



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

**Thaise Educational & Exposure Tours – Orlando
927 South Goldwyn Avenue, Orlando, FL 32805**

March 29, 2023

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Thaise Educational & Exposure Tours – Orlando (Thaise Orlando) for the FY 2022-2023 at its program office located at 927 South Goldwyn Avenue, Orlando, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. 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 Marcia Tavares, Consultant for Forefront LLC, and Department of Juvenile Justice Peer Reviewer, Teresa Andersen. Agency representatives from Thaise Orlando present for the entrance interview were Fatima Rodgers, Program Manager, and Kaleesha Quinones, Data Entry Clerk. The last QI visit was conducted May 18, 2022.

In general, the Reviewer found that Thaise Educational & Exposure Tours Orlando is in compliance with specific contract requirements. Thaise Orlando **received an overall compliance rating of 100% for achieving full compliance** with all three applicable indicators of the 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

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 03-29-2022-2023

Agency Name: Thaise Educational & Exposure Tours					Monitor Name: Marcia Tavares, Lead Reviewer						
Contract Type: CINS/FINS					Region/Office: 927 S Goldwyn Avenue, Orlando FL 32805						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): March 29, 2023						
Explain Rating					Ratings Based Upon:						
<table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <tr> <td style="width: 15%; height: 40px; background-color: red; color: white; text-align: center; vertical-align: middle;">Unacceptable</td> <td style="width: 15%; height: 40px; background-color: yellow; text-align: center; vertical-align: middle;">Conditionally Unacceptable</td> <td style="width: 15%; height: 40px; background-color: black; color: white; text-align: center; vertical-align: middle;">Fully Met</td> <td style="width: 15%; height: 40px; background-color: green; text-align: center; vertical-align: middle;">Exceeded</td> <td style="width: 15%; height: 40px; background-color: blue; color: white; text-align: center; vertical-align: middle;">Not Applicable</td> </tr> </table>					Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	
Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable							
Major Programmatic Requirements					Notes						
					Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)						
I. Administrative and Fiscal											
Limits of Coverage											
a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: 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 3/1/23-3/1/24. United States Liability Insurance Company provides \$1,000,000 coverage for Professional E&O per incident and \$2,000,000 for general aggregate, effective 3/1/23-3/1/24. Automobile insurance is through Progressive Commercial for single limit coverage for Bodily Injury \$250,000 per person; \$500,000 each accident; Property Damage \$100,000 each accident; Basic Personal Injury Protection is \$10,000 per person. Policy effective for 3/7/23-3/7/24. Thaise Orlando is exempt from having workers compensation due to not having enough full-time employees.	
					No recommendation or Corrective Action.						

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Service Description: Comprehensive Onsite Compliance Monitoring						Site Visit Date(s): March 29, 2023		
Major Programmatic Requirements						Explain Rating		
						Unacceptable	Conditionally Unacceptable	Fully Met
						Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)		
								Florida Network is listed on the General Liability certificate as certificate holder.
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV						<input type="checkbox"/> Unacceptable <input type="checkbox"/> Conditionally Unacceptable <input checked="" type="checkbox"/> Fully Met <input type="checkbox"/> Exceeded <input type="checkbox"/> Not Applicable	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 policies during an annual board meeting that has a revision date of October 2022.	No recommendation or Corrective Action.
b. Petty cash ledger system is balanced, and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) –ON SITE						<input type="checkbox"/> Unacceptable <input type="checkbox"/> Conditionally Unacceptable <input checked="" type="checkbox"/> Fully Met <input type="checkbox"/> Exceeded <input type="checkbox"/> Not Applicable	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.	No recommendation or Corrective Action.
c. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory						<input type="checkbox"/> Unacceptable <input type="checkbox"/> Conditionally Unacceptable <input type="checkbox"/> Fully Met <input type="checkbox"/> Exceeded <input checked="" type="checkbox"/> Not Applicable	Interview N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	No recommendation or Corrective Action.

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			Explain Rating			
Major Programmatic Requirements			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded
			Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)		Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE						
d. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	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.		No recommendation or Corrective Action.

CONCLUSION

Thaise Educational and Exposure Tours – Orlando has met the requirements for the CINS/FINS contract as a result of full compliance with all three applicable indicators of the 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 responsible staff. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Thaise Educational and Exposure Tours - Orlando
Community Counseling Program

March 29, 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 Case Management and Service Delivery	Satisfactory

Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Standard 4: Mental Health/Health Services

4.02 Suicide Prevention	Satisfactory
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Percent of Indicators rated Satisfactory: 100 %
Percent of Indicators rated Limited: 0 %
Percent of Indicators rated Failed: 0 %

Overall Rating Summary
Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Reviewers

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Teresa Andersen – Regional Monitor, Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective September 1, 2022).

Persons Interviewed

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

Documents Reviewed

Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	Fire Prevention Plan	Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	Grievance Process/Records	# Health Records
Logbooks	Key Control Log	# MH/SA Records
Continuity of Operation Plan	Fire Drill Log	2 # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	Medical and Mental Health Alerts	5 # Training Records
Contract Scope of Services	Precautionary Observation Logs	6 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	Program Schedules	4 # Youth Records (Open)
Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	# Other: ___
Exposure Control Plan	Vehicle Inspection Reports	

Observations During Review

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

Surveys

0 # of Youth	3 # of Direct Staff	# of Other
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March 29, 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

Thaise Educational and Exposure Tours, Inc. (TEET) is a non-profit organization contracted with the Florida Network of Youth and Family Services to work with at-risk youth and their families through the Children in Need of Services and Families in Need of Services (CINS/FINS) Program. The agency operates the CINS/FINS program in three locations throughout the State of Florida, Jacksonville, St Petersburg, and Orlando. TEET Orlando is located at 927 South Goldwyn Avenue, Orlando, Florida. The Orlando program continues to provide structured youth activities and services to youth and families in downtown and inner-city areas of Orlando. Youth that meets program goals developed in their individualized treatment plans and completes all program requirements are afforded the opportunity to participate in program activities such as going on college tours and local outings to different events. The agency also provides positive youth and family activities and events, and provide workshops for the youth in the program. These programs provide many of the participants with impactful first-hand experiences to the institutions of higher education. The program focuses on at-risk youth from the ages of 6-17 years old who may have behavioral and/or academic concerns that meet the eligibility requirements of the program. In addition to CINS/FINS, TEET also contracts with the Florida Network to provide Family and Youth Respite and Aftercare Services (FYRAC) domestic violence and probation youth referred directly by the Department of Juvenile Justice.

The following programmatic updates were provided by the Thaise Educational & Exposure Tours, Inc. - Orlando:

Staffing

Thaise Educational & Exposure Tours, Inc, is governed presently by a three-member Board of Directors, a Chief Executive Director, and a Chief Financial Officer (CFO). Since the last annual Quality Improvement review, the program hired a Data Clerk and a new Case Manager. There has been an increase in wages to \$15.00 per hour for the Data Clerk. At the time of the annual review, there were no staff vacancies.

Program updates

TEET Orlando's service delivery is offered virtually and face-to- face on a weekly basis for up to 12 weeks, dependent on the family's preference. Monthly Enrichment program has been discontinued until further notice due to COVID, with the hopes to restart in the coming months. All paper files are located securely in the program office, in a locked file cabinet at all times. TEET Orlando services are provided in Circuit 9, Orange County, Florida

Facility

TEET Orlando, has acquired an additional office space in the building, Suite # 212, in order to give the program a larger working space. Staff is currently working to bring the space to working condition by painting, cleaning, and furnishing the space.

March 29, 2023

Funding/Finance

TEET Orlando, does not have any new funding, no capital campaign, and no previous, current, or upcoming funding activity. The program has not acquired any new assets.

Governance and Community

TEET Orlando attended the 2022 "Unleashing You" Youth Summit as a vender to provide agency information to youth, their families and community partners. The program also partnered with Chrysalis Health, Children's Home Society, and Angels for Kids to increase referrals and to offer services to youth in need within our community. Throughout FY 2022-2023, TEET Orlando has attended DJJ CAB meetings virtually and face-to face.

External Corrective Action Plans (CAPs)

TEET Orlando does not have any corrective action plans with any funding agencies

Major Challenges

Some parents are still requesting virtual services, as they are comfortable with the virtual platforms, opposed to face-to-face. Additionally, it has been difficult to recruit staff who want to provide traditional (face-to-face) services, resulting in a delay in filling past vacancies and hiring challenges.

Narrative Summary

TEET has an Executive Director/CEO who oversees all three locations that the agency operates in St. Petersburg, Jacksonville, and Orlando. The TEET Orlando program has a program manager who manages the day-to-day operations of the program at that location. There are three contracted case managers who are all Bachelor level degreed staff that provide community counseling services to youth and their families. The program also recently contracted a Data Clerk to assist with administrative and data entry duties.

The overall findings for the QI Review for Thaise Educational and Exposure Tours (Orlando) are summarized as follows:

Standard 1:

Standard 1, Management Accountability, has a total of three indicators (1.01, 1.04, and 1.06) that were reviewed during the annual QI Review. Two indicators 1.01 and 1.06 were rated Satisfactory; however, indicator 1.01 was found to have an exception due to one first year staff completing the mandatory CINS/FINS Core training two days late pass the required 90-day timeframe.

Standard 2:

Standard 2, Intervention and Case Management, has a total of two indicators (2.03 and 2.04) that were reviewed. Both indicators were rated Satisfactory with no exceptions noted.

Standard 4:

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

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>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator.</p>	<p>Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i></p>	<p>Notes Explain any items that have any deficiencies, exceptions or are not applicable.</p>	
<p>Standard One – Management Accountability</p>			
<p>1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</p>		<p>Satisfactory</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>YES</p> <p style="background-color: #FFF2CC;">If NO, explain here:</p> <p>The agency has the required policy and procedure 5.03 (Background Screening) and 5.04 (Annual Affidavit of Compliance with Good Moral Character Standards) that were last reviewed and approved October 10, 2022 by Thaise board members and CEO.</p>		
<p>Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth or the agency has provided an explanation for staff hired with a non-passing/low score.</p>	<p>Compliance</p>	<p>The agency uses the Human Resources (HR) Avatar pre-employment tool with a passing score greater than 50. Two staff were hired since the last Quality Improvement (QI) review. The tool was administered prior to hire for the two new staff who obtained passing scores.</p>	
<p>Background screening completed prior to hire/start date (or exemption obtained prior to working with youth if rated ineligible) for new hires, volunteers/interns, and contractors</p>	<p>Compliance</p>	<p>The two new staff hired received eligible background screening results prior to their hire dates. There were no applicable volunteers/interns utilized during the review period.</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.	No eligible items for review	None of the new staff were previously employed by the agency.	
Five-year re-screening completed every 5 years from initial date of hire	No eligible items for review	There were no eligible staff due for a 5-year re-screening during this 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 program submitted the Affidavit of Annual Compliance with Level 2 Screening Standards form via email to the Department on January 15, 2023, meeting the annual requirement.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	Documentation of approval of E-Verify work eligibility by the Department of Homeland Security was provided for the two new staff hired.	
Additional Comments: There are no additional comments for this indicator.			
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)			Exception
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	The agency has the required policy and procedure 6.4 that was last reviewed and approved October 10, 2022 by Thaise board members and CEO.		
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Compliance	Training records for one applicable first year direct care staff was reviewed. All required pre-service training requirements were completed prior to case assignment.	
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 st were required to complete no later than December 31, 2020)	Compliance	Two new staff, a data clerk and a case manager, were hired after the last annual QI review. Training records both staff showed they completed the DOJ Civil Rights and Federal Funds training within 30 days of hire.	

<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>No eligible items for review</p>	<p>None of the new hires have completed a full year of employment as they were hired during the past 6 months.</p>	
<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>Training records reviewed for two first year staff indicate both had been employed for more than 90 days. Both staff completed all mandatory trainings; however, one staff was two days late completing CINS/FINS Core. The other staff was 26 days late completing Motivational Interviewing (MI) training that was due by December 18, 2022. However, MI training is conducted by DJJ and email documentation supported the staff attempted to register for the December 2022 MI training to meet the 90-day requirement but the training was at capacity and the next MI training wasn't offered until January 2023.</p>	<p>One first year staff completed CINS/FINS Core training two days pass the 90-day required timeframe. The training was due by 3/27/23 and was completed 3/29/23 during the QI review.</p>
<p>Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)</p>			
<p>Any designated staff that is responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.</p>	<p>Compliance</p>	<p>Training documentation supported the program's new case manager completed the required NIRVANA training.</p>	
<p>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</p>			
<p>Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).</p>	<p>Not Applicable</p>	<p>Not applicable to community counseling programs.</p>	
<p>In-Service Direct Care Staff</p>			
<p>Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).</p>	<p>Compliance</p>	<p>Training records for three in-service CINS/FINS program staff were reviewed. Each staff completed an excess of 24 hours of mandatory annual refresher training including the required Florida Network and DJJ SkillPro training.</p>	
<p>Required Training Documentation</p>			

<p>The agency has a designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.</p>	<p>Compliance</p>	<p>Thaise Program Manager is the designee assigned to monitor training records. Quarterly reviews are conducted 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>Compliance</p>	<p>All five training files reviewed were maintained in binders individualized for each staff. Each binder included a training log that lists all training topics completed as well as dates and hours completed. Training files also included training certificates, supporting documents, and/or training transcripts.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.06: Client Transportation</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency has the required policy and procedure 5.7 that was last reviewed and approved October 10, 2022 by Thaise board members and CEO.</p>		
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>Compliance</p>	<p>The program maintains a list of staff approved to transport youth in agency, rental, or approved vehicle.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>Compliance</p>	<p>Staff who are approved to transport youth have a valid Florida driver's license and are covered under the agency's commercial auto insurance coverage. Approved drivers are listed on the commercial automobile policy for Progressive effective through 3/7/2024.</p>	
<p>Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3rd party is NOT present in the vehicle while transporting</p>	<p>Compliance</p>	<p>The program's transportation policy prohibits transporting a youth alone. Per the policy, single youth transport is not allowed.</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	Not Applicable	Single drivers are not allowed per policy.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Not Applicable	Single drivers are not allowed per policy.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Not Applicable	Single drivers are not allowed per policy.	
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.	Compliance	Transportation logs are in place and available for use in the event a youth needs to be transported. The logs have places for all required information to be documented.	
Additional Comments: There are no additional comments for this indicator.			
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 agency has the required policy and procedure 4.03 that was last reviewed and approved October 10, 2022 by Thaise board members and CEO.		
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	Compliance	Ten youth records were reviewed, six open and four closed. Each of the ten plans were created based on information gathered during the initial intake, screening, suicide assessment and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Compliance	All ten records confirmed the service plan was developed within seven days of the NIRVANA being completed.	

<p>Case plan/service plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated</p>	<p>Compliance</p>	<p>The service plans in the ten files reviewed were observed to contain all of the following required elements: individualized and prioritized need(s) and goal(s) identified by the NIRVANA; service type, frequency, location; person(s) responsible; target date(s) for completion and actual completion date(s); signature of youth, parent/ guardian, counselor, and supervisor; and, date the plans were initiated.</p>	
<p>Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after</p>	<p>Compliance</p>	<p>Each youth's service plan was reviewed, as required, every thirty days for the first ninety-day period. Each youth had a projected end completion date within ninety days.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.04 - Case Management and Service Delivery</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</p>	<p>YES</p>		
	<p>If NO, explain here: The agency has the required policy and procedure 4.04 that was last reviewed and approved October 10, 2022 by Thaise board members and CEO.</p>		
<p>Counselor/Case Manager is assigned</p>	<p>Compliance</p>	<p>Ten youth records were reviewed, six open and four closed. All ten records confirmed a case manager was assigned during the intake process.</p>	

<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit 	<p>Compliance</p>	<p>For each of the ten youth, the case manager established referral needs and coordinated services for each youth and their families, coordinated the service plan implementation, monitored the youth's progress, and provided support to the families. The case manager provided case termination notes, and case follow-up post closure, as required, for the six youth who were closed from the program. The program has a referral form to utilize in the event a referral is needed.</p>	
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>Compliance</p>	<p>The program maintains written agreements with community partners for referrals to the CINS/FINS program. These agreements include: Aspire Behavioral Health - Mental Health; Central Florida Behavioral Health - Mental Health; Universal Behavioral Health - Mental Health and Substance Abuse; Orange County Health Department; Orange County Public Schools; Boys and Girls Club; YMCA; Frontline Outreach; Orange County Youth Shelter; Orange County Youth and Family Services - Mental Health; Devereux of Florida Mental and Substance Abuse; Center For Drug Free Living; Lakeside - Mental Health; Central Florida Case Managers; and USF Family Resource Center (FRC).</p>	

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

4.02 - Suicide Prevention		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 4.02	YES		
	If NO, explain here:		
	The agency has the required policy and procedure 3.02.01 that was last reviewed and approved October 10, 2022 by Thaise board members and CEO.		
Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	Compliance	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.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program uses a suicide risk assessment that has been approved by the Florida Network of Youth and Family Services.	
Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	Not Applicable	Not applicable as the agency provides community based services only.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	Not Applicable	Not applicable as the agency provides community based services only.	
Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	Not Applicable	Not applicable as the agency provides community based services only.	
Youth with Suicide Risk (<i>Community Counseling Only</i>)			

<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>No eligible items for review</p>	<p>Per interview with the Program Manager, the program has not served any youth who were screened as a suicide risk since the last onsite QI review. In the event youth is identified as a suicide risk, the youth is referred to another provider.</p>	
<p>During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.</p>	<p>No eligible items for review</p>	<p>The program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth's file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.</p>	<p>No eligible items for review</p>	<p>The program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>The program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>The program has not served any youth who were screened as a suicide risk since the last onsite QI review.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			