



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

**PREVENTION CENTRAL**

**1100 W Sunrise Boulevard  
Fort Lauderdale, FL 33311**

May 10, 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 Prevention Central CINS/FINS program for the FY 2022-2023 at its program office located at 1100 W. Sunrise Boulevard, Fort Lauderdale, 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. Prevention Central, formerly Mount Bethel Human Services Corporation, is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct community-based 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 Sharon Wong, DJJ Peer Reviewer. Agency representatives from Prevention Central present for the entrance interview were: Tierra Smith, Executive Director; Ivonne Medrano, Lead Case Manager; and case managers Ronald Thimothee and Rhonda Hallmon. The last onsite QI visit was conducted March 30, 2022.

In general, the Reviewer found that Prevention Central is compliant with specific contract requirements. **Prevention Central received an overall compliance rating of 100% for achieving full compliance** with all three applicable indicators of the CINS/FINS 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 05-10-2022-2023

<b>Agency Name: Prevention Central</b>					<b>Monitor Name: Marcia Tavares, Lead Reviewer</b>				
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 1100 W Sunrise Blvd, Fort Lauderdale, FL 33311</b>				
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): May 10, 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> Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)			
<table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="background-color: red; color: white; text-align: center; vertical-align: middle;"><b>Unacceptable</b></td> <td style="background-color: yellow; text-align: center; vertical-align: middle;"><b>Conditionally Unacceptable</b></td> <td style="background-color: black; color: white; text-align: center; vertical-align: middle;"><b>Fully Met</b></td> <td style="background-color: green; text-align: center; vertical-align: middle;"><b>Exceeded</b></td> <td style="background-color: blue; color: white; text-align: center; vertical-align: middle;"><b>Not Applicable</b></td> </tr> </table>							<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>
<b>Unacceptable</b>	<b>Conditionally Unacceptable</b>	<b>Fully Met</b>	<b>Exceeded</b>	<b>Not Applicable</b>					
<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 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"/>	D – Prevention Central provided a certificate of liability insurance that included: Commercial Liability Insurance with Western World Insurance with a limit of \$1,000,000 per occurrence (exceeds minimum), and \$2,000,000 policy aggregate (exceeds minimum), effective through 7/26/2023.  Automobile Liability Insurance through Western World Insurance Co. with a combined single limit of \$1,000,000 (exceeds minimum) effective until 7/26/2023.  Director and Officer/Employment Practice Data Security Insurance through United States Liability Insurance Co. with a limit of 1,000,000 effective through 7/26/2023.	<b>No recommendation or Corrective Action.</b>		

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<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): May 10, 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> <b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>	<b>Notes</b> <b>Explain Unacceptable or</b> <b>Conditionally Acceptable:</b> <b>(Attach Supportive</b> <b>Documentation)</b>
						Workers Compensation Insurance through Associated Industries Insurance Company Inc. with a \$100,000 limit per accident /per employee and \$500,000 policy limit effective 10/26/2022-10/26/2023. The Florida Network is listed on the Certificate of Liability Insurance 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"/>	D - The agency maintains accounting policies and procedures in place that were last reviewed July 2021. No changes to the accounting procedures were required from 2021. The procedures include accounting principles and procedures, payroll procedures, cash receipts, cost allocations, reserves and designated funds, and budgeting. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls.	
c. 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"/>	I –N/A Per the executive director, the CINS/FINS program does not utilize petty cash.	

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e. 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>Not Applicable</b> Per Program Director, the agency has not purchased any FN inventory or item amounting to more than \$1000 since the last QI visit.	
h. 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>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Financial audit conducted for year ending June 30, 2022 was completed by BAS Partners LLC, Certified Public Accountant, on January 25, 2023. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor.	

## CONCLUSION

Prevention Central 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 as follows: 1) the provider did not have any inventory purchased with FN/DJJ funds, and 2) the program does not utilize petty cash. 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. In addition, the majority of 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 Prevention Central - Fort Lauderdale  
Community Counseling Program

May 10, 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
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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

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services  
 Sharon Wong - 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 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"/> 1 # Case Managers
<input checked="" type="checkbox"/> Executive Director	<input type="checkbox"/> Direct – Care Full time	<input type="checkbox"/> 1 # Program Supervisors
<input 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 checked="" 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"/> 5 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	<input type="checkbox"/> 6 # Training Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<input type="checkbox"/> 7 # 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 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 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"/> 6 # of Direct Staff	<input type="checkbox"/> # of Other	<input type="checkbox"/>
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## 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**

Prevention Central, formerly Mount Bethel Human Services Corporation (MBHSC), is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to provide non-residential services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program in Broward County. The program is located at 1100 W. Sunrise Boulevard, Fort Lauderdale, 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.

### **The following programmatic updates were provided by Prevention Central:**

#### **Staffing**

Prevention Central has been under the executive leadership of Tierra Smith since February 2021, after the long tenure of Dr. Rosby Glover. During the past year, the former CINS/FINS program director resigned and the position is now vacant. In the interim, the position is currently being filled by a new CINS/FINS Lead, Ivonne Medrano. Other staff turnover includes an administrative assistant and a SNAP Contractor. In addition to Ms. Medrano, new hires include a new receptionist, CINS/FINS case manager, and two new SNAP Facilitators.

#### **Program Update**

Prevention Central CINS/FINS offices are located in a high risk zip code of Fort Lauderdale and services are provided throughout the entire Broward County. There are no new program initiatives since the last QI review. The program has resumed face-to-face services in-home, at schools, or in the community, but offers virtual services to parent/guardians if requested for those not able or willing to allow in-home services. Files are maintained in file folders but some forms are completed electronically. Other non-CINS service that complements the CINS program is the SNAP Tier Transfer program that provides high-risk youth and their parents with a model to help them stay in school and out of trouble by making better choices throughout the program.

The facility is also used by the program as a food pantry that distributes food to the community on a weekly basis. The food pantry is a natural outreach activity that provides a valuable food service to the local community and brings awareness about the agency and program services.

#### **Facility**

During the past year the agency made significant improvement to the program offices as a result of expanding to an additional suite. The increased office space was beautifully remodeled and includes a reception area, additional cubicles for staff, a staff cafe, and improved staging/storage area for the food pantry. New and/or renovated furnishing adorns the office space.

#### **Funding/Finance**

No new funding was reported for the annual review period. The agency completed its annual fiscal audit with BAS Partners and no management letter with corrective actions was required.

***Governance and Community***

New engagements within the last year includes the following community partnerships (non-profit and corporate): Broward Sheriff's Office; Care Portal- 4KIDS; Holy Temple Christian Academy; North Broward Christian Academy; Walden University; Franklin Academy Charter School; Sorenson Consulting, Inc.; Extended Stay of America; Little Cub'z Learning Center; and Door Dash. There was a loss of one Board member in November 2022.

***External Corrective Action Plans***

The agency did not report any external corrective action plans or major challenges for the review period.

**Narrative Summary**

Prevention Central is under the leadership of an Executive Director, a CINS/FINS Lead who supervises a senior multi-lingual case manager and another full-time case manager, of CINS FINS and FYRAC, and a SNAP Coordinator who operates the SNAP program staffed by a case manager and three part time SNAP contractors. Four of the agency staff hold a master's or bachelor's degree; three SNAP staff have Associate's degree with work experience, and two of the CINS/FINS staff are qualified with diplomas and extensive work experience.

The overall findings for the QI Review for **Prevention Central** 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 Prevention Central does not allow staff to transport youth in personal or agency vehicles. Indicators 1.01 and 1.04 were rated Satisfactory with no exceptions.

**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 with no exceptions.

**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**

<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>NO</b></p>		
	<p>If NO, explain here: The agency's current policy does not address screening of employees with a break in service, in good standing, who may be reemployed without an additional suitability assessment or background screening if the break is less than 90 days. The policy was updated during the QI visit to include the missing information.</p>		
	<p>The program has a written policy and procedures PC1.01 that was reviewed by the executive director on 6/7/2022.</p>		
<p>Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth or the agency has provided an explanation for staff hired with a non-passing/low score.</p>	<p><b>Compliance</b></p>	<p>The provider uses the HR Avatar pre-employment suitability assessment which was implemented in September 2018. The Avatar was administered prior to hiring five new direct care staff, all of whom received scores above the agency's established passing rate of 70%.</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>Compliance</b></p>	<p>A total of five eligible background screening files were reviewed for four direct care and one administrative staff hired since the last onsite QI review. The background screenings were submitted prior to hire date for all five staff. No volunteers meeting the criteria for background screening were utilized by the agency during the annual review period.</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>None of the new staff were re-employed by the agency.</p>	

Five-year re-screening completed every 5 years from initial date of hire	No eligible items for review	The provider did not have any eligible for 5-year re-screenings during the 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 Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department of Juvenile Justice Background Screening Unit on December 13, 2022 via email prior to the January 31, 2023 deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	E-verify and proof of employment authorization from the Department of Homeland Security is on file for the five new hires.	
<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>
<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 program has the required policy and procedures PC1.04 that was reviewed by the executive director on 6/7/2022.		
<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.	Compliance	Training records for three new direct care staff were reviewed to assess compliance with pre-service training requirements. All three staff completed the mandatory pre-service trainings 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)	Compliance	Training records reviewed show the three new 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.	Compliance	All three staff were currently within their first year of hire and each had completed more than 80 hours of training, surpassing the minimum hours required.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Compliance	Training records for the three new staff demonstrated they all completed the mandatory training required during the first 90 days of employment.	

<b>Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)</b>			
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.	<b>Compliance</b>	Training record for two applicable case management staff verified the two staff completed all required NIRVANA training. There were no applicable new JJIS data entry staff who are required to take JJIS trainings.	
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>			
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).	<b>Not Applicable</b>	Not applicable for community counseling programs.	
<b>In-Service Direct Care Staff</b>			
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually ( <i>40 hours if the program has a DCF child caring license</i> ).	<b>Compliance</b>	Three in-service training records were reviewed. The three in-service staff completed all mandatory annual training topics and exceeded the annually required 24 training hours training.	
<b>Required Training Documentation</b>			
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>	Each staff maintains their individual training records and the program supervisor is responsible for routinely monitoring staff training 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.	<b>Compliance</b>	The program maintains individual training files for each employee, which include annual employee training log with cumulative hours and related documentation such as certificates, sign-in sheets, and agendas for trainings completed.	
<b>Additional Comments:</b> There are no additional comments for this indicator.			

1.06: Client Transportation		Not Applicable	
<p><b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b></p>		<p><b>YES</b></p>	
		<p>If NO, explain here:</p>	
		<p>The program has a written policy and procedures PC1.06 that was reviewed by the executive director on 6/7/2022. Per agency policy PC 1.06, Prevention Central does not permit staff to transport youth/families.</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>Per agency policy PC 1.06, Prevention Central does not permit staff to transport youth/families.</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>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>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>The 3<sup>rd</sup> party is an approved volunteer, intern, agency staff, or other youth</p>	<p><b>Not Applicable</b></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>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>Not Applicable</b></p>		
<p><b>Additional Comments: There are no additional comments for this indicator.</b></p>			



2.03 - Case/Service Plan		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.03	YES	
	If NO, explain here:	
	The program has the required policy and procedures PC2.03 that was reviewed by the executive director on 6//2022.	
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	Compliance	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	Compliance	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	Compliance	A review of ten youth service plans indicated each service plan was individualized and prioritized based on the needs identified by NIRVANA. Further review of the plans shows they included service type, location of service, frequency of service, person responsible, target dates for completion, accurate completion dates, and date plan was initialized. Two plans were signed by the youth, parent/guardian, counselor and supervisor. Eight plans were reviewed and approved virtually with consent from parents due to their preferences and flexibility stated in the case notes.
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	Compliance	A review of ten youth case records verified six closed records and four open youth case records contained documentation of applicable thirty day service plan reviews being conducted timely.
<b>Additional Comments:</b> There are no additional comments for this indicator.		
2.04 - Case Management and Service Delivery		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.04	YES	
	If NO, explain here:	
	The program has the required policy and procedures PC2.04 that was reviewed by the executive director on 6//2022.	
Counselor/Case Manager is assigned	Compliance	A review of six closed records and four open youth records verified each youth was assigned a case manager upon admission.

<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> <li>1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>2. Coordinates service plan implementation</li> <li>3. Monitors youth's/family's progress in services</li> <li>4. Provides support for families</li> <li>5. Monitors out-of-home placement (if necessary)</li> <li>6. Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>7. Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>8. Refers the youth/family for additional services when appropriate</li> <li>9. Provides case monitoring and reviews court orders</li> <li>10. Provides case termination notes</li> <li>11. Provides follow-up after 30 days of exit</li> <li>12. Provides follow-up after 60 days of exit</li> </ol>	<p style="text-align: center;"><b>Compliance</b></p>	<p>All ten case records indicated the assigned counselor coordinated referrals for services based on the youths' on going assessment, implemented service plan coordination, monitored youth and family progress in services, provided support to the youth and family, made necessary referrals to address issues and needs of the youth and family, and provided case monitoring. None of the youth required monitoring for out-of-home placement. Two case records demonstrated staff made accommodations for the youth and parent/guardian related to court orders. Six closed case records were reviewed and each contained documentation case service plans were reviewed every thirty and/or sixty days after youth's exit from the program.</p>	
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p style="text-align: center;"><b>Compliance</b></p>	<p>The program maintains a list of providers including written agreements to partner within the community. An example of the agencies are: OIC of South Florida, Career Source of Broward County, Upchurch Management, Florida Atlantic University, Office of the Sheriff, Extended Stay America, Door Dash, Sorensen Consulting, Little Cubs Learning Center LLC, Walden University, and Global Orphan Project.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>			

<b>4.02 - Suicide Prevention</b>		<b>Satisfactory</b>	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 4.02</b>	<b>NO</b>		
	If NO, explain here: The current policy, PC 3.02.01 does not address the referral process for youth identified as suicide risk and procedures the case manager will take in following up and documenting communication with the mental health provider.		
	The program has a policy and procedures PC3.02.01 that was reviewed by the executive director on 6/7/2022.		
<b>Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)</b>			
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.	<b>Compliance</b>	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.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<b>Compliance</b>	The program's suicide risk assessment that has been approved by the Florida Network of Youth and Family Services.	
<b>Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)</b>			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<b>Not Applicable</b>	Not applicable for community counseling programs.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<b>Not Applicable</b>	Not applicable for community counseling programs.	
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 (<i>Community Counseling Only</i>)</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>Compliance</b></p>	<p>The provider had one applicable youth record during the annual review period. During suicide screening at intake the youth was identified as a suicide risk by the case manager and both the parents and supervisor were notified of the results immediately.</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>Compliance</b></p>	<p>Youth was referred the same date of intake to Chrysalis and parent was notified as documented on Central Communication Center (CCC) incident report form. CCC deemed call non-reportable.</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>Compliance</b></p>	<p>The referral form for Chrysalis was provided to the parent for further suicide assessment. Youth also signed a no-harm contract with the program which included additional resources for the youth/parent and program contact information.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p><b>Not Applicable</b></p>	<p>Parent was notified.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p><b>Not Applicable</b></p>	<p>Screening was not completed at school.</p>	
<p><b>Additional Comments:</b> There are no additional comments for this indicator.</p>			