



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

Thaise Educational & Exposure Tours - Orlando

927 S Goldwyn Avenue, Suite 212, Orlando FL 32805

February 21, 2024

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a Quality Improvement (QI) monitoring visit on behalf of the Florida Network of Youth and Family Services (FNYFS) for the **Thaise Educational & Exposure Tours (Thaise Orlando)** for the FY 2023-2024 at its program office located at 927 South Goldwyn Avenue, Florida, 32805. 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 Orlando 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 from July 2023 through June 30, 2024.

The review was conducted by Nitara LaTouche, Consultant for Forefront LLC and Heather Molinario (Department of Juvenile Justice) and Angela Patton (Orange County). Agency representatives from Thaise Orlando present for the entrance interview was Fatima Rodgers, Program Manager. The last onsite QI visit was conducted March 29, 2023.

In general, the Reviewer found that the Thaise Orlando is in compliance with specific contract requirements. **Thaise Orlando received an overall compliance rating of 100% for achieving full compliance with 11 applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions 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

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-21-20232024

Agency Name: Thaise Educational & Exposure Tour (Orlando)					Monitor Name: Nitara LaTouche, 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): February 21, 2024		
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:
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type of program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The Thaise agency has four certified peers in total. The certified peers for the Orlando location are: Teresa Clove and Fatima Rodgers. Both peers have participated in reviews this season.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such a listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I: At the time of the program review, the program denied having any additional funding sources and reported they are no longer receiving any county funding.	No recommendation or Corrective Action.
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: United States Liability Insurance Company provides commercial liability. The coverage limits are \$1,000,000 per occurrence, personal & advertising injury limit \$1,000,000, medical expense \$5,000, damages to rented premises \$100,000, general aggregate \$2,000,000, professional	No recommendation or Corrective Action.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-21-20232024

Agency Name: Thaise Educational & Exposure Tour (Orlando)					Monitor Name: Nitara LaTouche, 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): February 21, 2024						
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:				
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						E&O \$1,000,000 per accident and \$2,000,000 per aggregate, abuse and molestation \$100,000 per claim and \$200,000 per aggregate from 3/1/23-3/1/24. Automobile Liability coverage provided by Progressive Commercial Insurance with a limit of \$1,000,000 for bodily injury and property damage, \$1,000,000 for uninsured motorists, \$10,000 per person, \$5,000 for medical payments. The automobile policy was effective from 3/7/23-3/7/24. Florida Network is listed as an additional insured.					
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I: Per the program, the agency does not have any corrective action items from an external funding source.	No recommendation or Corrective Action.
Fiscal Practice					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,I: The agency uses an external bookkeeper to maintain fiscal practice. General Program, Fiscal Policies and	No recommendation or Corrective Action.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 2-21-20232024

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Contract Type : CINS/FINS					Region/Office: 927 S. Goldwyn Avenue, Orlando FL 32805		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 21, 2024		
Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable:
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
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						Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The Accounting Policies and Procedures were dated as last reviewed during FY December 2023.	
b. Agency maintains a general ledger and the corresponding source documents. A general ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: General ledger is structured to track all funding sources. The agency also provided statement of assets, liabilities and statement of revenue and expenses for the program.	No recommendation or Corrective Action.
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.) – ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: Per the agency policy, Petty Cash Fund, the program states they do not have a petty cash ledger system at this time. The policy was last reviewed December 17, 2023 and signed by the Board.	No recommendation or Corrective Action.
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Financial monthly records were reviewed from January-December 2023. The bank reconciliations and general ledger are handled by a 3 rd party accountant the external account services. At the end of the month, the	No recommendation or Corrective Action.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

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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:
						accountant enters journal entries into the computer software system to include: interest income and bank fees, accounts receivable for all the billing of the month, administration and direct support entries, share accruals, and adjusting entries.	
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) has been submitted to DJJ. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Per the CEO, indicated that Thaise has not made any purchases over \$1000.00.	No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: A review of the past year of quarterly tax returns was conducted of Quarter 1-4. All payroll tax returns, payments and deposits are managed by the agency's payroll provider, Freedom Payroll services.	No recommendation or Corrective Action.

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Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable:	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I,D: Budget to actual reports are prepared by the CFO and reviewed by the CEO on a monthly basis. The policy states that the agency will analyze direct and indirect costs to operate the program through prior year's trends.	No recommendation or Corrective Action.
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. Can obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I: The agency does not meet the requirements to have an annual audit because their expenses are not greater than \$750,000.	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:			Notes	
			I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)			Explain Unacceptable or Conditionally Acceptable:	
i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D: The agency has policies named record storage and retention disposal. The policy addresses the security of all client files and computers. and disposal of records. Personal information is not easily accessible, and the agency maintains a backup system in case of accidental loss of financial information. The agency's policy lists record retention timeframes and states disposal protocol will be according to the granting agency's requirements.			No recommendation or Corrective Action.	
j. Agency provided evidence that every direct care staff employee, as of October 1, 2023, is being paid at least \$19.00 per hour. This also includes funding for additional staff as approved by the Department. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			I: The agency stated that staff salaries were raised to \$19.00 per hour for any staff applicable effective October 1, 2023. Board minutes from December 2023 were available to review.			No recommendation or Corrective Action.	

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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CONCLUSION

Thaise Orlando has met the requirements for the CINS/FINS contract as a result of full compliance with --- applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the 14 indicators were not applicable because 1) the program states they do not have a petty cash ledger system at this time, 2) Thaise has not made any purchases over \$1000.00, and 3) Thaise expenses are not greater than \$750,000. 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. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard described in the report findings. There are no corrective actions cited but one recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard 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) 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 & Exposure Tours - Orlando
CINS/FINS Program

Date: February 21, 2024

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	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

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Special Populations	Satisfactory
2.09 Stop Now and Plan (SNAP)	Not Applicable

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

Nitara LaTouche - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
Heather Molinaro – Regional Monitor, Department of Juvenile Justice
Angela Patton – Orange County Youth and Family Services

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 July 1, 2023).

Persons Interviewed

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Chief Executive Officer <input checked="" type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Executive Director <input type="checkbox"/> Program Director <input checked="" type="checkbox"/> Program Manager <input type="checkbox"/> Program Coordinator <input type="checkbox"/> Clinical Director <input type="checkbox"/> Counselor Licensed 	<ul style="list-style-type: none"> <input type="checkbox"/> Case Manager <input type="checkbox"/> Counselor Non-Licensed <input type="checkbox"/> Advocate <input type="checkbox"/> Direct – Care Full time <input type="checkbox"/> Direct – Part time <input type="checkbox"/> Direct – Care On-Call <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer <input type="checkbox"/> Human Resources 	<ul style="list-style-type: none"> <input type="checkbox"/> Nurse – Full time <input type="checkbox"/> Nurse – Part time <input type="checkbox"/> # Case Managers <input type="checkbox"/> # Program Supervisors <input type="checkbox"/> # Food Service Personnel <input type="checkbox"/> # Healthcare Staff <input type="checkbox"/> # Maintenance Personnel <input type="checkbox"/> # Other (listed by title): ___
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Documents Reviewed

<ul style="list-style-type: none"> <input type="checkbox"/> Accreditation Reports <input checked="" type="checkbox"/> Affidavit of Good Moral Character <input checked="" type="checkbox"/> CCC Reports <input type="checkbox"/> Logbooks <input type="checkbox"/> Continuity of Operation Plan <input checked="" type="checkbox"/> Contract Monitoring Reports <input type="checkbox"/> Contract Scope of Services <input checked="" type="checkbox"/> Egress Plans <input type="checkbox"/> Fire Inspection Report <input type="checkbox"/> Exposure Control Plan 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Table of Organization <input type="checkbox"/> Fire Prevention Plan <input type="checkbox"/> Grievance Process/Records <input type="checkbox"/> Key Control Log <input type="checkbox"/> Fire Drill Log <input type="checkbox"/> Medical and Mental Health Alerts <input type="checkbox"/> Precautionary Observation Logs <input type="checkbox"/> Program Schedules <input type="checkbox"/> List of Supplemental Contracts <input type="checkbox"/> Vehicle Inspection Reports 	<ul style="list-style-type: none"> <input type="checkbox"/> Visitation Logs <input type="checkbox"/> Youth Handbook <input type="checkbox"/> # Health Records <input type="checkbox"/> 2 # MH/SA Records <input type="checkbox"/> 3 # Personnel /Volunteer Records <input type="checkbox"/> 5 # Training Records <input type="checkbox"/> 6 # Youth Records (Closed) <input type="checkbox"/> 7 # Youth Records (Open) <input type="checkbox"/> # Other: ___
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Observations During Review

<ul style="list-style-type: none"> <input type="checkbox"/> Intake <input checked="" type="checkbox"/> Program Activities <input type="checkbox"/> Recreation <input type="checkbox"/> Searches <input type="checkbox"/> Security Video Tapes <input type="checkbox"/> Social Skill Modeling by Staff <input type="checkbox"/> Medication Administration 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Posting of Abuse Hotline <input type="checkbox"/> Tool Inventory and Storage <input type="checkbox"/> Toxic Item Inventory & Storage <input type="checkbox"/> Discharge <input type="checkbox"/> Treatment Team Meetings <input type="checkbox"/> Youth Movement and Counts <input type="checkbox"/> Staff Interactions with Youth 	<ul style="list-style-type: none"> <input type="checkbox"/> Staff Supervision of Youth <input checked="" type="checkbox"/> Facility and Grounds <input type="checkbox"/> First Aid Kit(s) <input type="checkbox"/> Group <input type="checkbox"/> Meals <input checked="" type="checkbox"/> Signage that all youth welcome <input type="checkbox"/> Census Board
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Surveys

<input type="checkbox"/> # of Youth	<input type="checkbox"/> 2 # of Direct Staff	<input type="checkbox"/> # of Other	<input type="checkbox"/>
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February 21, 2024

Comments

A Quality Improvement Program Review was conducted for FY 2023-2024.

Monitoring Purpose

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and/or community counseling services.

Strengths and Innovative Approaches

The Thaise Educational & Exposure Tours agency has three locations across the state of Florida including Jacksonville, Orlando, and St. Petersburg. The central Florida program (Thaise Orlando) is located on 927 South Goldwyn Avenue, Orlando. The agency is managed by a Chief Executive Officer and there is a one Program Manager for each location site. Thaise Orlando currently has three case managers and one contracted data clerk with no vacancies at the time of the review.

The following programmatic updates were provided by the agency:

Staffing: Thaise Educational & Exposure Tours, Inc, (TEET Orlando) is governed presently, by a 3-member Board of Directors with the CEO as the Executive Director. Currently, the Program Manager oversees the daily operations in the local Thaise Orlando location. The program is run by the Teresa Clove, Chief Executive Officer (CEO), a Chief Financial Officer - Dennis Clove, a Program Manager - Fatima Rodgers. The program has three case manager/mentors currently with no vacancies. There is one full time Data Clerk position that provides support to the program. There has been an increase in wages to \$19.00 per hour for the Data Clerk and over \$20.00 per session for Case Managers. Staff have conducted Outreach with outside agencies and obtained partnership agreements from outside organizations. Case Manager staff have provided youth with DEFY tickets as a benefit and outreach to the community.

Program Updates: Thaise is in the process of restarting our monthly Enrichment program, with hopes to begin March 2024. TEET Orlando, has acquired additional office space and is now expanded into two offices in Orlando, FL; Suites #212 and 213. The program reports that it has been difficult to locate staff who want to provide traditional (face-to-face) services, causing hiring challenges. The program is proud of several youth that successfully completed 12 weeks of Life Skills/Anger Management/Impulse Control, and successfully completed probation. Additionally, several youth completed tutoring and mentoring with TEET in 2023 and improved in their academics. One youth completed their GED and is in the process of enlisting in the military. The program has maintained contacts with past service recipients and was proud to learn that one participant that completed their high school diploma and Associate Degree, is now expected to graduate from FAMU in May 2024.

Government and Community: TEET Orlando attended the Community Outreach of Resources and Education (C.O.R.E) event. as a vendor to provide agency information to youth, their families and community partners at the South Orlando YMCA, on August 3, 2023. TEET Orlando has partnered with Children's Home Society, Angels for Kids and other agencies to receive referrals and maintain outreach connections to offer services to youth in need within our community. Additionally, TEET Orlando has attended DJJ CAB meetings virtual and face-to face throughout 2023-2024.

Narrative Summary

Thaise Educational & Exposure Tours, Inc. (Thaise Orlando) is one of three statewide programs that serves the states of Florida. The Thaise Orlando program is located at 927 S. Goldwyn Ave, Suite # 212/213 in Orlando, Florida. Thaise Orlando serves the population in Orange County and provides services throughout District 9. The program uses paper files currently and stores them in a locked file cabinet in the program office.

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

Standard 1: There are seven indicators for Standard 1. Indicator 1.01 Background Screening of Employees/Volunteers was rated **Satisfactory**, Indicator 1.02 Provision of an Abuse Free Environment was rated **Satisfactory**, Indicator 1.03 Incident Reporting was rated **Satisfactory with Exception**, Indicator 1.04 Training Requirements was rated **Satisfactory with Exception**, Indicator 1.05 Analyzing and Reporting Information was rated **Satisfactory with Exception**, Indicator 1.06 Client Transportation was rated **Satisfactory**, and Indicator 1.07 Outreach Services was rated **Satisfactory/Satisfactory with Exception**.

Standard 2: There are nine indicators for Standard 2. Indicator 2.01 Screening and Intake was rated **Satisfactory**, Indicator 2.02 Needs Assessment was rated **Satisfactory**, Indicator 2.03 Case/Service Plan was rated **Satisfactory**, Indicator 2.04 Case Management and Service Delivery was rated **Satisfactory**, Indicator 2.05 Counseling Services was rated **Satisfactory**, Indicator 2.06 Adjudication/Petition Process was rated **Satisfactory with Exception**, Indicator 2.07 Youth Records was rated **Satisfactory**, Indicator 2.08 Specialized Additional Program Services was rated **Satisfactory with Exception**, and Indicator 2.09 Stop Now and Plan (SNAP) was rated **Not Applicable**.

Standard 4: There is one applicable indicator for Standard 4. Indicator 4.02 was rated **Satisfactory**.

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

There were no Indicators that resulted in a Limited or Failed rating for this review period.

CINS/FINS QUALITY IMPROVEMENT TOOL			
Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator for each item within the indicator.	Summary/Narrative Findings: The narrative write-up is a thorough summary of each assigned QI indicator, explaining how finding(s) are determined.	Deficiencies/Exceptions: Please add additional detailed explanations for any items that have any deficiencies or exceptions.	
Standard One – Management Accountability			
1.01: Background Screening of Employees, Contractors and Volunteers			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	YES		
	If NO, explain here:		
	The agency has a Policy 1.01 Background Screening of Employees/Volunteers last reviewed on 12/17/23 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of New Hire Employee/Intern/Volunteer Files: 1			
Total number of 5 Year Re-screen Employee Files: 2			
Staff Position(s) Interviewed (No Staff Names) : Program Manager			
Type of Documentation(s) Reviewed: BSU correspondence, DJJ Background Screens			
All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.	Compliance	The agency had one applicable staff that successfully passed pre-employment suitability assessment on the initial attempt.	
For any applicant that did not pass the initial suitability assessment, there was evidence that the applicant retook the assessment and passed within five (5) business days of the initial attempt, not exceeding three (3) attempts within thirty (30) days.	No eligible items for review	The agency did not report any staff that did not pass the assessment on the initial attempt.	
Agency has evidence for employees who have had a break in service for 18 months or more, and/or when the agency had a change or update in the suitability assessment tool used was different from the employee's original assessment, that a new suitability assessment and background screening was completed as required.	No eligible items for review	The agency has not had any employees who have had a break in service for 18 months or more.	
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. <i>(Employees who have had a break in service and are in good standing may be reemployed with the same agency without background screening if the break is less than 90 days.)</i>	Compliance	The agency completed the required background screening prior to hire/start date for the one applicable new hire. The agency denied having any new volunteers or interns that meet this requirement.	

Five-year re-screening is completed every 5 years from the date of last screening.	Compliance	Two staff files were reviewed for the re-screening requirement. One staff had screen after date of last screening, however, this reviewer saw evidence that the request was submitted to the BSU prior to due date. One staff's retained fingerprints screening appeared to expire on 1/23/23; however, the agency was able to provide correspondence from the BSU that confirmed the agency did submit a screening prior to the expired date. Per the BSU, the employee does not require another screening until 2027.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The agency provided evidence that Annual Affidavit of Compliance with Level 2 Screening Standards was completed and sent to BSU on January 23, 2024 prior to the deadline requirement.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	The agency provided proof that all new employees obtained evidence of E-Verify from the Department of Homeland Security.	
Additional Comments: There are no additional comments for this indicator.			
1.02: Provision of an Abuse Free Environment			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.02	YES		
	If NO, explain here:		
	The agency has a Policy 5.02 Abuse Reporting which was last reviewed on 12/17/2023 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Staff Position(s) Interviewed (No Staff Names): 0 Type of Documentation(s) Reviewed: youth records and program log Describe any Observations: N/A			
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	Compliance	The program has a policy and procedures to ensure an abuse-free environment. The program staff each have signed a code of conduct.	
The agency has a process in place for reporting and documenting child abuse hotline calls.	No eligible items for review	There were no applicable child abuse calls reported during this annual compliance review period.	
Youth were informed of the Abuse and Contact Number	Compliance	The youth and family are informed of the Florida Abuse Hotline and the number to contact if needed.	
Grievance			
The program must have an accessible and responsive grievance process for youth to provide feedback and address complaints. Program director/ supervisor will have access to and manage grievances unless it is towards themselves.	Compliance	The program has a policy and procedure to ensure the process a youth can utilize to submit a grievance. The program manager or designee manages all grievances, unless the program manager or designee is the subject of the grievance.	
<u>Shelter only:</u> Grievances are maintained on file at minimum for 1 year.	Not Applicable	N/A for Community Counseling Programs	

Shelter only: There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.	Not Applicable	N/A for Community Counseling Programs	
Shelter only: There is evidence that grievance boxes are checked by management or a designated supervisor at least daily as evidenced in the program logbook.	Not Applicable	N/A for Community Counseling Programs	
Shelter only: All grievances are resolved within 72 hours and documented by program director/supervisor or escalated to higher leadership if grievance involves them directly.	Not Applicable	N/A for Community Counseling Programs	
1.03: Incident Reporting			Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 1.03	NO		
	If NO, explain here: Does not include updated Florida Administrative Code and Department policy.		
	The agency has a Policy 1.03 Incident Reporting which was last reviewed on 12.17.2023 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Staff Position(s) Interviewed (No Staff Names): 0			
Type of Documentation(s) Reviewed: JJIS CCC report and program log			
During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	Exception	The program did not have any incidents logged with the Department's Central Communication Center (CCC) during this annual review period; however, unable to locate any CCC reported program closures due to hurricanes/weather under Program Disruption. There were at least three weather related closures for the local area to be closed due to weather issues.	Unable to locate any hurricane/weather closures reported. Upon interview with program staff, the program was unaware of this requirement being applicable for community based programs.
The program completes follow-up communication tasks/special instructions as required by the CCC	No eligible items for review	There were no follow-up communication tasks or special instructions during the period of review.	
Agency internal incidents are documented on incident reporting forms and all CCC reportable incidents were consistently reported to CCC as required.	No eligible items for review	There were no internal incidents reported by the program during the period under review that were reported to the CCC.	
Incidents are documented in the program logs and on incident reporting forms	No eligible items for review	The program denied having any incidents to report during the review period.	
All incident reports are reviewed and signed by program supervisors/ directors	No eligible items for review	The program has a process in place for the program manager to review all reported incidents, however, there were none available to review since the last QI review.	

1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)		Satisfactory with Exception	
Provider has a written policy and procedure that meets the requirement for Indicator 1.04	YES		
	If NO, explain here:		
	The agency has a Policy 6.04 Training last reviewed on 12/17/2023 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of New Hire Staff Files: 3 Total number of Annual In-Service Staff Files: 2 Annual Training Plan Timeframe (Program timeframe for annual trainings): Year based on date of hire Type of Documentation(s) Reviewed: Staff training records, SkillPro, Program training plans			
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	Compliance	All three pre-service staff training records contained documentation of the completed required safety and supervision trainings.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	Compliance	All three pre-service staff training records contained documentation of the required civil rights trainings completed within the first thirty-day period of employment.	
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.	Exception	Two of three pre-service staff training records did not contain documentation for the required eighty hours of completed training; the remaining staff is within the first year of employment and has a total of 59 hours completed so far.	One staff completed only 38 hours in the 1st year. The 2nd staff file reviewed contained evidence of 39 hours.
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Exception	Three newly hired staff training records were reviewed. Two of three have completed the majority of the training within the first ninety days of employment; the remaining staff is still within the first ninety-day period. One of the two applicable pre-service staff records contained documentation of the required trainings. One staff did not have CINS FINS Core Training within 90 days, however, they do not work with youth independently and primarily deal with data input.	One staff had two trainings completed late; Motivational Interviewing and NetMIS were both not completed within the required timeframes.

Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)			
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.	Compliance	Two of three pre-service staff training records were applicable for the NIRVANA training; the remaining staff was not applicable. Both applicable staff training records contained documentation for the completed training.	
Staff Participating in Case Staffing & CINS Petitions (within first year of employment)			
Documentation of instructor led FL Statute 984 CINS Petition Training by a local DJJ Attorney. <i>Effective for staff hired after 7/1/23</i>	No eligible items for review	All CINS Petitions cases in the service area are facilitated by Orange County Youth and Family Services, which is the service provider for the region. All three staff members still have time to receive Florida Statute 984 CINS Petition Training by a local DJJ attorney. The agency contacted the FNYFS for the contact number to schedule the 984 Petition training and the agency is now scheduled to receive this training with all three Thaise sites virtually by ZOOM. At this time of the onsite program review, the agency has no current clients on CINS petitions staffing.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
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).	Not Applicable	Not applicable to community counseling program staff.	
In-Service Direct Care Staff			
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	Compliance	Two in-service staff training records were reviewed. The program did not have any additional records to review for this annual compliance review period. Both records reviewed contained documentation of all completed require trainings.	
Required Training Documentation			
The agency has a training plan that includes all of the required training topics including the pre-service and in-service.	Compliance	The program has a training plan form, created for each staff, to document date of completion of the required trainings.	
The agency has a designated staff member responsible to manage all employee's individual training files and completes routine tracking and reviews of staff files to ensure compliance.	Compliance	The program has a single staff designated to monitor and track all staff training.	

<p>The program maintains an individual training file or employee file AND a FLN Training Log (or similar document that includes all requirements) 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>The program maintains a training record and a Florida Network Training Log for each staff. The training record contains the documentation of each training.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.05 - Analyzing and Reporting Information</p>			<p>Satisfactory with Exception</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</p>	<p>NO If NO, explain here: Policy missed some revisions from FN policy 12.1.23 to include a regular review of program performance. Additionally, policy currently states will review annually. The agency has a Policy 1.05 that was revised by Thaise Board on 12/17/23.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</p>			
<p>Staff Position(s) Interviewed (No Staff Names): Program Manager, CEO Type of Documentation(s) Reviewed: Minutes and correspondence</p>			
<p>Case record review reports demonstrate reviews are conducted quarterly, at a minimum</p>	<p>Exception</p>	<p>The agency completes a one-time review of compliance for the youth record that captures if items are missing or needing corrections. Program has a monthly file check by Program Manager.</p>	<p>The agency did not have evidence of case record reviews being conducted on a quarterly basis.</p>
<p>The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum</p>	<p>Compliance</p>	<p>The program had evidence the program conducts reviews of incidents, accidents, and grievances at least quarterly.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>	<p>Compliance</p>	<p>The program conducts an annual review of customer satisfaction data and notates this review in team meeting minutes.</p>	
<p>The program demonstrates a monthly review of the statewide End-of-Month ("EOM") report generated by the Florida Network Office. This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, follow-up reporting measures.</p>	<p>Compliance</p>	<p>Monthly meeting with all supervisors. Then follow up with staff meeting. Review the NETMIS monthly reports and follow up on issues or challenges.</p>	

The program has a process in place to review and improve accuracy of data entry & collection	Compliance	The program has a dedicated administrative staff that monitors data entry. The agency has a monthly meeting with all supervisors and each Program Manager has a follow up with staff to address any issues or concerns.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	Compliance	The agency provided Board Meeting Minutes that demonstrates the program findings are regularly reviewed by management and communicated to staff and stakeholders.	
There is evidence the program demonstrates that program performance is routinely reviewed with the Board of Directors. All final reports that include a Limited or Failed score is submitted electronically or by mail to the providers Executive Committee on the Board of Directors.	Compliance	The agency provided Board Meeting Minutes that demonstrates the program performance is routinely reviewed with the Board of Directors.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	Compliance	The agency has a robust process in place that coordinates all three locations in a monthly meeting. Each location has the opportunity to provide updates to the CEO regarding any strengths, weaknesses, and improvements implemented or modified. Staff are involved to address and support these efforts.	
Additional Comments: There are no additional comments for this indicator.			
1.06: Client Transportation			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.06	YES		
	If NO, explain here:		
	The agency has a policy 5.07 Transportation of Youth that was last reviewed on 12/17/23 by the Thaise Board.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Type of Documentation(s) Reviewed: Binder documentation reported that there has been no transportation during this review period.			
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Compliance	The agency provided a current list of approved drivers and their valid Florida license in the event the program was to utilize transportation.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Compliance	The agency provided a current list of approved drivers and their valid Florida license in the event the program was to utilize transportation. All of the staff approved were listed on the insurance policy.	
Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	Compliance	The agency's Transportation policy prohibits transporting a client without maintaining at least one other passenger in the vehicle.	

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	No eligible items for review	The agency reports there has been no transportation events since FY2021.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	No eligible items for review	The agency reports there has been no transportation events since FY2021.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	No eligible items for review	The agency reports there has been no transportation events since FY2021.	
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.	No eligible items for review	The agency reports there has been no transportation events since FY2021.	
Additional Comments: There are no additional comments for this indicator.			
1.07 - Outreach Services			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.07	YES		
	If NO, explain here:		
	The agency has a Policy 6.05 Linkage to Local Community Services last reviewed on 12/17/2023 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Staff Position(s) Interviewed (No Staff Names): 0 Type of Documentation(s) Reviewed: Outreach bonder Describe any Observations: N/A			
The program has a lead staff member designated to participate in local DJJ board, Circuit and Council meetings with evidence that includes minutes of the event or other verification of staff participation.	Compliance	The program director or designee is the designated staff to participate in the Department's local board. The program maintained the documentation available for these required meetings.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	Compliance	The program maintains written agreements with other community providers, partners, and services. The program has a procedure to refer youth to these resources.	

The program will maintain documentation of outreach activities and enter into NetMIS the title, date, duration (hours), zip code, location description, estimated number of people reached, modality, target audience and topic.	Compliance	The program maintains an outreach binder with all the required documentation of outreach activities and events. Each activity or event is also entered into NetMIS, as required.	
The program has designated staff that conducts outreach which is defined in their job description.	Compliance	The program director or designee is the designated staff to maintain community connections and outreach activities.	
Additional Comments: There are no additional comments for this indicator.			
2.01 - Screening and Intake			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.01	YES		
	If NO, explain here:		
	The agency has a policy and procedure that meets the requirement for Indicator 2.01 titled 2.01 Screening and Intake. The policy was last reviewed on 12/17/23 by Thaise Board		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
<p>Total number of Open (Residential & Community) Files: 5 open Community Counseling files were reviewed.</p> <p>Total number of Closed (Residential & Community) Files: 5 closed Community Counseling files were reviewed.</p> <p>Staff Position(s) Interviewed (No Staff Names): Program Manager and CEO</p> <p>Type of Documentation(s) Reviewed: Client case files were reviewed and policy and procedures.</p> <p>Describe any Observations: The agency client case files were neat and in order. They included very thorough documentation and great case notes.</p>			
Shelter youth: Eligibility screening form is completed immediately for all shelter placement inquiries.	Not Applicable	Not applicable for Community Counseling programs.	
Community counseling: Eligibility screening form is completed within 3 business days of referral by a trained staff using the Florida Network screening form.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. The eligibility screening form was completed within 3 business days of the referral in all 10 files by a trained staff member using the Florida Network screening form.	
There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed and there is evidence all referrals for services were screened for eligibility and entered into NetMIS within 72 hours of screening completion.	
Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	Compliance	All 10 files, 5 opened and 5 closed, Community Counseling files had documentation indicating that the youth and parent/guardian received in writing the available service options and the rights and responsibilities of the youth and parent/guardian.	

<p>The following is also available to the youth and parents/guardians: a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) b. Grievance procedures</p>	<p>Compliance</p>	<p>All 10 files, 5 opened and 5 closed, Community Counseling files had documentation indicating that possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) and grievance procedures were available to the youth and parent/guardians.</p>	
<p>During intake, all youth were screened for suicidality and correctly assessed as required if needed.</p>	<p>Compliance</p>	<p>5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. All youth were screened for suicidality and correctly assessed as required if needed during intake.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.02 - Needs Assessment</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The agency has a policy and procedure that meets the requirement for Indicator 2.02 titled 2.2 Network Inventory of Risks, Victories and Needs Assessment. The policy was last reviewed on 12/17/23 by Thaise Board Members.</p>		
<p>Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</p>			
<p>Total number of Open (Residential & Community) Files: 5 Community Counseling files Total number of Closed (Residential & Community) Files: 5 Community Counseling files Staff Position(s) Interviewed (No Staff Names): Program Manager, CEO Type of Documentation(s) Reviewed: Client files and policy and procedures</p>			
<p>Shelter Youth: NIRVANA is initiated within 72 hours of admission</p>	<p>Not Applicable</p>	<p>Not applicable for Community Counseling programs.</p>	
<p>Non-Residential youth: NIRVANA is initiated at intake and completed within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old</p>	<p>Compliance</p>	<p>5 Open Community Counseling files and 5 closed Community files were reviewed. The NIRVANA was initiated and completed at intake for all 10 files. No NIRVANA assessment were over 6 months.</p>	
<p>Supervisor signatures is documented for all completed NIRVANA assessments and/or the chronological note and/or interview guide that is located in the youths' file.</p>	<p>Compliance</p>	<p>5 Open Community Counseling files and 5 closed Community Counseling files were reviewed and each file had a supervisor signature documented for all completed NIRVANA assessments and the NIRVANA assessment was located in the youth's file.</p>	
<p>(Shelter Only) NIRVANA Self-Assessment (NSR) is completed within 24 hours of youth being admitted into shelter. If unable to complete, there must be documentation in NetMIS and the youth's file explaining the barriers to completion.</p>	<p>Not Applicable</p>	<p>Not applicable for Community Counseling programs.</p>	

A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed and a NIRVANA Post-Assessment was completed at discharge for all youth who had a length of stay greater than 30 days.	
A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed and only 1 file was eligible for a NIRVANA Re-Assessment. The NIRVANA Re-Assessment was completed every 90 days per policy.	
All files include the interview guide and/or printed NIRVANA.	Compliance	All 10 files, 5 opened and 5 closed, Community Counseling files included the printed NIRVANA.	
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 a written policy and procedure that meets the requirement for indicator 2.03. The policy is titled 2.3 Case/Service Plan and was last reviewed on 12/17/23 by Thaise Board.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open (Residential & Community) Files: 5 open Community Counseling files Total number of Closed (Residential & Community) Files: 5 closed Community Counseling files Staff Position(s) Interviewed (No Staff Names): Program Manager and CEO Type of Documentation(s) Reviewed: Client case files			
The case/service plan is developed on a local provider-approved form or through NETMIS and is based on information gathered during the initial screening, intake, and NIRVANA.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. The case/service plan is developed on a local provider-approved form or through NETMIS and is based on information gathered during the initial screening, intake, and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. The Case/Service plan in each file is developed within 7 working days of the NIRVANA.	

<p>Case plan/service plan includes:</p> <ol style="list-style-type: none"> 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>Compliance</p>	<p>5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. The Case/Service plan includes individualized and prioritized needs and goals identified by the NIRVANA, service type, frequency, location, persons responsible and target dates for completion. All 5 closed files include actual completion dates. 2 files do not include signatures of the youth or parent/guardian. However, it is documented that these services were completed virtually, and the parent/guardian agreed to services. Another two files did not include signatures due to the families not returning for services following the intake. This is clearly documented in the file.</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>10 Community Counseling files were reviewed, 5 open and 5 closed. All files, except 2, were reviewed for progress every 30 days for the first three months. The 2 files that were not reviewed were because the family did not return for services after the intake. This is clearly documented in the file.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			

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 agency has a written policy and procedure that meets the requirement for Indicator 2.04 titled 2.4 Case Management and Service Delivery. The policy was last reviewed on 12/17/23 by Thaise Board.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open (Residential & Community) Files: 5 open Community Counseling files			
Total number of Closed (Residential & Community) Files: 5 closed Community Counseling files			
Staff Position(s) Interviewed (No Staff Names): Program Manager and CEO			
Type of Documentation(s) Reviewed: Client files and Interagency Agreements			
Counselor/Case Manager is assigned	Compliance	10 Community Counseling files were reviewed, 5 open and 5 closed. All files were assigned to a 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. Monitoring progress of court ordered youth in shelter 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 post discharge 12. Provides follow-up after 60 days post discharge	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. It is evident in the files through case notes that the Counselor or Case Manager coordinates service plan implementation, monitors the family's progress in services, and provides support to the family. The agency provides case monitoring and has a termination note for all closed files. 30- and 60-day follow-up was completed on all closed cases that had been closed over 30 days. Establishes referral needs and coordinates referral to services based on the assessment of the youth's/family problems and needs, monitors progress of court ordered youth in shelter, refer to case staffing committee to address problems and needs, accompany youth to court, refers the youth for additional services when appropriate were not applicable for the agency.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	Compliance	The agency's Interagency Agreement binder was reviewed. The program maintains written agreements with other community partners that include services provided and a comprehensive referral process. The agency has several interagency agreements with community partners to refer for services and vice versa.	
Additional Comments: There are no additional comments for this indicator.			

2.05 - Counseling Services		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 2.05	YES		
	If NO, explain here:		
	The agency has a written policy and procedure that meets the requirement for Indicator 2.05 titled 2.05 Counseling Services. The policy was last reviewed 12/17/23 by the Thaise Board.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of Open (Residential & Community) Files: 5 open Community Counseling files Total number of Closed (Residential & Community) Files: 5 closed Community Counseling files Staff Position(s) Interviewed (No Staff Names): Program Manager and CEO Type of Documentation(s) Reviewed: Client case files			
Shelter Program			
Shelter programs provides individual and family counseling	Not Applicable	Not applicable for Community Counseling programs.	
Group counseling sessions held a minimum of five days per week	Not Applicable	Not applicable for Community Counseling programs.	
Groups are conducted by staff, youth, or guests and group counseling sessions consist of : 1. A clear leader or facilitator 2.Relevant topic - educational/informational or developmental 3. Opportunity for youth to participate 4. 30 minutes or longer	Not Applicable	Not applicable for Community Counseling programs.	
Documentation of groups must include date and time, a list of participants, length of time, and topic.	Not Applicable	Not applicable for Community Counseling programs.	
Community Counseling			
Community counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, the local provider's counseling office or virtually if written documentation is provided in the youth's file for reasons why it is in the best interest of the youth and family.	Compliance	10 Community Counseling files were reviewed, 5 open and 5 closed. The agency provides therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the office, in the home, and/or in the school or virtually with written documentation in the file for the reasons why it is in the best interest of the youth and family.	

Counseling Services		
There is evidence the program completes review of all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. It is evident in the files through case notes that the program completes review of all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up.
Maintain individual case files on all youth and adhere to all laws regarding confidentiality.	Compliance	10 files were reviewed, 5 open and 5 closed. The agency maintains individual case files on all youth and adhere to all laws regarding confidentiality.
Case notes maintained for all counseling services provided and documents youth's progress.	Compliance	Case notes are maintained in all 10 files for counseling services provided and documents the youth's progress.
On-going internal process that ensures clinical reviews of case records and staff performance.	Compliance	The agency has an on-going internal process that ensures clinical reviews of case records and staff performance. Each file is reviewed by a Supervisor and the Supervisor documents the review and any needed follow-up.
When an intake is conducted through virtual means, consent is confirmed by the counselor, documented in the file, and reviewed with the supervisor during supervision/case review. There is written documentation provided in the youths file for reasons why virtual sessions are in the best interest of the youth and family.	Compliance	5 Open Community Counseling files and 5 closed Community Counseling files were reviewed. Out of those files, 2 closed files and 1 open file indicated that the intake was conducted through virtual means. The counselor was given consent for services, and it was documented in the file and reviewed with the supervisor. There is written documentation in the 3 files the reasons why virtual services are in the best interest of the youth and family.
Additional Comments: There are no additional comments for this indicator.		
2.06 - Adjudication/Petition Process		Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 2.06	YES	
	If NO, explain here: The agency has a written policy and procedure that meets the requirement for Indicator 2.06 titled 2.6 Adjudication/Petition. The policy was last reviewed 12/17/23 by the Thaise Board.	
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.		
Staff Position(s) Interviewed (No Staff Names): Program Manager and CEO		
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	Compliance	There were no files that met the criteria during the period of review. Upon interview with the CEO, staff are supposed to notify Orange County Youth and Family Services when they have a youth in need of a Case Staffing.

Other members may include: a. State Attorney's Office b. Others requested by youth/ family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative	No eligible items for review	There were no files that met the criteria during the period of review.	
The program has an established case staffing committee, and has regular communication with committee members	Exception	Program manager was interviewed regarding the adjudication process. Upon follow up interview with the CEO, it was explained that staff should be regularly involved with the case staffing committee process and the committee members.	At the time of the review, the program staff does not have an established case staffing committee and do not have regular communication with committee members. The CEO did offer that this would be rectified quickly by ensuring staff receive training in this area.
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	Exception	Program staff was interviewed regarding internal procedure for the case staffing process and the program staff reported they do not utilize the case staffing process currently. However, according to the CEO, all staff are trained on the process and are supposed to notify Orange County Youth and Family Services when they have a youth in need of a Case Staffing.	Direct program staff reported having no knowledge of the case staffing process internally.
The youth and family are provided a new or revised plan for services	No eligible items for review	The program denied having any youth meeting case staffing criteria during the period under review.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	No eligible items for review	The program denied having any youth meeting case staffing criteria during the period under review.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	No eligible items for review	The program denied having any youth meeting case staffing criteria during the period under review.	
Case Manager/Counselor completes a review summary prior to the court hearing	No eligible items for review	The program denied having any youth meeting case staffing criteria during the period under review.	

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

2.07 - Youth Records		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 2.07	YES		
	If NO, explain here:		
	Provider has a written policy and procedure that meets the requirements for Indicator 2.07 titled 2.7 Youth Records. The policy was reviewed on 12/17/23 by Thaise Board.		

Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.

Staff Position(s) Interviewed (No Staff Names): Program Manager
Type of Documentation(s) Reviewed: Client case files
Describe any Observations: Rooms were the files are kept and several file cabinets. Files cabinets were each marked "confidential"

All records are clearly marked 'confidential'.	Compliance	All 10 files reviewed were clearly marked "confidential" on both front and back side.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	Compliance	All records are kept in a secure room locked in a file cabinet that is marked "confidential."	
When in transport, all records are locked in an opaque container marked "confidential"	Compliance	All records are locked in an opaque container that is marked "confidential" when in transport.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	Compliance	All records are maintained in a neat and orderly manner so that staff can quickly and easily access information.	

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

2.08 - Specialized Additional Program Services **Satisfactory with Exception**

Provider has a written policy and procedure that meets the requirement for Indicator 2.08	YES	
	If NO, explain here:	
	The agency has a 4.07.06 Policy Family/Youth Respite Aftercare Services that was last reviewed by the Board on December 17, 2023.	

Intensive Case Management (ICM)

Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.

N/A

Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	Not Applicable	The agency is not contracted to provide ICM services.	
Youth receiving services were deemed chronically truant and/or runaway and require more intensive and lengthy services. The youth was determined to be eligible because they have gone through petition and/or case staffing and was in need of case management services.	Not Applicable	The agency is not contracted to provide ICM services.	

Services for youth and family include: a. Two (2) direct contacts per month b. Two (2) collateral contacts per week c. Direct and collateral contacts not obtained must have documentation to support attempts made to obtain them. All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.	Not Applicable	The agency is not contracted to provide ICM services.	
Assessments include a. NIRVANA at intake b. NIRVANA Re-Assessment every 90 days c. Post NIRVANA at discharge as aligned with timeframe requirements	Not Applicable	The agency is not contracted to provide ICM services.	
Service/case plan demonstrates a strength-based, trauma-informed focus	Not Applicable	The agency is not contracted to provide ICM services.	
For any virtual services provided, there is written documentation in the youths' file as to why virtual contact is in the best interest of the youth and family	Not Applicable	The agency is not contracted to provide ICM services.	
Family and Youth Respite Aftercare Services (FYRAC)			
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
Total number of Open Files: 1 Total number of Closed Files: 2 Type of Documentation(s) Reviewed: Youth records			
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	Yes	There were three files reviewed for this program service type.	
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating.	Compliance	All three youth records reviewed contained evidence the youth was referred by DJJ.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	Exception	Two out of three files reviewed contained evidence that the approval from the Florida Network office was obtained and maintained in the file.	One youth record lacked documentation in the file of documented Florida Network approval for FYRAC services. Youth was admitted in 7/29/2023 but only had documentation for approval of receiving services originally in March 2023. Program advised they were not aware this needed to be obtained at each admission.

<p>Intake and initial assessment sessions meets the following criteria: a. Services shall be documented through the signature of the youth and his/her parent/guardian as well as orientation to the program which is kept in the youths file. b. The initial assessment shall be face-to-face, in person or through virtual means, to include a gathering of all family history and demographic information, as well as the development of the service plan. c. For youth on probation, a copy of the youths Community Assessment Tool (CAT) to assist with development of the family service plan.</p>	<p>Compliance</p>	<p>All intake and initial sessions were face-to-face and included a gathering of family history and demographic information. Youth are provided with an orientation of the program and information collected is used in development of the service plan and is documented through signature of the youth and his/her parent/guardian.</p>	
<p>Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Services are highly supportive, individualized, and flexible and require a "whole family" approach to dealing with the problems affecting the youth and family.</p>	<p>Compliance</p>	<p>Life management sessions in all three files reviewed demonstrated evidence that sessions are sixty (60) minutes in length and focus on strengthening the family unit based on progress notes and file documentation.</p>	
<p>Individual Sessions: a. The program conducted sessions with the youth and family to focus on work to engage the parties and identify strengths and needs of each member that help to improve family functioning. b. Issues to be covered through each session include but are not limited to: Identifying emotional triggers; body cues; healthy coping strategies through individual, group and family counseling; understanding the cycle of violence and the physical and emotional symptoms of anger; developing safety plans; and educating families on the legal process and rights.</p>	<p>Compliance</p>	<p>The three files reviewed demonstrated that Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning.</p>	
<p>Group Sessions: a. Focus on the same issues as individual/family sessions with application to youth pulling on similar experiences with other group members with the overall goal of strengthening relationships and prevention of domestic violence. b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session</p>	<p>No eligible items for review</p>	<p>There were no applicable files reviewed that met the criteria for group sessions.</p>	
<p>There is evidence of completed 30 and/or 60 day follow-ups and is documented in NetMIS following case discharge.</p>	<p>Compliance</p>	<p>Two applicable files reviewed contained evidence of completed 30 day or 60 day follow-ups as required and is documented in NetMIS following case discharge</p>	

Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	Exception	Two out of three files contained evidence of the extension granted by DJJ.	One file had progress notes that indicated the youth was referred by their JPO, but there was no evidence of extension beyond 90 days.
Any service that is offered virtually, is documented in the youth's file why it was in the youth and families best interest.	Compliance	When applicable, there is documentation in the youth's file why it was in the youth and families best interest for virtual service delivery.	
All data entry in NetMIS is completed within 3 business days as required.	Compliance	All data entry is completed within three business days in NetMIS.	
Additional Comments: There were slight discrepancies observed in documentation of internal program form. Progress notes states client was met in office but form stated all meetings were virtual.			

2.09- Stop Now and Plan (SNAP)		Not Applicable	
Provider has a written policy and procedure that meets the requirement for Indicator 2.09	N/A		
	If NO, explain here:		
	The agency is not a current SNAP provider.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. <i>e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.</i>			
N/A			
SNAP Clinical Groups Under 12			
Youth are screened to determine eligibility of services.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed Child Behavior Checklist (CBCL) by the caregiver (pre and post) and is located within the file.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed Teacher Report Form (TRF) is completed by the teacher (pre and post) and is located within the file.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
SNAP Clinical Groups Under 12 - Discharge			
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
SNAP Clinical Groups for Youth 12-17			

Youth are screened to determine eligibility of services.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The Consent to Treatment and Participation in Research Form is completed and located within the file.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed 'How I Think Questionnaire' (HIT) form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed Social Skills Improvement System (SSIS) Student form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the completed Social Skills Improvement System (SSIS) Teacher/Adult form located within the file or evidence of at least three (3) documented attempts in the youths' file to obtain this information.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
SNAP for Schools & Communities			
The program demonstrated all of the required weekly attendance sheets that included youth names and/or identifying numbers completed with the teacher and trained SNAP Facilitator signatures. <i>(This must include a total of 13 attendance sheets for a full cycle)</i>	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The program maintained evidence of a completed "Class Goal" Document for the class reviewed.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
There is evidence of the fidelity adherence checklist maintained in the file for each class reviewed.	Not Applicable	The program was not contracted to provide SNAP Services at the time of this review.	
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 a written policy and procedure that meets the requirement titled 3.02.01 Identification of Suicide Risk in Community Counseling Mentoring Programs; last reviewed on 12/17/2023 by the Board of Directors.		
Document Source: Please provide a detailed explanation of any sources used to complete this indicator. e.g. Indicate the type of file reviewed or the total number of records reviewed (e.g. 3 new hire staff/employee records or 2 closed youth residential files 2 open community counseling files), type of documents reviewed (e.g. logbooks, drills, inspections, emails, training certificates, meeting minutes, grievances, groups meeting, etc.), describe observations (e.g. signage/postings or staff interactions with youth), document interviews with any staff members, and any other information used to gather evidence to substantiate findings for the indicator.			
Total number of Open (Residential & Community) Files:5			
Total number of Closed (Residential & Community) Files:5			
Staff Position(s) Interviewed (No Staff Names): Program Manager			
Suicide Risk Screening and Approval (Residential and Community Counseling)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	Compliance	There were 10 files (5 open and 5 closed) reviewed at intake that were screened for suicidality at intake as required. The program does have a policy and practices to refer youth to community partners if they are in need of further assessment. The program does not admit youth with any identified suicidal concerns.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program reports the suicide risk assessment has been approved by the Florida Network of Youth and Family Services.	
Supervision of Youth with Suicide Risk (Shelter Only)			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	No eligible items for review	N/A for Community Counseling Programs.	
Staff person assigned to monitor youth maintained one-to-one supervision or constant supervision and documented his/her observations of the youth's behavior at 30 minute or less intervals	No eligible items for review	N/A for Community Counseling Programs.	
Documentation includes the time of day, behavioral observations, any warning signs observed, and the observers' initials and was maintained in either an observation log or in the shelter daily log.	No eligible items for review	N/A 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	No eligible items for review	N/A for Community Counseling Programs.	
There was evidence that documentation was reviewed by supervisory staff each shift. If program uses an observation log, completed logs are maintained in the youth's file.	No eligible items for review	N/A for Community Counseling Programs.	
Youth with Suicide Risk (Community Counseling Only)			

<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>No eligible items for review</p>	<p>The program does have a policy and practices to refer youth to community partners if they are in need of further assessment. The program does not admit youth with any identified suicidal concerns.</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 denied having any youth with suicide risk concerns during the period under 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 denied having any youth with suicide risk concerns during the period under 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 denied having any youth with suicide risk concerns during the period under 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 denied having any youth with suicide risk concerns during the period under review.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			