



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

CENTER FOR FAMILY AND CHILD ENRICHMENT INC.

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

April 10, 2025

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 Center for Family and Child Enrichment (CFCE) for the FY 2024-2025 at its program office located at 1825 NW 167 Street, Miami, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic, and overall contract requirements. CFCE is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective from July 2024 through June 30, 2025.

The compliance monitoring review was conducted by Marcia Tavares, Consultant for Forefront LLC. Agency representatives from CFCE present for the entrance interview were Dr. Tomara May, Executive Director, and Mary Williams, Program Director. The last onsite QI visit was conducted on February 28, 2024.

In general, the Reviewer found that the Center for Family and Child Enrichment is in compliance with specific contract requirements. **CFCE received an overall compliance rating of 100% for achieving full compliance with all 11 applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions cited, or recommendations made as a result of the monitoring visit.

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

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 04-10-2024-2025

Agency Name: Center for Family and Child Enrichment					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 1825 NW 167 Street, Miami, FL 33056		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): April 10, 2025		
Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable:
	Unacceptable	Conditionally Acceptable	Fully Met	Exceeded	Not Applicable		
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type of program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D -The provider currently has two (2) certified DJJ-QI Peer Reviewers, Mary Williams and Krizia Santana. Ms. Santana has participated in two QI Peer Reviews during the current FY.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such a listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D - CFCE provided a list of nine additional current funding sources for FY 2024-2025, identifying the awarding entity and award amount. The list of funders includes Children's Mental Health Program -SFBH Network; Citrus Family Care Network for CBC- Supported Foster Care and Landmark Shelter; Health Resources and Services Administration (HRSA) Grant; Medicaid; United Way; University of Miami (CIFFTA); Nurse Family Partnership; and Miami Dade County.	No recommendation or Corrective Action.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D - General Liability through Alliance of Nonprofits for Insurance, for limits of coverage \$1,000,000 each \$3,000,000	No recommendation or Corrective Action.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

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required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV						<p>aggregate and medical expense for \$20,000, effective 6/8/2024-6/8/2025.</p> <p>Automobile insurance through Alliance of Nonprofits for Insurance for combined single limit of \$1,000,000 and PIP Basic for \$10,000. The policy is effective for 6/8/2024-6/8/2025.</p> <p>Workers Compensation through Wesco Insurance Company with limits of \$1,000,000 each/aggregate, effective 4/1/2025-4/1/2026.</p> <p>Crime Insurance coverage through Travelers Casualty and Surety Company with limits of \$50,000 for employee dishonesty, effective 12/18/2024-12/1/2025.</p> <p>Florida Network is listed as certificate holder.</p>	
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- Program Director, CFCE does not have any corrective action items cited by an external funding source.	No recommendation or Corrective Action.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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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 Accounting Policies and Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The accounting policies and procedures were last approved by the Board of Directors on April 11, 2024.	
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- Provider maintains a general ledger (GL) that is set up separately to track the activity of the CINS/FINS and SNAP programs separately. The GL for the CINS/FINS program, cost center 54, and SNAP – cost center 28, for the period July 1, 2024-February 28, 2025, was reviewed. The program maintains records of accounts for all transactions including disbursement journals, accounts receivables journals, payroll records, and other pertinent records to track daily financial transactions.	No recommendation or Corrective Action.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) -ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D- The CINS/FINS program does not have petty cash. Petty cash is for administration only.	No recommendation or Corrective Action.

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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 and documentation provided contained 2 signatures. (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- The agency maintains individual files for each vendor. Vendor files are kept in a secure file cabinet on site. Files are maintained by the accounting clerk and are filed alphabetically by the name of the vendor. Bank reconciliations are prepared for all checking accounts by the Senior Accountant. Bank reconciliations for September 2024-February 2025 were reviewed for account held with Truist Bank. Reconciliations are signed by the preparer and approved by the CFO and/or Executive Director monthly, within 2 weeks of receipt of bank statements.	No recommendation or Corrective Action.
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, I- N/A - No program equipment or assets have been purchased under this contract with DJJ funds.	No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The agency pays its employees on a bi-weekly basis through ADP EZ Labor Manager. Reviewer received and reviewed ADP biweekly payroll summaries along with	No recommendation or Corrective Action.

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						corresponding Truist checking account bank statements for the period September 2024 – February 2025, validating tax payments made equivalent to payroll taxes due.	
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 budget to actual report for the current FY July 2024 through February 2025 showing a year-to-date surplus. Budget variances are tracked for individual funders on a monthly basis. The budget is reviewed at monthly board meetings and variances are discussed accordingly.	No recommendation or Corrective Action.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Can obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Copy of financial audit conducted for the year ending June 30, 2024, and 2023 by Anthony Brunson P.A. and dated December 6, 2024. A Management Letter was not required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.	No recommendation or Corrective Action.

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Major Programmatic Requirements						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. 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-: Administrative Policy and Procedure Manual. Policy and Procedures are maintained for Personnel Records and Privacy, Email and Information Systems, Record Retention and Destruction, Notice of Privacy Practices and Confidentiality, HIPAA, and Client access to records. Laptops furnished to case workers are secured with passwords to prevent unauthorized access.	No recommendation or Corrective Action.
j. Agency provided evidence that every direct care staff employee, as of October 1, 2023, is being paid at least \$19.00 per hour. This also includes funding for additional staff as approved by the Department. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Agency provided a copy of payroll history for each program staff. Documentation reviewed support all direct care staff is earning above \$19/hour.	No recommendation or Corrective Action.

2024-2025 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
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CONCLUSION

The Center for Family and Child Enrichment has met the requirements for the CINS/FINS contract as a result of full compliance with 11 applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the 14 indicators were not applicable because 1) there are no current corrective action plans with external funders; 2) the provider does not have any inventory purchased with Florida Network funds; and 3) the CINS/FINS program does not use petty cash. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard described in the report's 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 Center for Family and Child Enrichment - Miami
CINS/FINS Program

April 10, 2025

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	Limited
1.04 Training Requirements	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 71.43 %
Percent of indicators rated Limited: 28.57 %
Percent of indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Special Populations	Satisfactory
2.09 Stop Now and Plan (SNAP)	Satisfactory

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

Standard 4: Mental Health/Health Services

4.01 Healthcare Admission Screening	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: 88.24 %
Percent of indicators rated Limited: 11.76 %
Percent of indicators rated Failed: 0 %

Rating Definitions

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

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

Reviewers

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Ivonne Medrano – Prevention Central
 Citizen Jane – LSF - Miami Bridge Youth and Families Services

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective July 1, 2024).

Persons Interviewed

- Chief Executive Officer
- Chief Financial Officer
- Chief Operating Officer
- Executive Director
- Program Director
- Program Manager
- Program Coordinator
- Clinical Director
- Counselor Licensed

- Case Manager
- Counselor Non-Licensed
- Advocate
- Direct – Care Full time
- Direct – Part time
- Direct – Care On-Call
- Intern
- Volunteer
- Human Resources

- Nurse – Full time
- Nurse – Part time
- 4** # Case Managers
- 1** # Program Supervisors
- # Food Service Personnel
- # Healthcare Staff
- # Maintenance Personnel
- # Other (listed by title): ___

Documents Reviewed

- Accreditation Reports
- Affidavit of Good Moral Character
- CCC Reports
- Logbooks
- Continuity of Operation Plan
- Contract Monitoring Reports
- Contract Scope of Services
- Egress Plans
- Fire Inspection Report
- Exposure Control Plan

- Table of Organization
- Fire Prevention Plan
- Grievance Process/Records
- Key Control Log
- Fire Drill Log
- Medical and Mental Health Alerts
- Precautionary Observation Logs
- Program Schedules
- List of Supplemental Contracts
- Vehicle Inspection Reports

- Visitation Logs
- Youth Handbook
- # Health Records
- # MH/SA Records
- 5** # Personnel /Volunteer Records
- 8** # Training Records
- 7** # Youth Records (Closed)
- 4** # Youth Records (Open)
- 3** # Other: SNAP in Schools Groups

Observations During Review

- Intake
- Program Activities
- Recreation
- Searches
- Security Video Tapes
- Social Skill Modeling by Staff
- Medication Administration

- Posting of Abuse Hotline
- Tool Inventory and Storage
- Toxic Item Inventory & Storage
- Discharge
- Treatment Team Meetings
- Youth Movement and Counts
- Staff Interactions with Youth

- Staff Supervision of Youth
- Facility and Grounds
- First Aid Kit(s)
- Group
- Meals
- Signage that all youth welcome
- Census Board

Surveys

0 # of Youth

1 # of Direct Staff

of Other

Comments

A Quality Improvement Program Review was conducted for FY 2024-2025.

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 community counseling services.

Narrative Summary

Center for Family and Child Enrichment (CFCE) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Miami-Dade County. The program is located at 1825 NW 167 Street, Miami Gardens, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC) and is also contracted to provide SNAP U12, SNAP in Schools, and SNAP Youth Justice programs. CFCE is currently accredited by the Council of Accreditation (COA) effective through 6/30/2026. The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.

The 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 **Limited**.

Indicator 1.04 Training Requirements was rated **Limited**.

Indicator 1.05 Analyzing and Reporting Information was rated **Satisfactory with Exception**.

Indicator 1.06 Client Transportation was rated **Not Applicable**.

Indicator 1.07 Outreach Services was rated **Satisfactory**.

Standard 2: There are nine indicators for Standard 2.

Indicator 2.01 Screening and Intake was rated **Satisfactory**.

Indicator 2.02 Needs Assessment was rated **Satisfactory**.

Indicator 2.03 Case/Service Plan was rated **Satisfactory**.

Indicator 2.04 Case Management and Service Delivery was rated **Satisfactory**.

Indicator 2.05 Counseling Services was rated **Satisfactory**.

Indicator 2.06 Adjudication/Petition Process was rated **Satisfactory**.

Indicator 2.07 Youth Records was rated **Satisfactory**.

Indicator 2.08 Specialized Additional Program Services was rated **Satisfactory**.

Indicator 2.09 Stop Now and Plan (SNAP) was rated **Satisfactory with Exception**.

Standard 4: There is one applicable indicator for Standard 4.

Indicator 4.02 Suicide Prevention was rated **Satisfactory**.

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

Standard 1:

Indicator 1.03 - Limited

At the time of discovery of the missing youth file documents, the Program Director did not report the incident to CCC. Following the instruction of the Lead Reviewer, the incident was reported to the Central Communications Center by the Program Director. The incident was accepted by the CCC and a case number 202502070 was assigned.

Indicator 1.04 - Limited

1) Two of the five new hires completed the Civil Rights & Federal Funds training outside of the 30 day required timeframe.

2) One staff completed three trainings, CINS/FINS Core, Signs and Symptoms of Mental Health and Substance Abuse, and Universal Precaution after the 90 days required. Second staff has not completed seven trainings to date that are past the 90 day requirement (Information Security Awareness, PREA Part 1, PREA Part 2, CPR, First Aid, Signs & Symptoms of Mental Health & Substance Abuse, and Motivational Interviewing which should be completed prior to administering NIRVANA). Third staff completed CPR/First Aid outside of the 90 days and still has Administration of Naloxone to complete prior to July 1st.

3) One of the two in-service staff did not complete three trainings during the annual/bi-annual timeframes (Sexual Harassment, Trauma Informed Care, and Youth Suicide Prevention). The second staff has not completed two trainings that are past due, CPR/First Aid and Snap Refresher training. Said staff must complete Administering Naloxone by July 1, 2025.

4) Each employee whose training record was reviewed handed reviewer their training documentation that was not in the binder. This resulted in a delay in the review of the training files due to the records not being organized and updated for each employee and suggests training files are not monitored for compliance on a regular basis.

5) Training files are not maintained separately for each individual employee and the training log currently used by the program is cumulative rather than annually focused, thereby not capturing which trainings are due to be completed prior to each staff's anniversary date.

CINS/FINS QUALITY IMPROVEMENT TOOL		
Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator for each item within the indicator.	Summary/Narrative Findings: The narrative write-up is a thorough summary of each assigned QI indicator, explaining how finding(s) are determined.	Deficiencies/Exceptions: Please add additional detailed explanations for any items that have any deficiencies or exceptions.
Standard One – Management Accountability		
1.01: Background Screening of Employees, Contractors and Volunteers		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.01	<p>YES</p> <p style="background-color: #FFF9C4;">If NO, explain here:</p> <p>The provider has the required policies and procedures, 5.03 - Background Screening, and 5.04 - Annual Affidavit of Compliance with Level 2 Screening, that were last revised 7/1/2024 and 7/14/2024, respectively, by the Program Director.</p>	
All positions providing direct services to youth has successfully passed pre-employment suitability assessment on the initial attempt.	Compliance	The agency uses Avatar pre-employment suitability assessment with an established passing rate of 60%. The Avatar was administered prior to offer of employment for five new staff who received passing scores ranging from 73% to 97%.
For any applicant that did not pass the initial suitability assessment, there was evidence that the applicant retook the assessment and passed within five (5) business days of the initial attempt, not exceeding three (3) attempts within thirty (30) days.	No eligible items for review	All five new hires successfully passed the suitability assessment upon the first attempt.
Agency has evidence for employees who have had a break in service for 18 months or more, and/or when the agency had a change or update in the suitability assessment tool used was different from the employee's original assessment, that a new suitability assessment and background screening was completed as required.	No eligible items for review	None of the new staff were rehired by the provider.
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	Eligible background screening results were obtained prior to hire for all five new staff. At the time of the Quality Improvement (QI) visit, there were no active interns/volunteers utilized by the program.

Five-year re-screening is completed every 5 years from the date of the last screening for all applicable employees and volunteers.	No eligible items for review	The program did not have any staff who met the criteria for 5-year re-screening during the annual compliance review period.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	Compliance	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening Standards to the Background Screening unit via email on 1/2/2025 prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	Compliance	E-Verify and proof of employment authorization from the Department of Homeland Security were completed by the agency and were found to be acceptable for the five new employees.	
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 provider has the required policy and procedures, 5.02 - Abuse Reporting, that was last revised 7/1/2024, by the Program Director.		
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	Compliance	The program maintains a written policy and procedures that addresses standards of conduct and ethics for staff which prohibits threatening, intimidating, coercing, or interfering with the performance of other staff or youth. Each new employee is provided the standard of conduct at the time of hire to review and sign. The program director maintains a designated binder to file grievances. The grievance binder was reviewed and there were no reports of grievances during the period of the review.	
The agency has a process in place for reporting and documenting child abuse hotline calls.	Compliance	The program's policy requires that both the youth and staff have unimpeded access to place calls to the Florida Abuse Hotline to report any suspected or alleged abuse/neglect. Procedures indicate that any child abuse occurring at the facility is to be reported to the Florida Abuse Hotline and then to DJJ Central Communications Center. Any allegation of abuse which is reported at the youth's home will be reported to the Florida Abuse Hotline. No abuse hotline calls were reported during the period reviewed.	
Youth were informed of the Abuse and Contact Number	Compliance	Youth and parents are made aware of the Abuse Hotline, grievance and CCC telephone numbers at the time of orientation by way of the program handbook.	

Grievance			
The program(s) have an accessible and responsive grievance process for youth to provide feedback and address complaints. Program director/ supervisor has access to and can manage grievances unless it is towards themselves.	Compliance	The program maintains a written policy and procedures to address complaints and grievances which are to be immediately forwarded to the quality improvement director for investigation.	
<u>Shelter only:</u> Grievances are maintained on file at minimum for 1 year.	Not Applicable	Center for Family and Child Enrichment is not a residential CINS/FINS program.	
<u>Shelter only:</u> There are formal grievance procedures for youth, including grievance forms, and a locked box which are easily accessible to youth in a common area.	Not Applicable		
<u>Shelter only:</u> There is evidence that grievance boxes are checked by management or a designated supervisor at least daily (excluding weekends and holidays) and documented in the program logbook.	Not Applicable		
<u>Shelter only:</u> Grievances are resolved within 72 hours of being submitted or there was documentation explaining the cause for the delay in providing a resolution.	Not Applicable		
1.03: Incident Reporting			Limited
Provider has a written policy and procedure that meets the requirement for Indicator 1.03	YES		
	If NO, explain here:		
	The provider has the required policy and procedures, 5.01 - Incident Reporting, that was last revised 12/20/2024, by the Program Director.		

<p>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</p>	<p>Exception</p>	<p>During the CINS/FINS onsite monitoring, the QI team was informed that a youth's file and other confidential documents requested were missing. The staff that was assigned to this case had been terminated in November 2024 and was identified by the Program Director as the person most likely to have taken these items. It appears the staff may also be responsible for missing documentation for another youth record requested.</p>	<p>At the time of discovery of the missing youth file documents, the Program Director was unaware of reporting requirement and failed to report the incident to CCC. Following the instruction of the Lead Reviewer, the incident was reported to the Central Communications Center by the Program Director. The incident was accepted by the CCC and a case number 202502070 was assigned.</p>
<p>The program completes follow-up communication tasks/special instructions as required by the CCC</p>	<p>No eligible items for review</p>	<p>At the time of the onsite review, there were no outstanding tasks required by CCC.</p>	
<p>Agency internal incidents are documented on incident reporting forms and all CCC reportable incidents were consistently reported to CCC as required.</p>	<p>Compliance</p>	<p>During the CINS/FINS Onsite Monitoring on Thursday, April 10, 2025 it was discovered that a youth's file and other confidential documents were missing. The Program Director reported the incident and provided documentation of the reporting form.</p>	
<p>Incidents are documented in the program logs and on incident reporting forms</p>	<p>Compliance</p>	<p>CFCE documents incidents in an online database. The Program Director also keeps a log of reported incidents.</p>	
<p>All incident reports are reviewed and signed by program supervisors/ directors</p>	<p>Compliance</p>	<p>There was only one CCC incident that was reported during the QI review. The Incident was reported by the Program Director.</p>	
<p>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</p>			<p>Limited</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		
	<p>The provider has the required policy and procedures, 6.04 - Training, that was last revised 12/20/2024, by the Program Director.</p>		

First Year Direct Care Staff			
<p>All direct care staff have completed a new hire pre-service training provider orientation before they work independently. At a minimum, the orientation included the following:</p> <ul style="list-style-type: none"> • Agency policies and procedures • Behavior Management (Shelter Only) • Building/Facility layout • File Documentation/development of paperwork requirements and confidentiality • CCC & Incident Reporting • Child Abuse Reporting • Client Intake & Screening • Client Orientation (direct care staff training on delivering new client orientation) • Fire Equipment Safety • Medical and Mental Health Alert System (Shelter) • Risk Management--Including but not limited to the following: <ul style="list-style-type: none"> - Disaster Preparedness and Emergency Response - First Aid/CPR - Universal Precautions • Video Camera Surveillance & Equipment • All other necessary information to orient a new hire to perform their job role and duties. 	Compliance	<p>Five first year direct care staff files were reviewed for new hire pre-service training requirements for safety and supervision as required, utilizing training logs, certificates, Skill Pro transcripts and Florida Network Bridge certificates and transcripts as sources. After reviewing all of the five first year direct care staff it was determined that all of the pre-service training requirements were completed.</p>	
<p>All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire.</p>	Exception	<p>Three out of the five first year direct care staff files reviewed completed the required Civil Rights & Federal Funds training within the 30 day timeframe.</p>	<p>Two of the five new hires completed the Civil Rights & Federal Funds training outside of the 30 day required timeframe.</p>
<p>All direct care CINS/FINS staff for shelter and community counseling services, including independent contractors (full-time, part-time, and on-call) and interns met the minimum requirement of 80 hours of training for the first full year of employment.</p>	Compliance	<p>All five first year direct care staff hired were still within the first full year of service with hire dates ranging from May 2024 to March 2025. Two of the five staff have completed 123 and 96 training hours, respectively. The remaining three staff are on target to completing the 80 hours required annually.</p>	

<p>All staff receives all mandatory training during the first 90 days of employment from date of hire.</p>	<p>Exception</p>	<p>Five first year direct care staff files were reviewed for new hire pre-service training requirements for safety and supervision as required, utilizing training logs, certificates, Skill Pro transcripts and Florida Network Bridge certificates and transcripts as sources. Two of the five staff were hired between February and March 2025 and have time to complete the remaining mandatory 90-day trainings. After reviewing the training records it was determined that none of the three applicable staff completed all mandatory trainings within the 90-day timeframe.</p>	<p>1) One staff completed three trainings, CINS/FINS Core, Signs and Symptoms of Mental Health and Substance Abuse, and Universal Precaution after the 90 days required. 2) Second staff has not completed seven trainings to date that are past the 90 day requirement (Information Security Awareness, PREA Part 1, PREA Part 2, CPR, First Aid, Signs & Symptoms of Mental Health & Substance Abuse, and Motivational Interviewing which should be completed prior to administering NIRVANA). 3) Third staff completed CPR/First Aid outside of the 90 days and still has Administration of Naloxone to complete prior to July 1st.</p>
<p>Non Licensed Staff Assisting with Medication Distribution</p>			
<p>Any staff without a medical license that assists with Medication Distribution received in-person training from a Registered Nurse prior to administering medication to a shelter youth.</p>	<p>Not Applicable</p>	<p>Center for Family and Child Enrichment is not a residential CINS/FINS program.</p>	
<p>Staff that are Utilizing NETMIS</p>			
<p>Any staff that is utilizing NETMIS has evidence of completing NetMIS Training in their training file.</p>	<p>Compliance</p>	<p>Training records reviewed evidenced that three applicable staff completed the NETMIS training.</p>	
<p>Staff Participating in Case Staffing & CINS Petitions (within the first year of employment BUT no later 7/1/24 for previous staff)</p>			
<p>Documentation of instructor-led FL Statute 984 CINS Petition Training by a local DJJ Attorney <u>within 1 year of employment or no later than 7/1/24 if hired before 7/1/23.</u> (Policy went into effect 7/1/23).</p>	<p>Compliance</p>	<p>Only three of the five first year staff need to complete the Florida Statute 984 CINS Petition Training. All three are still within their 1 year timeframe to complete the training.</p>	
<p>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</p>			

<p>Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).</p>	<p>Not Applicable</p>	<p>Center for Family and Child Enrichment is not a residential CINS/FINS program.</p>	
<p>In-Service Direct Care Staff</p>			
<p>In-service staff completes all of the required annual or 2-year mandatory refresher Florida Network, SkillPro, or other job-related trainings within the required timeframe.</p>	<p>Exception</p>	<p>Three in-service staff training files were reviewed. One of the three files reviewed documented the required in-service trainings were completed by the staff's anniversary date in 2024, as required. Two of the staff trainings reviewed were not all completed within the anniversary timeframe.</p>	<p>One of the two in-service staff did not complete three trainings during the annual/bi-annual timeframes (Sexual Harassment, Trauma Informed Care, and Youth Suicide Prevention). The second staff has not completed two trainings that are past due, CPR/First Aid and Snap Refresher training. Said staff must complete Administering Naloxone by July 1, 2025.</p>
<p>Community Counseling Direct Care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually.</p>	<p>Compliance</p>	<p>All three community counseling training records reviewed demonstrated staff completed between 49-74 training hours of mandatory refresher Florida Network, Skill Pro and job related training annually.</p>	
<p>Shelter Program Direct Care staff completes 40 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>E.g. the program has a DCF child caring license</i>).</p>	<p>Not Applicable</p>	<p>Center for Family and Child Enrichment is not a residential CINS/FINS program.</p>	
<p>Required Training Documentation</p>			
<p>The agency has a training plan that includes all of the required training topics including the pre-service and in-service.</p>	<p>Compliance</p>	<p>The agency has a training plan that outlines all of the mandatory training topics, including pre-service and in-service. The training log included in each file shows all of the required and completed trainings. However, reviewer observed some of the records needed to be updated because they did not reflect the most current completed trainings.</p>	

<p>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.</p>	<p>Exception</p>	<p>During the review it was not determined that there was a designated staff member responsible to manage all of the employee's individual training files as reviewer had to request missing training documentation from each individual employee that was being reviewed.</p>	<p>Each employee whose training record was reviewed handed reviewer their training documentation that was not in the binder. This resulted in a delay in the review of the training files due to the records not being organized and updated for each employee and suggests training files are not monitored for compliance on a regular basis.</p>
<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>Trainings were documented on the individual staff training log kept inside one training binder and separated by staff but was not reflective of current trainings and employee anniversary training due dates. It just had the cumulative credit hours.</p>	<p>Training files are not maintained separately for each individual employee and the training log currently used by the program is cumulative rather than annually focused, thereby not capturing which trainings are due to be completed prior to each staff's anniversary date.</p>
<p>All Staff have completed the Naloxone Training as required within 90 days of hire or 1 year from the policy effective date 7/1/24:</p>	<p>Five of the eight training records reviewed have completed the Naloxone Training. The other three staff have time to complete the Naloxone training during the applicable timeframe.</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>YES</p>		
	<p>If NO, explain here: The provider has the required policy and procedures, 1.05 Analyzing and Reporting Information, that last reviewed 7/1/2024 by the Program Director.</p>		
<p>Case record review reports demonstrate reviews are conducted quarterly, at a minimum. <i>(A summary report of case record reviews, identifying compliance with the CINS/FINS requirements, which is reviewed by management and communicated with staff on a quarterly basis at minimum.)</i></p>	<p>Compliance</p>	<p>The cases are reviewed peer-to-peer with the case managers on a monthly basis during staff meetings. The program supervisor also reviews individual case files at intakes and closing of files. A review of staff meeting minutes held August 2023 through February 2024 demonstrated a total of 21 cases were reviewed.</p>	

<p>The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum</p>	<p>Compliance</p>	<p>Incident, accidents, and grievances are tracked by the program director and reported to the Risk Management committee. Risk Management and Safety Committee meetings are held separately by the provider on a monthly basis. Data from the committees pertaining to incidents, accidents, and grievances/complaints is presented at the Continuous Quality Improvement (CQI) Joint Committee meetings. One incident during the review period was discovered by the review team and was reported by the program director to CCC. No accidents or grievances were reported by the program for the review period.</p>	
<p>The program conducts an annual review of customer satisfaction data</p>	<p>Compliance</p>	<p>Client satisfaction surveys are entered into NetMIS each month by program staff and analyzed at least annually. The program compiled its annual satisfaction survey report. Reviewed minutes for staff meetings held show the survey results are discussed with program staff.</p>	
<p>The program demonstrates a monthly review of the statewide End-of-Month ("EOM") report generated by the Florida Network Office. This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, follow-up reporting measures.</p>	<p>Compliance</p>	<p>EOM reports are emailed to the CEO and program director. The program reviews outcomes data submitted via the Florida Network's (FN) Report cards at the CINS/FINS staff meetings held monthly. Agendas and sign in sheets are maintained for staff meetings.</p>	
<p>The program has a process in place to review and improve accuracy of data entry & collection</p>	<p>Compliance</p>	<p>The program's administrative assistant is responsible for verifying timely submission and accuracy of program data that is captured in NetMIS. The administrative assistant communicates with program staff to reconcile any discrepancies and maintains communication with the Florida Network to ensure contractual requirements are met.</p>	
<p>There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.</p>	<p>Compliance</p>	<p>The agency's joint CQI committee is represented by all departments and programs within CFCE and meets on a monthly basis. Information reviewed at the joint CQI committee meetings include: peer review of records; incidents, accidents, grievances; consumer satisfaction information; outcome and performance information; safe and risk management issues; and operations and management data. Documentation support monthly meetings are held as evidenced by meeting agendas and minutes. All findings and recommendations for corrective actions are reported to the joint CQI committee.</p>	

<p>There is evidence the program demonstrates that program performance is routinely reviewed with the Board of Directors. All final reports that include a Limited or Failed score is submitted electronically or by mail to the providers Executive Committee on the Board of Directors.</p>	<p>Exception</p>	<p>The provider submitted several Board of Directors minutes for meetings held since the last onsite QI review.</p>	<p>Agendas and minutes for Board of Directors meetings reviewed did not provide evidence that program performance was communicated to the Board of Directors. The February 2024 meeting informed the Board of the prior Florida Network QI review; however, subsequent meetings/minutes did not disclose the program's performance that required a corrective action plan.</p>
<p>There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.</p>	<p>Exception</p>	<p>CFCE has designated quality assurance staff to oversee the multiple data sources and assess service delivery. Quality assurance and improvement activities that are monitored agency wide and include performance improvement plans and corrective action plans. Findings and recommendations are compiled and presented quarterly to the joint CQI committee but a review of the meeting minutes did not include specific outcomes for the CINS/FINS program.</p>	<p>A review of the Joint CQI meetings during the review period did not address the CINS/FINS program's deficiencies and/or corrective actions identified during the prior audit.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>1.06: Client Transportation</p>			<p>Not Applicable</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</p>		<p>NO</p>	
		<p>If NO, explain here: Current policy 5.08 - Client Transportation is not consistent with the agency policy that staff do not transport youth.</p>	
<p>Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle</p>	<p>Not Applicable</p>	<p>CFCE prohibits staff from transporting youth in personal or agency vehicles.</p>	
<p>Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy</p>	<p>Not Applicable</p>		

Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	Not Applicable		
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 3 rd party is an approved volunteer, intern, agency staff, or other youth	Not Applicable		
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	Not Applicable		
When transporting a single client in a vehicle, there was evidence documentation of the following: a. the transporting employee completed check-in by phone at agreed-upon intervals (as stated in policy) with the senior program leader, or designee, upon departure and arrival. b. the employee check-ins were documented by the manager or designee receiving the call.	Not Applicable		
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		
Additional Comments: There are no additional comments for this indicator.			
1.07 - Outreach Services			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.07	YES		
	If NO, explain here:		
	The provider has the required policy and procedures, 1.01 - Outreach Services, that was last revised 7/20/2024, by the Program Director.		
The program has a lead staff member designated to participate in local DJJ board, Circuit and Council meetings with evidence that includes minutes of the event or other verification of staff participation.	Compliance	The Program Director is the designated lead staff to participate in local DJJ board/council meetings. Evidence of meeting attendance by the Program Director was validated.	

<p>The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	<p>Compliance</p>	<p>The program maintains a binder that contains multiple agreements with other community partners to ensure a comprehensive referral process. In addition, CFCE operates several programs and services which are accessible to CINS/FINS youth and families, including medical, dental, and behavioral health.</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>Compliance</p>	<p>The program's NetMIS outreach list report was reviewed and showed event/program title, dates, duration(hours), zip code, location, description, estimated number of people reached, modality, target audience, and topic. The program maintains CINS/FINS outreach outline forms which show counselor name, and month/year, name/title of contact person, address, zip code, location, contact mail/telephone number, and signature.</p>	
<p>The program has designated staff that conducts outreach which is defined in their job description.</p>	<p>Compliance</p>	<p>Per interview with the Program Director, completion of the outreach activities is the responsibility of all program staff. After reviewing the outreach binder and log it was observed that multiple staff conducted and attended outreach activities.</p>	

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

Standard Two – Intervention and Case Management

<p>2.01 - Screening and Intake</p>		<p>Satisfactory</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</p>	<p>YES If NO, explain here: The provider has the required policy and procedure, 2.01 Screening for CINS/FINS Eligibility, that was last revised 7/20/2024 by the program director.</p>		
<p>Shelter youth: Eligibility screening form is completed immediately for all shelter placement inquiries.</p>	<p>Not Applicable</p>	<p>Center for Family and Child Enrichment is not a residential CINS/FINS program.</p>	
<p>Community counseling: Eligibility screening form is completed within 3 business days of referral by a trained staff using the Florida Network screening form.</p>	<p>Compliance</p>	<p>Ten files, four open and six closed, were reviewed. All ten files reviewed contained evidence the eligibility screening forms were completed within three business days of referral by a trained staff.</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>All ten files reviewed contained evidence all referrals for service eligibility that were logged in NetMIS within 72 hours of screening completion.</p>	

Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	<p align="center">Compliance</p>	All ten files reviewed contained evidence the youth and parents were provided with information about available services options, and rights and responsibilities of youth and parents/guardians.	
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 align="center">Compliance</p>	All ten files reviewed contained supported evidence youth and parents/guardians were provided with information about possible actions occurring through involvement with CINS/FINS services (Case staffing committee, CINS petition, CINS adjudication) and grievance procedures.	
During intake, all youth were screened for suicidality and correctly assessed as required if needed.	<p align="center">Compliance</p>	All ten files contained evidence that the youth were screened for suicidality during intake.	
Additional Comments: There are no additional comments for this indicator.			
2.02 - Needs Assessment			<p align="center">Satisfactory</p>
Provider has a written policy and procedure that meets the requirement for Indicator 2.02	<p>YES</p>		
	If NO, explain here:		
	The provider has the required policy and procedure, 3.03 NIRVANA- Network Inventory of Risk, Victories and Needs Assessment, that was last revised 7/1/2024 by the Program Director.		
Shelter Youth: NIRVANA is initiated within 72 hours of admission	<p align="center">Not Applicable</p>	CFCE is not a residential provider.	
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 align="center">Compliance</p>	All ten files reviewed contained NIRVANA assessments that were completed within a day of initiation, typically at intake, and completed within two to three face-to-face contacts after the initial intake.	
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 align="center">Compliance</p>	Supervisor signatures were documented for all completed NIRVANA assessments and/or interview guide located in all ten files reviewed.	
(Shelter Only) NIRVANA Self-Assessment (NSR) is completed within 24 hours of youth being admitted into shelter. If unable to complete, there must be documentation in NetMIS and the youth's file explaining the barriers to completion.	<p align="center">Not Applicable</p>	CFCE is not a residential provider.	
A NIRVANA Post-Assessment is completed at discharge for all youth who have a length of stay that is greater than 30 days.	<p align="center">Compliance</p>	All six closed files reviewed contained evidence that NIRVANA Post-Assessment were completed at discharge for all youth who had a length of stay greater than 30 days.	

A NIRVANA Re-Assessment is completed every 90 days excluding files for youth receiving SNAP services.	No eligible items for review	None of the records reviewed had a length of stay that exceeded 90 days.	
All files include the interview guide and/or printed NIRVANA.	Compliance	All ten files reviewed included the printed NIRVANA.	
Additional Comments: There are no additional comments for this indicator.			
2.03 - Case/Service Plan			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.03	YES		
	If NO, explain here:		
	The provider has the required policy and procedure, 4.03 Case/Service Plan, that was last revised 7/1/2024 by the Program Director.		
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	All ten files reviewed contained case/service plans that were developed on a local provider-approved form and all service plans were based on information gathered during the initial screening, intake, and NIRVANA.	
Case/Service plan is developed within 7 working days of NIRVANA	Compliance	All ten case/service plans reviewed were developed within seven working days of completion 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	Compliance	All ten files reviewed showed evidence of the case plan including: individualized and prioritized needs and goals as identified by the NIRVANA, service type, frequency, location, persons responsible, target dates for completion and actual completion dates, a signature of youth, parent/guardian, counselor, and supervisor, and date plan was initiated.	
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 of the case plans were reviewed for progress/revised by counselor, youth, and parent (if available) every 30 days.	
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:	
	The provider has the required policy and procedure, 4.04 Case Management Services, that was last revised 4/20/2024 by the Program Director.	
Counselor/Case Manager is assigned	Compliance	A counselor/case manager was assigned to all ten clients as evidence by the counselor's name and credentials in the case files.
The Counselor/Case Manager completes the following as applicable: 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitoring progress of court ordered youth in shelter 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days post discharge 12. Provides follow-up after 60 days post discharge	Compliance	Ten of ten files reviewed contained evidence that the counselor/case manager completed the following as applicable: established and coordinated referrals based on the needs of the family, implemented and coordinated the service plans, provided support for the families, monitored the youth and family progress and documented it in the case notes, and provided case termination notes in the discharge summary and in the case notes for the clients that were terminated. No clients were referred for additional services. Out of the ten reviewed files, no court-ordered cases were involved; therefore, there was no applicable attendance to court hearings, court case monitoring, or review of court orders. Five applicable closed files included a 30-day post discharge follow-up review and two applicable closed files included a 60-day post discharge follow-up review.
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	Compliance	The program does maintain written agreements with multiple community partners that include services provided and a comprehensive referral process.
Additional Comments: There are no additional comments for this indicator.		

2.05 - Counseling Services		Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 2.05	YES		
	If NO, explain here:		
	The provider has the required policy and procedure, 4.0 Case Management Services, that was last revised 4/1/2024 by the program director.		
Shelter Program			
Shelter programs provides individual and family counseling	Not Applicable	CFCE is not a residential provider.	
Group counseling sessions held a minimum of five days per week	Not Applicable		
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		
Documentation of groups must include date and time, a list of participants, length of time, and topic.	Not Applicable		
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	There was evidence that the case managers provided information on therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Two out of four open files reviewed had therapeutic counseling with outside services. Eight out of the ten files reviewed were informed about therapeutic counseling but refused services. Services are accessible to youth in the community, youth's home, the local provider's counseling office, or available virtually, with written documentation.	
Counseling Services			
There is evidence the program completes review of all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up.	Compliance	It was documented throughout the case files that the presenting problems were reflected in the NIRVANA Assessments, case service plan reviews, case management, and follow-ups.	

Maintain individual case files on all youth and adhere to all laws regarding confidentiality.	Compliance	All files reviewed maintained individual case files for all youth and adhere to all laws regarding confidentiality.	
Case notes maintained for all counseling services provided and documents youth's progress.	Compliance	All ten files reviewed maintained case notes from counseling services provided and documents youth's progress.	
On-going internal process that ensures clinical reviews of case records and staff performance.	Compliance	The agency has an internal process for clinical reviews of case records and staff performance. The program director reviews the files at intake and discharge.	
When an intake is conducted through virtual means, consent is confirmed by the counselor, documented in the file, and reviewed with the supervisor during supervision/case review. There is written documentation provided in the youths file for reasons why virtual sessions are in the best interest of the youth and family.	No eligible items for review	No virtual intakes were conducted.	

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 provider has the required policy and procedure, 4.05 CINS Adjudication Services and 4.06 CINS Petition Process, that was last reviewed 7/1/2024 by the Program Director.		
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	Compliance	Per interview with the Program Director, there were no case staffing requests since the last QI review. Per the policy and procedure, the case staffing committee consists of a DJJ Representative, the CINS/FINS provider, and a school district representative.	
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	Per the program's policy and procedure, other members of the committee may include: State Attorney's Office; others requested by youth/ family; substance abuse representative; law enforcement representative; DCF representative; and mental health representative.	

The program has an established case staffing committee, and has regular communication with committee members	Compliance	Per interview with the Program Director, CFCE utilizes the LSF Miami Bridge's case staffing committee. The case staffing committee is contacted within five working days if a request for case staffing is scheduled.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	Compliance	Internal procedures for the case staffing are outlined in the provider's policy and procedures reviewed.	
The youth and family are provided a new or revised plan for services	No eligible items for review	There were no case staffing requests since the last QI 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		
If applicable, the program works with the circuit court for judicial intervention for the youth/family	No eligible items for review		
Case Manager/Counselor completes a review summary prior to the court hearing	No eligible items for 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:		
	The provider has the required policy and procedure, 2.07 Youth Records, that was last revised 10/21/2024 by the program director.		
All records are clearly marked 'confidential'.	Compliance	All ten files reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	Compliance	All files were kept in a secure room and locked in a file cabinet that is marked confidential.	
When in transport, all records are locked in an opaque container marked "confidential"	Compliance	The program has a locked opaque container marker "confidential" to use for the transportation of records.	
All records are maintained in a neat and orderly manner	Compliance	All files reviewed were maintained in an orderly manner.	

<p>SHELTER FILES contain the following: Table of Contents that outlines documents in each section:</p> <ul style="list-style-type: none"> •Screening •Informed Consent • Photograph of the youth • Shelter Intake Form • Suicide Assessment (if needed) • NIRVANA Self Report (NSR) • NIRVANA full Assessment • Plan of Service • Chronological Notes • Medication Inventory Form • Approved contact list • Copies of referrals made & Follow-Up (if needed) • Discharge summary once case is closed 	<p>Not Applicable</p>	<p>CFCE is not a residential provider.</p>	
<p>COMMUNITY COUNSELING FILES contain the following: Table of Contents that outlines documents in each section:</p> <ul style="list-style-type: none"> • Screening • Informed Consent • Community Counseling Intake Form • Suicide Assessment (if needed) • NIRVANA full Assessment • Plan of Service • Chronological case notes • Copies of referrals made & Follow-Up (if needed) • Discharge summary once the case is closed 	<p>Compliance</p>	<p>For all ten community counseling files reviewed, there was evidence found that each file has a section for screening, informed consent, community counseling intake form, suicide assessment, NIRVANA full Assessment, plan of service, chronological case notes and copies of referrals made and follow ups when needed</p>	
<p>All records kept electronically, are maintained securely and can be made immediately available upon request for audit purposes.</p>	<p>Not Applicable</p>	<p>No records were electronically maintained.</p>	
<p>Records are retained for the duration of the time specified by the contract.</p>	<p>Compliance</p>	<p>All records are retained for the duration of the time specified by the contract.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			
<p>2.08 - Specialized Additional Program Services</p>			<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for</p>	<p>YES</p>		
	<p>If NO, explain here:</p>		

Indicator 2.08	The provider has the required policy and procedures, 4.07.06 FYRAC, that was last reviewed 7/1/2024 by the program director.		
Staff Secure			
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	CFCE is not a residential services provider.	
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)			
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	CFCE is not a residential services provider.	
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 <input type="checkbox"/>			
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	CFCE is not a residential services provider.	
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			
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	CFCE is not a residential services provider.	
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)			
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	CFCE is not contracted to provide ICM services.	
Youth receiving services were deemed chronically truant and/or runaway and require more intensive and lengthy services. The youth was determined to be eligible because they have gone through petition and/or case staffing and was in need of case management services.	Not Applicable		
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)			
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 served any youth who met the criteria for FYRAC in the last six months or since the last onsite 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		
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.	No eligible items for review		

<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)		Satisfactory with Exception	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.09</p>	YES		
	If NO, explain here:		
	The program has written policies and procedures 4.11 (SNAP Group Delivery), 4.12 (SNAP Group Delivery), 4.13 (Fidelity Adherence Monitoring), 4.14 (SNAP Discharge Requirements), and 4.15 (SNAP for Schools and Community) for SNAP services. The policies were last reviewed by the Program Director on 7/1/2024.		
SNAP Clinical Groups Under 12			
<p>Youth are screened to determine eligibility of services with the required documents: a. Florida Network Youth Screening Form b. SNAP® Brief Intake Screening Checklist</p>	Compliance	All three files documented the youth were screened to determine eligibility using the NETMIS screening form and the SNAP Brief Intake screening form.	
<p>All files contain each of the required documents below: a. SNAP Child Screening Interview Report b. Florida Network Community Counseling Intake Form c. Reinforcement Trap/Coercive Cycle Diagram d. Consent to Treatment and Participation in Research Form</p>	Compliance	All three files reviewed contained the SNAP Child Screening Interview Report, Florida Network Community Counseling Intake Form, Reinforcement Trap/Coercive Cycle Diagram, and Consent to Treatment and Participation in Research Form.	
<p>The NIRVANA was completed at initial intake, or within two sessions.</p>	Compliance	A NIRVANA was completed at intake and printed copy is maintained in each file reviewed.	
<p>There is evidence of the completed the Pre - Child Behavior Checklist (CBCL) by the caregiver and is located within the file.</p>	Compliance	All three files had completed pre-CBCLs completed at intake.	
<p>There is evidence of the completed Pre - TOPSE is completed by the caregiver and is located within the file.</p>	Compliance	All three files had evidence the Pre - TOPSE was completed by the caregiver and is located within the file.	
<p>There is evidence of the following documents located within the file: a. SNAP® Parent Goal Sheet b. Child Way To Go Goal Sheet (This may be in progress for open files but is required for all closed files.)</p>	Compliance	All three files had completed SNAP® Parent Goal Sheets and Child Way To Go Goal Sheets.	
SNAP Clinical Groups Under 12 - Discharge			

There is evidence of the completed the Post - Child Behavior Checklist (CBCL) by the caregiver and is located within the file.	Exception	All three records were closed and two of the three records contained post-CBCLs.	One of the three closed records reviewed did not contain a post-CBCL.
There is evidence of the completed Post - TOPSE is completed by the caregiver and is located within the file.	Compliance	All three records were closed and contained completed Post - TOPSE completed by the caregiver.	
There is evidence of the completed SNAP Discharge Report located within the file for any discharged youth.	Compliance	Completed SNAP Discharge Reports were located within the three closed files reviewed.	
There is evidence of the SNAP Boys/SNAP Girls Child Group Evaluation Form located in the file.	Compliance	Evidence supported all three files contained SNAP Boys/SNAP Girls Child Group Evaluation Forms.	
There is evidence of the SNAP Boys/SNAP Girls Parent Group Evaluation Form located in the file.	Compliance	Evidence supported all three files contained SNAP Parent Group Evaluation Forms.	
SNAP Clinical Groups for Youth 12-17			
Youth are screened to determine eligibility of services using the Florida Network Youth Screening Form.	Not Applicable	CFCE does not currently provide SNAP to youth ages 12-17	
The file contains the completed Florida Network Community Counseling Intake Form and is located within the file.	Not Applicable		
The Consent to Treatment and Participation in Research Form is completed, signed by the parent/guardian before receiving services, 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		
All closed files contained evidence in the file a NIRVANA was completed at discharge.	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>	Compliance	One full cycle and two in progress SNAP groups were reviewed. Weekly attendance sheets were completed for all 13 sessions held in the closed group and each session held to date for each open group.	
The program maintained evidence of a completed 'Way to Go Goal' Sheet within the file.	Compliance	The three groups reviewed provided evidence of completed 'Way to Go Goal' Sheets within the file.	
The program maintained evidence of both pre AND post Measure of Classroom Environment (MoCE) completed documents for the class reviewed.	Compliance	All three groups included pre Measure of Classroom Environment (MoCE) completed documents, and the one closed group contained a completed post MoCE.	
The program maintained evidence of completed pre and post evaluation documents for the class reviewed.	Compliance	All three SNAP groups were reviewed for evidence of pre and post evaluations it was evident this documentation was present for all youth completing the evaluations.	
There is evidence of the SNAP® for Schools & Communities Feedback Form completed by the supervisory adult responsible for the support of the youth receiving services and entered into NetMIS.	Compliance	One full cycle closed group reviewed included the SNAP® for Schools & Communities Feedback Form that was completed by the teacher and it was entered into NetMIS.	
There is evidence of one (1) Fidelity Adherence Checklist completed per classroom for the 13-week classroom sessions which is located in the file.	Compliance	All three groups included SNAP groups contained the fidelity adherence checklist.	
Additional Comments: There are no additional comments for this indicator.			

Standard Four – Mental Health/Health Services			
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 provider has the required policies and procedures, 3.01 - Suicide Prevention and 3.02 - Identification of Suicide Risk in Community Counseling Programs, that were last revised 7/20/2024, by the Program Director.		
Suicide Risk Screening and Approval (<i>Residential and Community Counseling</i>)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	No eligible items for review	Per the Program Director, no youth were identified as suicide risk during the period reviewed.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	Compliance	The program's suicide risk assessment was previously approved by the Florida Network and has not changed since the last review.	
Supervision of Youth with Suicide Risk (<i>Shelter Only</i>)			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	Not Applicable	CFCE is not a residential services provider.	
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)			
<p>Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.</p>	<p>No eligible items for review</p>	<p>Per the Program Director, no youth were identified as suicide risk during the period reviewed.</p>	
<p>During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.</p>	<p>No eligible items for review</p>	<p>Per the Program Director, no youth were identified as suicide risk during the period reviewed.</p>	
<p>Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth's file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.</p>	<p>No eligible items for review</p>	<p>Per the Program Director, no youth were identified as suicide risk during the period reviewed.</p>	
<p>If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.</p>	<p>No eligible items for review</p>	<p>Per the Program Director, no youth were identified as suicide risk during the period reviewed.</p>	
<p>When the screening was completed during school hours on school property, the appropriate school authorities were notified.</p>	<p>No eligible items for review</p>	<p>Per the Program Director, no youth were identified as suicide risk during the period reviewed.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>			