



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

Urban League of Palm Beach County

2107 N. Tamarind Avenue, West Palm Beach

Date: February 1, 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 Urban League of Palm Beach County (Urban League) for the FY 2023-2024 at its CINS FINS program office located at 2107 N. Tamarind Avenue, West Palm Beach, Florida. The main office address 1700 N. Australian Avenue, West Palm Beach, Florida 33407. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Urban League 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 Rochelle Davis, Boys Town and Tierra Smith, Prevention Central. Agency representatives from Urban League present for the entrance interview were: LaTerrance Reed, Myiah White, and Tametria Hall. The last onsite QI visit was conducted February 16, 2023.

In general, the Reviewer found that the Urban League of Palm Beach County is in compliance with specific contract requirements. **Urban League of Palm Beach County received an overall compliance rating of 100% for achieving full compliance with 11 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 02-01-2023-2024

Agency Name: Urban League of Palm Beach County					Monitor Name: Nitara LaTouche, Lead Reviewer						
Contract Type : CINS/FINS					Region/Office: 2107 N Tamarind Ave. West Palm Beach						
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 1, 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: Myiah White and LaTerrance Reed. Mr. Reed is scheduled to complete the peer reviewer refresher in February 2024.	No recommendation or correction action needed at this time.
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"/>	D: The agency maintains a list of additional current contracts, ranging from local community organizations, county, foundations, banks, state, federal, and private funders.	No recommendation or correction action needed at this time.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D: General Liability through the Philadelphia Indemnity Insurance Company, for limits of coverage of \$1,000,000 each \$2,000,000 aggregate, and \$5,000 medical expense coverage effective 5/27/2023-5/27/2024. Workers Compensation and Employers' liability through Ascendant Commercial Insurance Inc. with limits of \$500,000 each/aggregate per	No recommendation or correction action needed at this time.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 02-01-2023-2024

Agency Name: Urban League of Palm Beach County					Monitor Name: Nitara LaTouche, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 2107 N Tamarind Ave. West Palm Beach		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 1, 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:
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					accident, effective 12/28/2023-12/28/2024. Automobile insurance through Philadelphia Indemnity Insurance Company for combined single limit of \$1,000,000. Policy effective for 5/27/2023-5/27/2024. Professional liability and abuse/molestation liability insurance, through Philadelphia Indemnity Insurance Company with limits of 3 million aggregate effective 5/27/23-5/27/24. Employment Practices, Directors and Officers insurance limit is 1 million each/claim effective 12/15/23-12/15/2024. Excess liability insurance coverage is provided through Scottsdale Insurance Company with each occurrence at \$5,000,000 and the aggregate at \$5,000,000 effective 5/27/23-5/27/2024. Florida Network is listed as certificate holder.		

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Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): February 1, 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:
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 Director, ULPBC does not have any corrective action items cited by an external funding source.	No recommendation or correction action needed at this time.
Fiscal Practice							
a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,I: Fiscal Policies and Procedures are maintained in the agency's Fiscal Management Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. Procedures are written for at a minimum, Budgetary and Internal Control, Record Retention/Disposal, Voucher System, Accounts Payable and Receivable, Invoicing, Contracts, Check Requests, Petty Cash, Purchasing, check request, payroll, and cash receipts. The manual was dated as last approved by K. Kaniski 7/28/20.	No recommendation or correction action needed at this time.
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: The agency maintains a general ledger that is set up to track the activity of the CINS/FINS program. The ledger includes a standard chart of accounts and separate funds for each revenue source.	No recommendation or correction action needed at this time.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D,I: N/A Per the Program Director, there is no petty cash maintained by the CINS/FINS Program. The program uses a check request with an invoice	No recommendation or correction action needed at this time.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

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allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE						to document the payment in the event petty cash is needed for small purchases.	
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: Bank reconciliations and monthly reconciliation summaries were provided for the past 6 months, July 2023 – January 2024 and reviewed for the agency’s account with Valley National Bank. Per policy, the agency uses QuickBooks software as its accounting system. Each program and most funders are accounted for separately in QuickBooks by assigning a class to income and expense transactions, which allows financial reports to be created by program, funder or the entire organization as required. The reconciliations are prepared within the required timeframe. Reconciliations are prepared monthly and approved by the VP of Finance.	No recommendation or correction action needed at this time.
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"/>	D: Program Director reported that no new equipment was purchased with FN funds during the current FY.	No recommendation or correction action needed at this time.

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			Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
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: The provider's payroll services are contracted with Paychex. Monthly automatic payment reports of Federal and State earnings paid were received and reviewed. Paychex is directly responsible for submitting W-2s and 941 forms. The employee earning and quarterly reporting statements for Q1-Q3 2023 were provided and reviewed, demonstrating current payments of payroll taxes.	No recommendation or correction action needed at this time.
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"/>	D- Reviewed the CINS/FINS Budget to Actual report for FY 2023-2024 as of January 2024. Per the agency's policy, a budget is prepared in April and approved by the Finance Committee of the Board and the Board itself by June 30. The budget is reviewed at board meetings and variances are discussed accordingly. The Program Directors are also responsible for completing budget worksheets monthly by documenting their expenditures.	No recommendation or correction action needed at this time.
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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- William Washington, CPA completed the provider's Single Audit on October 27, 2023, for the year ended June 30, 2023. No management letter was issued.	No recommendation or correction action needed at this time.

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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						
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 a Document Retention and Destruction Policy that addresses timeframes and process to destroy client and or employee data. Additional policies address agreements made with Information Technology as it relates to repair and maintenance of computer hardware, network component, data back up, and protection. The agency's Records Policy, Personal Identifiable Information Policy, and the code of conduct includes the expectation of staff and procedures for the security of client data, confidential information, loss prevention, compliance and record retention and disposal. Electronic data is backed up and saved in the cloud. Laptops are password protected and are utilized by program staff.
						No recommendation or correction action needed at this time.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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"/>	D,I: The agency provided evidence of offer letters for case management staff that includes the annual salary and the date of the offer that demonstrated staff are meeting the minimum requirement.	No recommendation or correction action needed at this time.

2023-2024 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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CONCLUSION

The Urban League of Palm Beach County has met the requirements for the CINS/FINS contract as a result of full compliance with eleven applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the fourteen indicators of the tool were rated not applicable as the CINS/FINS program: 1) does not have a petty cash on hand, 2) does not have any property inventory from FN funds, 3) does not have any outstanding corrective action item(s) cited by an external funding source. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions 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 Urban League of Palm Beach County - West Palm Beach
CINS/FINS Program

Date: February 1, 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	Not Applicable
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	Not Applicable
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
 Tierra Smith – Prevention Central
 Rochelle Davis – Boys Town

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 type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Chief Operating Officer <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> Program Director <input 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 checked="" 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"/> 2 # 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 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 checked="" 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 checked="" 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"/> 3 # MH/SA Records <input type="checkbox"/> # Personnel /Volunteer Records <input type="checkbox"/> 3 # Training Records <input type="checkbox"/> 4 # Youth Records (Closed) <input type="checkbox"/> 6 # 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 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 checked="" 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

<ul style="list-style-type: none"> <input type="checkbox"/> 0 # of Youth 	<ul style="list-style-type: none"> <input type="checkbox"/> 1 # of Direct Staff 	<ul style="list-style-type: none"> <input type="checkbox"/> # of Other
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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 Urban League of Palm Beach County (ULPBC) is a non-profit community-based agency that is contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) community counseling services to youth and families in Palm Beach County. The main office is located at 1700 North Australian Avenue. The program office is located in a separate location at 2107 Tamarind Avenue, West Palm Beach. The agency primarily provides services in home, community based or in office. The agency has opened it's doors to the community on major holidays such as Thanksgiving and Christmas for half days doing outreach and has provided turkeys or necessities to families in need. This generosity of the program and staff's time has allowed the program staff to engage with families in real time to identify potential new clients while educating the families about the services the agency provides.

The following programmatic updates were provided by the agency:

A couple of important initiatives the agency wanted to accomplish was to reintroduce the program to the schools and have a greater presence in the Palm Beach County community. Mr. Reed and the Case Managers has fulfilled those initiatives by attending school SBT (School Based Team) meetings, attending open houses and explaining the program to parents, school administration, and the like. This is in addition to attending monthly Department of Juvenile Justice Circuit 15 meetings, District Diversity and Equity Committee Meetings with Palm Beach County School District and Case Staffing Meetings. Mr. Reed and CINS/FINS team attend and host several outreach events and meetings with the intention of reintroducing the overall work ULPBC does as an agency. Along with Marie Sanches (Vice President), Patrick Franklin (President) and his staff, Mr. Reed has done a commendable job as the Supervisor of our CINS/FINS Program.

The approach taken by the team has allowed the program to increase the number of referrals, participate in more outreach events, inundate the schools with referrals and provide the potential for more youth activities. Thanks to the staff and the renewed energy they are providing, Children In Need of Services/Families in Need of Services (CINS/FINS) is once again becoming a household name; and Urban League of Palm Beach County is once again becoming the provider of choice for the community's Social Service needs.

The agency currently has a pending new 10 year lease that they applied for with the city of WPB. In 2024, they plan to update the facility office location with a storage room addition at the south east former of building 1700 location. They have replaced 1 of 3 HVAC units at the 1700 location.

Narrative Summary

ULPBC provides community-based services for youth and their families in Palm Beach County, Florida. The program is under the leadership of the President/CEO and a Senior Vice President. The CINS/FINS program is staffed by a Program Director, and two fulltime case management staff. One case manager left to work with the County of Palm Beach and has been gone almost a year.

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**, 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 **Not Applicable**, and Indicator 1.07 Outreach Services was rated **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 with Exception**, 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**, Indicator 2.07 Youth Records was rated **Satisfactory**, Indicator 2.08 Specialized Additional Program Services was rated **Not Applicable**, and Indicator 2.09 Stop Now and Plan (SNAP) was rated **Not Applicable**.

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

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

There were no applicable deficiencies that required a Limited or Failed rating.

CINS/FINS QUALITY IMPROVEMENT TOOL

<p>Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator for each item within the indicator.</p>	<p>Summary/Narrative Findings: Narrative guidelines: The narrative write-up is a thorough summary of each assigned QI indicator worksheet, explain how you came to your finding(s).</p>	<p>Deficiencies/Exceptions: Please add additional detailed explanations for any items that have any deficiencies or exceptions.</p>
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Standard One – Management Accountability

1.01: Background Screening of Employees, Contractors and Volunteers **Satisfactory**

<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</p>	<p>NO If NO, explain here: The latest policy revision regarding the rescreening should be done by hire date instead of the last screening as noted in the QI standard. The program has a policy 5.03 Background Screening and 1.01 Background Screening of Employees/Volunteers was last reviewed in 9/2023 by the President/CEO.</p>	
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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

Total number of New Hire Employee/Intern/Volunteer Files: One
Total number of 5 Year Re-screen Employee Files: Two
Staff Position(s) Interviewed (No Staff Names): Program Director
Type of Documentation(s) Reviewed: Employee files, org chart, DJJ screening documentation.

<p>All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.</p>	<p>Compliance</p>	<p>The program has been using the HR Avatar to measure cognitive abilities, knowledge and skills, personal characteristics, behavioral history, and emotional intelligence since 2019. The agency has established 60 points at minimum to be considered passing. One new staff was applicable for this requirement and passed the pre-employment assessment prior to date of hire.</p>	
<p>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.</p>	<p>No eligible items for review</p>	<p>None of the staff files reviewed were applicable for this requirement.</p>	
<p>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.</p>	<p>No eligible items for review</p>	<p>None of the staff files reviewed were applicable for this requirement.</p>	

Background screening completed prior to hire/start date (or exemption obtained prior to working with youth if rated ineligible) for new hires, volunteers/interns, and contractors. <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	One new staff was applicable for this requirement and completed their eligible background screening prior to date of hire.	
Five-year re-screening is completed every 5 years from last screening or prior to retained fingerprints expiration date.	Compliance	Two employee files were reviewed for five year re-screen and all screenings were completed prior to last screening on file.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The program provided email verification of the Annual Affidavit of Compliance which was completed and submitted to the Background Screening Unit on January 19, 2024.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	One new staff was applicable for this requirement and contained the E-Verify documentation in the file as required.	
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 program has a policy 1.02 Provision of an Abuse Free Environment which was last approved by President/CEO on July 1, 2023.		
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			
Staff Position(s) Interviewed (No Staff Names): Program Director			
Type of Documentation(s) Reviewed: Grievance log			
Describe any Observations: Grievance box is located in front lobby. It is not a locked grievance and the PD reports checking the box daily and taking it home at the end of the day.			
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	Compliance	The employee handbook captures the code of conduct for the program and has a code of conduct for client rights posted at the front lobby entrance. This form is also provided to youth during intake for the youth and/or parent and guardian.	
The agency has a process in place for reporting and documenting child abuse hotline calls.	Compliance	There were no child abuse hotline calls reported by the program since the last QI review.	
Youth were informed of the Abuse and Contact Number	Compliance	The Florida Abuse Hotline Number was observed as posted and being visible to youth at the front entrance.	

Grievance			
Grievances are maintained on file at minimum for 1 year.	No eligible items for review	The program maintains a logbook containing documentation of any reported grievances for the month, however, there were no eligible items to review since the last QI review.	
There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.	Compliance	The program maintains a grievance box with blank forms accessible to youth in the front lobby entrance. The grievance procedures are posted for client view.	
There is evidence that grievance boxes are checked by management or a designated supervisor at least daily as evidenced in the program logbook.	Compliance	The program reports checking the box daily and taking it home when leaving the program to ensure no one else has access when Director is not on premise. The grievance log was presented for review and noted each month there were no grievances submitted to the program.	
All grievances are resolved within 72 hours and documented by program director/supervisor or escalated to higher leadership if grievance involves them directly.	No eligible items for review	There were no grievances reported by the program since the last QI review.	
1.03: Incident Reporting			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.03	YES		
	If NO, explain here:		
	The program has a policy 1.03 Incident Reporting which was last approved by President/CEO on July 1, 2023.		
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			
Staff Position(s) Interviewed (No Staff Names): Program Director			
Type of Documentation(s) Reviewed: Incident Reporting Binder, IR Forms			
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	No eligible items for review	There were no incidents reported by the program during the period under review.	
The program completes follow-up communication tasks/special instructions as required by the CCC	No eligible items for review	There were no incidents reported by the program during the period under review.	
Agency internal incidents are documented on incident reporting forms and all CCC reportable incidents were consistently reported to CCC as required.	Compliance	The program has a formal incident reporting form to document any applicable incidents. There were no incidents reported by the program during the period under review.	

Incidents are documented in the program logs and on incident reporting forms	Compliance	The program maintains an incident form and incident reporting binder to maintain any incidents. July 2023- January 2024 was reviewed and each month was signed off and reported as no incidents for the month.	
All incident reports are reviewed and signed by program supervisors/ directors	No eligible items for review	There were no incidents reported by the program during the period under 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 program has a policy 1.04 Training which was last approved by President/CEO on July 1, 2023.		
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			
Total number of New Hire Staff Files:1 Total number of Annual In-Service Staff Files:2 Total number of Non-Licensed Mental Health Clinical Shelter Staff Files: N/A Annual Training Plan Timeframe (Program timeframe for annual trainings):Fiscal July 1 to June 30th Staff Position(s) Interviewed (No Staff Names): Program Director Type of Documentation(s) Reviewed: Training Files that included training logs, certificates, logs and correspondences. Describe any Observations: Reviewer interviewed the Program Director to obtain information on training folders and documentation systems.			
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 direct care staff completed required new hire pre-service training requirements.	
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.	Compliance	All staff completed DJJ Civil Rights and Federal Funds training within 30 days of hire.	
All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.	Compliance	One new staff file was reviewed and this staff completed 80 hours of training during the first full year of employment.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	Compliance	All staff completed all mandatory required trainings during the first 90 days of employment.	
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	Staff responsible for entering NIRVANA data monitoring accuracy in JJIS completed the required trainings.	
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	This requirement is not eligible for review as the agency is still within the timeline to complete this training for current staff and the new hire.	
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	Agency does not employ any non-licensed mental health clinical staff.	
In-Service Direct Care Staff			
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).	Compliance	All direct care staff completed required annual training hours.	
Required Training Documentation			
The agency has a training plan that includes all of the required training topics including the pre-service and in-service.	Not Applicable	Not required per FL Network policy and standards.	
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 Director is the designated staff member responsible for managing employee training for the agency.	

<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>Exception</p>	<p>Each staff has a physical training file that includes a training log that is organized by fiscal year July 1st to June 30th, certificates and training correspondence. Evidence of training and supporting documentation is maintained within the files. One of the three training logs have a year range at the top of the training log.</p>	<p>The training logs do not include all of the required fields as required in the current standard. Two staff training files reviewed did not have the position or anniversary included in the training log as required. The training logs do not indicate the annual timeframe for annual staff trainings. E.g. It does not include the anniversary used by the agency - "fiscal year - July to June". Training log does not consistently include the staff's position title.</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: The policy did not include the The agency has a policy titled 1.05 Analyzing and Reporting Information which was last approved on July 1, 2023 by the President/CEO.</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</p>			
<p>Staff Position(s) Interviewed (No Staff Names): Program Director Type of Documentation(s) Reviewed: Staff Meeting Minutes, Board and agency reports</p>			
<p>Case record review reports demonstrate reviews are conducted quarterly, at a minimum</p>	<p>Exception</p>	<p>The program completes monthly file review of youth files and communicates with staff if there are items missing within the file.</p>	<p>No evidence of quarterly case record review summary reports were provided for the review period. The program conducts youth file reviews but does maintain a case record review summary report 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 maintains a log of incidents and grievances in a binder. There were staff meeting minutes reviewed that demonstrated discussion of these topics during monthly meetings, which exceeds the quarterly requirement.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>	<p>Compliance</p>	<p>Program provided evidence the program conducts an annual review of customer satisfaction data and provided July 2023 meeting minutes for review.</p>	

The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.	Compliance	The program completes a monthly review of data and completes any required annual data reconciliation. Any identified corrections that are needed are shared with the staff for the needed corrections within the requested timeframes.	
The program has a process in place to review and improve accuracy of data entry & collection	Compliance	The program has a process in place to review and improve accuracy of data entry and collection. The program director reviews the data reports provided by the FN and assigns staff to make the necessary corrections.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	Compliance	The program provided program team meetings for each month that demonstrated communication of findings being discussed with staff. The agency provided a copy of the agency newsletter which demonstrated updates are being provided and communicated to the community and stakeholders.	
There is evidence the program demonstrates that performance data reports are shared with the Board of Directors frequently. 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 program had evidence that performance data reports are shared 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	Peer reviews, file reviews completed by Supervisor, NETMIS dashboard, monthly meetings to discuss with staff issues that arise.	
Additional Comments: There are no additional comments for this indicator.			
1.06: Client Transportation			Not Applicable
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 1.06 Client Transportation signed by President, and was last reviewed and signed on July 1, 2023.		
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			
Type of Documentation(s) Reviewed: Agency Policy			
Describe any Observations: The policy indicates the agency does not transport youth or families. If a youth is in need of transportation the agency's policy indicates that they solicit a transportation company. Per the agency's policy parents or guardians are responsible for transporting youth. Thus, there were no transportation records to review.			
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	Not Applicable	The policy indicates the agency does not transport youth or families.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	Not Applicable	The policy indicates the agency does not transport youth or families.	

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	Not Applicable	The policy indicates the agency does not transport youth or families.	
In the event that a 3 rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	Not Applicable	The policy indicates the agency does not transport youth or families.	
The 3 rd party is an approved volunteer, intern, agency staff, or other youth	Not Applicable	The policy indicates the agency does not transport youth or families.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Not Applicable	The policy indicates the agency does not transport youth or families.	
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.	Not Applicable	The policy indicates the agency does not transport youth or families.	
Additional Comments: There are no additional comments for this indicator.			
1.07 - Outreach Services			Satisfactory with Exception
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 1.07 Outreach Services which was last reviewed and signed on July 1, 2023 by the President.		
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			
Staff Position(s) Interviewed (No Staff Names): Program Director			
Type of Documentation(s) Reviewed: Outreach Binders, Netmis Outreach Log, Program Coordinator job description, DJJ Circuit Advisory Board Meeting Binder, Interagency Agreement Binder			
Describe any Observations: The agency maintains binders with documentation of outreach, DJJ Advisory Board Meetings and Interagency agreements.			
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 agency maintains a binder with agendas and notes which demonstrated the ongoing attendance and participation in DJJ Circuit Advisory Board meetings. The last meeting was December 14, 2023.	

<p>The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	<p>Compliance</p>	<p>Interagency agreements are maintained in binder that states that all agreements are for a 10-year term from the date signed with the exception of the school board agreement. The list contains 26 community agencies and included the type of service, contract information, and a space for the agreement date. It was noted that no dates are included on the list.</p>	
<p>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.</p>	<p>Exception</p>	<p>The agency maintains a binder with outreach documentation such as flyers and event information.</p>	<p>NETMIS is not consistently maintained for all outreach events documented in the agency binder. Four out of five events sampled from the binder were not evidenced in NETMIS. The events are: Youth Summit on 4/29/23, Mentor Recruitment Event on 11/8/23, Youth Empowerment Breakfast on 10/23/23 and Cops and Community on 8/17/23.</p>
<p>The program has designated staff that conducts outreach which is defined in their job description.</p>	<p>Compliance</p>	<p>The program has a designated Program Coordinator that conducts outreach in addition to the Program Director. The Program Director job description shows outreach responsibilities.</p>	

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

2.01 - Screening and Intake **Satisfactory**

<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</p>	<p>NO</p>	
	<p>If NO, explain here: The policy is missing key elements required by the FL Network 2.01 standard such as suicidality screening using the 5 questions indicated in the standard additional suicide assessment guidance. It is also noted that the policy references shelter related guidelines, but the agency does not provide shelter services.</p>	
	<p>The program has a policy 2.01 Screening and Intake which was last approved on July 1, 2023 by the President/CEO.</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

Total number of Open (Residential & Community) Files: 6
Total number of Closed (Residential & Community) Files: 4
Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers
Type of Documentation(s) Reviewed: Youth program files
Describe any Observations: Policy missing intake requirement for suicidality screening (5 questions) and community counseling guidelines suicide assessment protocols.

<p>Shelter youth: Eligibility screening is completed immediately for all shelter placement inquiries.</p>	<p>Not Applicable</p>	<p>Urban League of Palm Beach County is a community counseling provider.</p>	
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<p>Community counseling: Eligibility screening is completed within 3 business days of referral by a trained staff using the Florida Network screening form.</p>	<p>Compliance</p>	<p>All 10 files consisted of eligibility screening, which were completed within 3 business days of the referral by trained staff using an approved Florida Network screening form.</p>	
<p>There is evidence all referrals for service is screened for eligibility and is logged in NetMIS within 72 hours of screening completion.</p>	<p>Compliance</p>	<p>Evidence that all referrals screened for eligibility were present and all ten files were logged in NetMIS within 72 hours of screening completion.</p>	
<p>Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians</p>	<p>Compliance</p>	<p>All ten files demonstrated evidence that the youth and parent/guardians received available service options, and the right and responsibilities of youth and parents/guardians.</p>	
<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>Possible actions occurring through involvement with CINS/FINS services, and grievance procedures were available to the youth and parents/guardians during intake. The provider also provided grievance information during the in the office foyer.</p>	
<p>During intake, all youth were screened for suicidality and assessed as required if needed.</p>	<p>Compliance</p>	<p>During intake, all ten youth were screened for suicidality and assessed as required/needed using the five suicide screening questions. This was evident in all ten files.</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 If NO, explain here: N/A The agency has a policy 2.02 NIRVANA which was last approved on July 1, 2023 by the President/CEO.</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</p>			
<p>Total number of Open (Residential & Community) Files: 6 Total number of Closed (Residential & Community) Files: 4 Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers Type of Documentation(s) Reviewed: Youth program files, specifically individual NIRVANA Assessments Describe any Observations: 1/10 files displayed a conflict in information.</p>			
<p>Shelter Youth: NIRVANA is initiated within 72 hours of admission</p>	<p>Not Applicable</p>	<p>Urban League of Palm Beach County is a community counseling provider.</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>All ten files consisted of a NIRVANA that was initiated at intake and completed within two to three face-to-face contacts after the initial intake.</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>All ten files included a supervisor signature on the NIRVANA assessments in the youth's file.</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.	Not Applicable	Urban League of Palm Beach County is a community counseling provider.	
A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.	Compliance	Four of the ten files required a NIRVANA post assessment, which were all completed at discharge. The four youth demonstrated a length of stay that is greater than 30 days.	
A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	No eligible items for review	No eligible files were applicable for this requirement.	
All files include the interview guide and/or printed NIRVANA.	Compliance	All ten files included a printed NIRVANA.	
Additional Comments: There are no additional comments for this indicator.			
2.03 - Case/Service Plan			Satisfactory with Exception
Provider has a written policy and procedure that meets the requirement for Indicator 2.03	YES		
	If NO, explain here:		
	The agency has a policy 2.03 Case/Service Plan that was last approved on July 1, 2023 by the President/CEO.		
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			
Total number of Open (Residential & Community) Files: 6 Total number of Closed (Residential & Community) Files: 4 Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers Type of Documentation(s) Reviewed: Youth files, specifically case/service plans Describe any Observations: 4/10 youth case/services plans were missing information.			
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	A review of six open and four closed files supported each youth's case plan, and was developed based on the information gathered during the initial screening, intake, and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Exception	Eight of the ten youth case/service plans were developed within (7) working days of the NIRVANA.	Two of the ten youth case/service plans were developed more than (7) working days of the NIRVANA.
Case plan/service plan includes: 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/ guardian, counselor, and supervisor 6. Date the plan was initiated	Exception	Nine out of ten youth case/service plans demonstrated individualized and prioritized needs identified by the NIRVANA, consisted of a service type, frequency, location, and person(s) responsible. The target date(s) for completion, actual date(s) of completions, date the plan was initiated, and the signatures of the youth, parent/guardian, counselor and supervisor were present.	One out of ten youth case/service plans listed all required components except for the "service type". One out of ten youth case/service plans did not capture the "person responsible".

Case/service plans are reviewed for progress/revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	Compliance	All ten case/service plans included timely reviews for progress by the counselor and parent (when available) for the first three months and every six months after.	
Additional Comments: There are no additional comments for this indicator.			

2.04 - Case Management and Service Delivery		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 2.04	YES		
	If NO, explain here: N/A		
	The agency has a policy 2.04 Case Management and Service Delivery which was last approved July 1, 2023 by the President/CEO.		
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			
Total number of Open (Residential & Community) Files: 6 Total number of Closed (Residential & Community) Files: 4 Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers Type of Documentation(s) Reviewed: Youth files Describe any Observations: N/A, the policy meets the guidelines per Florida Network of Youth & Family Services Policy and Procedures.			
Counselor/Case Manager is assigned	Compliance	A review of six open and four closed files demonstrate all ten youth were assigned a case manager when they entered the program.	
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 of progress for 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 of exit 12. Provides follow-up after 60 days of exit	Compliance	All ten files included documentation to support the case manager coordinated service plan implementation, and referral as applicable. The case manager monitored the youth's progress in services, and provided ample support for the family. One of the ten files required the case manager to attend court hearings and was completed and documented in the file. Three of the ten files were applicable for having 30- day follow-ups completed after exit from the program. Two of the ten files were applicable for having 60-day follow-ups completed after the exit from the program.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	Compliance	The program maintains a binder with MOU's, written agreements, and a list of local community partners. The binder consisted of 25+ community partners.	
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: N/A		
	The agency has a Policy 2.05 Counseling Services which was last approved on July 1, 2023 by the President/CEO.		
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			
Total number of Open (Residential & Community) Files: 6 Total number of Closed (Residential & Community) Files: 4 Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers Type of Documentation(s) Reviewed: Youth program files Describe any Observations: N/A, the policy meets the guidelines per Florida Network of Youth & Family Services Policy and Procedures.			
Shelter Program			
Shelter programs provides individual and family counseling	Not Applicable	Urban League of Palm Beach County is a community counseling provider.	
Group counseling sessions held a minimum of five days per week	Not Applicable	Urban League of Palm Beach County is a community counseling provider.	
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	Urban League of Palm Beach County is a community counseling provider.	
Documentation of groups must include date and time, a list of participants, length of time, and topic.	Not Applicable	Urban League of Palm Beach County is a community counseling provider.	
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	Urban League of Palm Beach County provides therapeutic community-based services designed to provide services necessary to stabilize the family. Services are provided within the home, office, and/or community. All ten files were serviced face-to-face versus virtual.	
Counseling Services			
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	Compliance	All ten files reflect coordination between the presenting problem(s), NIRVANA, case/service plan, reviews, case management, and follow up.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	Compliance	The provider maintain individual case files on all ten youth and adhered to all laws regarding confidentiality.	

Case notes maintained for all counseling services provided and documents youth's progress	Compliance	All ten files demonstrated case notes for all counseling services provided and documented youth's progress.	
On-going internal process that ensures clinical reviews of case records and staff performance	Compliance	The provider demonstrated an on-going internal process that ensured clinical reviews of case records and staff performance were completed as applicable.	
Additional Comments: There are no additional comments for this indicator.			
2.06 - Adjudication/Petition Process			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.06	YES		
	If NO, explain here:		
	The agency has a Policy 2.06 Adjudication/Petition Process that was last reviewed and signed on July 1, 2023 by the President/CEO.		
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			
<p>Total number of Open (Residential & Community) Files: 0 Total number of Closed (Residential & Community) Files:0 Staff Position(s) Interviewed (No Staff Names): Program Director Type of Documentation(s) Reviewed: Email correspondence, policy Describe any Observations: Program Director shared that he has attended case staffing for other programs and youth, but Urban League has not had any case staffing's for youth in their program. The staff are now attending truancy court and anticipate that some of the cases from truancy court may result in increased case staffing's. Case Staff Team names were provided along with CINS/FINS Subcommittee meeting info showing ongoing engagement with the case staffing process.</p>			
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	Compliance	The meetings include DJJ rep and school district representative. Meeting notes and emails were provided by the Program Director as evidence of representation involved in Case Staffing Process. The meetings are not hosted by Urban League, but they are participants in Children's Home Society case staffings. Urban League has not had youth needing case staffing in the last year.	
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	Compliance	Case staffing members include a diverse set of individuals including others requested by family/youth, law enforcement, or DCF representative etc.	
The program has an established case staffing committee, and has regular communication with committee members	No eligible items for review	This is not applicable as the agency is not hosting case staffing. The agency joins with Children's Home Society case staffing committee.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	Compliance	The agency has a Children's Home Society schedule for the case staffing they attend. If they have a need for a case staffing they are able to partner with the Children's Home Society and make the request for a staffing.	

The youth and family are provided a new or revised plan for services	No eligible items for review	No eligible youth meeting this requirement during the time 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	No eligible youth meeting this requirement during the time period under review.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	No eligible items for review	No eligible youth meeting this requirement during the time period under review.	
Case Manager/Counselor completes a review summary prior to the court hearing	No eligible items for review	No eligible youth meeting this requirement during the time 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: N/A	
	The agency has a Policy 2.07 Youth Records which was last approved on July 1, 2023 by the President/CEO.	

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

Staff Position(s) Interviewed (No Staff Names): Program Director and (2) Case Managers

Type of Documentation(s) Reviewed: Youth program files

Describe any Observations: N/A, the policy meets the guidelines per Florida Network of Youth & Family Services Policy and Procedures.

All records are clearly marked 'confidential'.	Compliance	All ten files are clearly marked "confidential".	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	Compliance	All ten files are kept in the upstairs case manager office space in a locked file cabinet. Each case manager also provided a locked opaque container marked "confidential".	
When in transport, all records are locked in an opaque container marked "confidential"	Compliance	Each case manager provided a locked opaque container marked "confidential" that is utilized when in transport.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	Compliance	All ten files 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		Not Applicable	
Provider has a written policy and procedure that meets the requirement for Indicator 2.08	YES		
	If NO, explain here:		
	The agency has a Policy 2.09 Special Populations which was last approved by the President/CEO on July 1, 2023.		
Staff Secure			
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			
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	This service type does not apply to community counseling programs.	
Staff Secure policy and procedure outlines the following: a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare	Not Applicable		
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	Not Applicable		
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift	Not Applicable		
Agency provides a written report for any court proceedings regarding the youth's progress	Not Applicable		
Domestic Minor Sex Trafficking (DMST)			
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			
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	This service type does not apply to community counseling programs.	
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements.	Not Applicable		

There is evidence the youth was entered into NetMIS as a Special Populations youth at admission and a Human Trafficking Screening Tool (HTST) was completed.	Not Applicable		
Services provided to these youth specifically designated services designed to serve DMST youth	Not Applicable		
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	Not Applicable		
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	Not Applicable		
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	Not Applicable		
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	Not Applicable		
Domestic Violence			
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			
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	This service type does not apply to community counseling programs.	
Youth admitted to DV Respite placement have evidence in the file of a pending DV charge	Not Applicable		
Data entry into NetMIS within (3) business days of intake and discharge	Not Applicable		
Youth length of stay in DV Respite placement does not exceed 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	Not Applicable		
Case plan in file reflects goals for aggression management, family coping skills, or other intervention designed to reduce propensity for violence in the home	Not Applicable		
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	Not Applicable		

Probation Respite			
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			
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	This service type does not apply to community counseling programs.	
All probation respite referrals are submitted to the Florida Network.	Not Applicable		
All Probation Respite Referral come from DJJ Probation and there is evidence that the youth is on Probation regardless of adjudication status.	Not Applicable		
Data entry into NetMIS and JJIS within (3) business days of intake and discharge	Not Applicable		
Length of stay is no more than fourteen (14) to thirty (30) days. Any placement beyond thirty (30) days contains evidence in the file that the JPO was contacted in writing to request the need of an extension no later than the 25th day the youth was admitted into the program.	Not Applicable		
All case management and counseling needs have been considered and addressed	Not Applicable		
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	Not Applicable		
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			
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 program is not contracted to provide ICM services at this time.	
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		
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		

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		
Service/case plan demonstrates a strength-based, trauma-informed focus	Not Applicable		
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		
Family and Youth Respite Aftercare Services (FYRAC)			
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			
Total number of Open Files: No eligible files for review Total number of Closed Files: No eligible files for review Staff Position(s) Interviewed (No Staff Names): Program Director Describe any Observations: Program Director expressed recently received training from CINS FINS Member Agency on implementing and facilitating clients meeting this criteria. Program is looking forward to seeking out more FYRAC eligible clients in the coming months.			
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")	No eligible items for review	The program has not provided any FYRAC services since the last QI review.	
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.	No eligible items for review		
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	No eligible items for review		
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.	No eligible items for review		

<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>No eligible items for review</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>No eligible items for review</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 is evidence of completed 30 and/or 60 day follow-ups and is documented in NetMIS following case discharge.</p>	<p>No eligible items for review</p>		
<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</p>	<p>No eligible items for review</p>		
<p>Any service that is offered virtually, is documented in the youth's file why it was in the youth and families best interest.</p>	<p>No eligible items for review</p>		
<p>All data entry in NetMIS is completed within 3 business days as required.</p>	<p>No eligible items for review</p>		
<p>Additional Comments: There are no additional comments for this indicator.</p>			

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 program is not contracted to provide SNAP services.		
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			
N/A			
SNAP Clinical Groups Under 12			
Youth are screened to determine eligibility of services.	Not Applicable	The program is not contracted to provide SNAP services.	
The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable		
There is evidence of the completed Child Behavior Checklist (CBCL) by the caregiver (pre and post) and is located within the file.	Not Applicable		
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		
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		
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Not Applicable		
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	Not Applicable		
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	Not Applicable		
SNAP Clinical Groups for Youth 12-17			
Youth are screened to determine eligibility of services.	Not Applicable		
The Consent to Treatment and Participation in Research Form is completed and located within the file.	Not Applicable		
The NIRVANA was completed at initial intake, or within two sessions.	Not Applicable		
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		
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		

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		
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 maintained evidence of a completed "Class Goal" Document for the class reviewed.	Not Applicable		
The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	Not Applicable		
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	Not Applicable		
There is evidence of the fidelity adherence checklist maintained in the file for each class reviewed.	Not Applicable		
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 Policy 4.02 Suicide Prevention was last approved by the President/CEO on 7/1/23.		
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			
Total number of Open (Residential & Community) Files: One			
Total number of Closed (Residential & Community) Files: Two			
Type of Documentation(s) Reviewed: Youth records			
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	Three files reviewed for suicide risk. All three files contained evidence the suicide risk screening was completed during the initial intake. There was evidence the screenings were reviewed by the Supervisor.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program's utilizes a risk assessment that has been approved by the Florida Network.	
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.	Not Applicable		

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	Not Applicable		
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.	Not Applicable		
Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	Not Applicable		
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.	Not Applicable		
Youth with Suicide Risk (Community Counseling Only)			
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.	No eligible items for review	None of the files reviewed included youth that was identified as at-risk for suicide risk needing further assessment.	
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.	No eligible items for review	None of the files reviewed included youth that was identified as at-risk for suicide risk needing further assessment.	
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.	No eligible items for review	None of the files reviewed included youth that was identified as at-risk for suicide risk needing further assessment.	
If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.	No eligible items for review	None of the files reviewed included youth that was identified as at-risk for suicide risk needing further assessment.	
When the screening was completed during school hours on school property, the appropriate school authorities were notified.	No eligible items for review	None of the files reviewed included youth that was identified as at-risk for suicide risk needing further assessment.	
Additional Comments: There are no additional comments for this indicator.			