</b>
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b>	<b>YES</b>		
	If NO, explain here:		

<b>requirement for indicator 2.04</b>		The program has the required policy and procedures 4.01-4.05 that were approved July 1, 2022 by the program director.	
Counselor/Case Manager is assigned	<b>Compliance</b>	A review of six closed records and four open records found each youth had an assigned counselor or case manager.	
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	<b>Compliance</b>	A review of six closed records and four open records found the program establishes referrals needs when applicable. Each record reflected the program coordinates service plans, monitors youth and family progress, provides support, and provides case monitoring. Six closed records included termination notes. Four out of six closed records were applicable for a thirty day follow-up, which was completed by the program. Two out six closed records were applicable for a sixty day follow-up, which was completed by the program as required.	

<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 various community partners, which include services provided and a referral process. A review of the program's interagency agreement binder found written agreements with Family Christian Association of America (FCAA), Opa-Locka Community Development Corporation, Here's Help, and Miami Dade Public Schools. FCAA provides mental health services, school programs, and sports programs. Opa-Locka Community Development Corporation provides services for truancy, medical services, maltreatment, behavioral, and violence. Here's Help provides tutoring and summer camp services. Miami Dade Public Schools provides substance abuse and violence programs.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</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>The provider has the required policy and procedure 3.02.01 that was reviewed and approved May 3, 2023 by the program director.</p>		
<p><b>Suicide Risk Screening and Approval (Residential and Community Counseling)</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 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 (Shelter Only)</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 for community counseling programs.</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 for community counseling programs.</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	<b>Not Applicable</b>	Not applicable for community counseling programs.	
<b>Youth with Suicide Risk (Community Counseling Only)</b>			
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.	<b>No eligible items for review</b>	Per interview with the program director, none of the youth served since the last QI review were identified as suicide risk. In the event a youth with suicide risk is identified, the case managers will contact an agency Behavioral Health Clinician, parent/guardian(s), and other parties involved. CINS/FINS case manager will also follow up with the clinician, document the outcome, and communicate with the behavioral health staff. All efforts will be documented in the individual youth medical record and client case file.	
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.	<b>No eligible items for review</b>		
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.	<b>No eligible items for review</b>		
If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.	<b>No eligible items for review</b>		
When the screening was completed during school hours on school property, the appropriate school authorities were notified.	<b>No eligible items for review</b>		

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