



**Florida Network for Youth and Family Services
Compliance Monitoring Report for FY 2025-2026**

Youth Advocate Program (YAP)

3016 N. US Hwy 301, Ste. 550
Tampa, FL 33619

November 25, 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 Youth Advocate Program for the FY 2025-2026 at its program office located at 3016 N. US Hwy, Ste. 550 Tampa, FL 33619. 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. Youth Advocate Program 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 2025 through June 30, 2026.

The compliance monitoring review was conducted by Andrea Dean, Consultant for Forefront LLC. Agency representatives from Youth Advocate Program present for the entrance interview were: Felicia Wells (Regional Director), Ophilia Ciesicki (Program Director), Laura Tina Johnson (Case Manager), and Guerline Dardignac (Case Manager). The last onsite QI visit was conducted on December 18, 2024.

In general, the Reviewer found that the Youth Advocate Program is in compliance with specific contract requirements. **Youth Advocate Program received an overall compliance rating of 100% for achieving full compliance with twelve indicators** of the CINS/FINS Monitoring Tool. There were no recommendations or corrective actions as a result of the monitoring visit.

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

2025-2026 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 11-25-2025

Agency Name: Youth Advocate Program					Monitor Name: Andrea Dean, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office Address: 3016 N. US Hwy 301, Ste. 550 Tampa, FL 33619		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): November 25, 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"/>	The program currently has two certified peer reviewers, Anastasia Ranson and Ophelia Ciesicki. The agency has participated in at least one review in the past 12-month period of the contract.	
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"/>	The provider currently has the following contracts: Family Partnerships of Central Florida (07/01/2025 - 06/30/2027), Department of Juvenile Justice (06/30/2026), Florida Network of Youth and Family Services (04/15/2025-06/30/30), and Orange County, Fl (02/11/2025-12/31/2027).	
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a current certificate of insurance dated 08/05/2025. The following companies are listed as insurers affording coverage on the certificate: Philadelphia Indemnity Insurance, Charter Oak Fire Insurance	

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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 Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a PTV						Company, and Travelers Casualty and Surety. The following minimum kinds of insurance were stated on the certificate: Worker's Compensation and Employer's liability insurance \$1,000,000 per accident, \$1,000,000 per person, and \$1,000,000 policy aggregate. Commercial General Liability with a limit of \$1,000,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance with a combined limit of \$1,000,000. All coverage shows effective dates of 08/15/2025 - 08/15/2026. The Florida Network of Youth and Family Services is listed as a certificate holder on the certificate of insurance.	
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"/>	Interview with the Regional Director indicated the program has no corrective action items cited by any external funding sources.	
Fiscal Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the program's Fiscal Responsibility Policy shows the	

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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						program has employee and fiscal policies/ procedures that are in compliance with GAAP and provide sound internal controls. Interview with the Program Director and the Regional Director indicated the program maintains fiscal files that are audit ready.	
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"/>	A review of the general ledger from 07/1/2025 - 09/30/2025 shows evidence that the general ledger is set up to track the activity of the grant separately using standard account numbers and separates funds for each revenue source and expense.	
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"/>	Interview with the Regional Director and the Program Director indicates the program does not maintain petty cash.	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The most recent six months of reconciled bank statements were provided for review. Bank statements are reconciled by the Finance Department. Invoices are submitted to	

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(Disbursements/invoices are approved & monitored by management. ON SITE)						the accounts payable and paid the following week. Vendor invoices are paid by the corporate accounts payable department and not by the local program.	
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has a 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"/>	The program does not have any inventory over \$1,000 purchased with FNYFS funds.	
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"/>	Payroll tax deposits year to date were provided for review. The agency submits payroll taxes and deposits and retirement deposits, as applicable.	
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"/>	Budget-to-actual reports from July 1, 2025, to September 30, 2025, were reviewed. Interview with the Regional Director indicates budget to actual reports are sent from the CFO to the Regional Director monthly for review. The Regional Director and Program Director review the reports for	

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						accuracy and completeness compared to the invoice and expense reports submitted to the Florida Network. Variances and discrepancies are discussed and communicated between all parties.	
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 a copy was provided to the Network unless an 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"/>	A review of the most recent audit report dated June 30, 2025, was reviewed. There were no findings cited in the audit report requiring the submission of a corrective action plan. The report for the year ending June 30, 2025 has not been received yet. A written statement from the Fiscal Executive indicated the audit is in draft and was approved by the Board of Directors on November 5 th , 2025. They are completing the subsequent testing now and expect the final version to be issued this week. The agency has until December 31, 2025, to submit it to the Florida Network of Youth and Family Services.	

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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"/>	The agency has written policies and procedures to ensure the security and privacy of all employee and client data. All personal information is maintained in an electronic format, not easily accessible. The program does have a back-up system in case of accidental loss of financial information. The program does have procedures in place to protect laptops.	
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"/>	A summary of staff current pay rates was reviewed to verify direct care staff are paid at least \$19.00 per hour.	
Disaster Planning k. The agency has a written policy and procedure that includes a policy title/number, date of last review/revision, meets all the requirements for the indicator that has been approved. The agency has a comprehensive Disaster Preparedness Plan that includes the following: o Emergency evacuation protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a written policy and procedure titled Program Continuity Plan last reviewed by the Program Director on 6/06/2025. There are separate written plans for Frontline Field Staff and Field Leaders. Both plans outline emergency and severe weather protocols and procedures,	

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<ul style="list-style-type: none"> o Severe weather procedures o Evacuation logistics (shelter only) o Evacuation facility designation (shelter only) o Critical Resource Planning o Florida Network and DJJ notification requirements <p>The Universal Agreement/Emergency Disaster Shelter document is signed by the agency executive. The comprehensive Disaster Preparedness Plan is submitted to the Florida Network annually, no later than February 1st. ON SITE</p>							critical resource planning, Florida Network, and DJJ notification requirements. The Universal Agreement/Emergency Disaster Shelter document is not applicable to this program. The program has email verification of the Disaster plan submission to the Florida Network before February 1st.

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CONCLUSION

Youth Advocate Program has met the requirements for the CINS/FINS contract as a result of full compliance with twelve applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Three of the fifteen indicators were not applicable because the program does not maintain petty cash and has no inventory valued over \$1,000 purchased with Florida Network funds, and there are no corrective action items cited by external funding sources. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no recommendations or corrective actions required as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard described in the report findings.

SUMMARY OF CORRECTIVE ACTIONS or RECOMMENDATIONS

Recommendations/ Corrective Action

None

If required, the provider must submit a corrective action plan to address the 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 Youth Advocate Program - Tampa, FL
CINS/FINS Program

Date: November 25, 2025

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Domain 1: Background Screening and Compliance

1.0 Background Screening of Employees/Volunteers	Satisfactory
1.1 Annual Affidavit of Compliance with Good Moral Character Standards	Satisfactory
1.2 Provision of an Abuse Free Environment	Satisfactory
1.3 Incident Reporting	Satisfactory
1.4 Training Requirements	Satisfactory with Exception(s)
1.5 Data Entry & Collection	Satisfactory
1.6 Analyzing and Reporting	Satisfactory
1.7 Client Transportation	Satisfactory
1.8 Client Contact	Satisfactory
1.9 Outreach Services	Satisfactory

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

Domain 3: Screening, Assessment & Case Management

3.2 Admission Process	Satisfactory
3.3 NIRVANA (Network Inventory of Risks, Victories, and Needs Assessment)	Satisfactory with Exception(s)
3.4 Case Management, Counseling & Non-Residential Services Policy	Satisfactory
3.5 Adjudication Services: Case Staffing	Satisfactory
3.6 Adjudication Services: CINS Petition Process	Satisfactory
3.7 Service Plan	Limited
3.8 Youth Records	Satisfactory
3.10 Discharge and Follow Up	Satisfactory

Percent of indicators rated Satisfactory: 87.5 %
Percent of indicators rated Limited: 12.5 %
Percent of indicators rated Failed: 0 %

Domain 4: SNAP ® Programs

4.0 SNAP® Under 12	Satisfactory
4.1 SNAP® Fidelity Monitoring	Satisfactory
4.2 SNAP® for Youth	Satisfactory with Exception(s)
4.3 SNAP® Youth Justice	Satisfactory with Exception(s)
4.5 SNAP® for Schools and Communities	Satisfactory

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

Domain 6: Medication Management

6.2 Suicide Prevention	Satisfactory
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Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Overall Rating Summary
Percent of indicators rated Satisfactory: 95.83 %
Percent of indicators rated Limited: 4.17 %
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

- Andrea Dean - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services
- Cheryl Francis – Regional Monitor, Department of Juvenile Justice
- Pacherrah Faulkner – Bethel Community Foundation
- Sabrina Childears – Seminole County Sheriff Office

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the areas of Domain (1) - Domain (6), which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective July 1, 2025).

Persons Interviewed

<input type="checkbox"/> Chief Executive Officer	<input checked="" type="checkbox"/> Case Manager	<input type="checkbox"/> Nurse – Full time
<input type="checkbox"/> Chief Financial Officer	<input type="checkbox"/> Counselor Non-Licensed	<input type="checkbox"/> Nurse – Part time
<input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Advocate	2 # Case Managers
<input checked="" type="checkbox"/> Executive Director	<input type="checkbox"/> Direct – Care Full time	<input type="checkbox"/> # Program Supervisors
<input checked="" type="checkbox"/> Program Director	<input type="checkbox"/> Direct – Part time	<input type="checkbox"/> # Food Service Personnel
<input type="checkbox"/> Program Manager	<input type="checkbox"/> Direct – Care On-Call	<input type="checkbox"/> # Healthcare Staff
<input type="checkbox"/> Program Coordinator	<input type="checkbox"/> Intern	<input type="checkbox"/> # Maintenance Personnel
<input type="checkbox"/> Clinical Director	<input type="checkbox"/> Volunteer	1 # Other (listed by title): Administrative Assistant__
<input type="checkbox"/> Counselor Licensed	<input type="checkbox"/> Human Resources	

Documents Reviewed

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Grievance Process/Records	<input type="checkbox"/> # Health Records
<input checked="" type="checkbox"/> Logbooks	<input type="checkbox"/> Key Control Log	<input type="checkbox"/> # MH/SA Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input type="checkbox"/> Fire Drill Log	<input type="checkbox"/> # Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> Medical and Mental Health Alerts	8 # Training Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	9 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	<input type="checkbox"/> Program Schedules	10 # Youth Records (Open)
<input type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> List of Supplemental Contracts	<input type="checkbox"/> # Other: __
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Vehicle Inspection Reports	__

Observations During Review

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

Surveys

<input type="checkbox"/> # of Youth	1 # of Direct Staff	<input type="checkbox"/> # of Other	<input type="checkbox"/>
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Comments

A Quality Improvement Program Review was conducted for FY 2025-2026

Monitoring Purpose

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

Narrative Summary

Youth Advocate Program (YAP) is located at 3016 N. US Hwy 301, Ste. 550, Tampa, FL 33619. The program has been a Children In Need of Services/ Families In Need of Services (CINS/FINS) provider in Hillsborough County since 2002. Youth in circuit thirteen have access to community counseling along with SNAP for Youth, SNAP for Youth Justice and SNAP in Schools and Communities at YAP.

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

Domain 1: There are ten indicators for Domain 1.

Indicator 1.0 Background Screening of Employees/Volunteers was rated Satisfactory

Indicator 1.1 Annual Affidavit of Compliance with Good Moral Character Standards was Satisfactory

Indicator 1.2 Provision of an Abuse Free Environment was rated Satisfactory

Indicator 1.3 Incident Reporting was rated Satisfactory

Indicator 1.4 Training Requirements was rated Satisfactory with Exception(s)

Indicator 1.5 Data Entry & Collection was rated Satisfactory

Indicator 1.6 Risk Management/ Analyzing and Reporting Information was rated Satisfactory

Indicator 1.7 Client Transportation was rated Satisfactory

Indicator 1.8 Client Contact was rated Satisfactory

Indicator 1.9 Outreach Services was rated Satisfactory

Domain 3: There are eight indicators for Domain 3.

Indicator 3.2 Admission Process was rated Satisfactory

Indicator 3.3 NIRVANA (Network Inventory of Risks, Victories, and Needs Assessment) was rated Satisfactory with Exception(s)

Indicator 3.4 Case Management, Counseling & Non-Residential Services Policy was rated Satisfactory

Indicator 3.5 Adjudication Services: Case Staffing was rated Satisfactory

Indicator 3.6 Staffing and Youth Supervision was rated Satisfactory

Indicator 3.7 Service Plan was rated Limited

Indicator 3.8 Youth Records was rated Satisfactory

Indicator 3.10 Discharge and Follow Up was rated Satisfactory

Domain 4: There are five indicators for Domain 4.

Indicator 4.0 SNAP® Under 12 was rated Satisfactory

Indicator 4.1 SNAP® Fidelity Monitoring was rated Satisfactory

Indicator 4.2 SNAP® for Youth was rated Satisfactory with Exception(s)

Indicator 4.3 SNAP® Youth Justice was rated Satisfactory with Exception(s)

Indicator 4.5 SNAP® for Schools and Communities was rated Satisfactory

Domain 6: There is one applicable indicator for Domain 6.

Indicator 6.2 Suicide Prevention was rated Satisfactory

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

Domain 3:

• 3.7 - Service Plan:

Four of the eight youth files reviewed had service plans that were not completed within the 30 days following the plan initiation.

Two of the eight youth files reviewed had service plans that were not completed within the 60 days following the plan initiation.

One of the eight youth files reviewed had one service plan that was not completed within the 90 days of the service plan initiation.

CINS/FINS QUALITY IMPROVEMENT TOOL		
<p>Quality Improvement Indicators and Results: Compliance: The findings observed or reviewed indicate the practice is aligned with the requirement(s) for the review item at the time of the review. Exception: The findings observed or reviewed indicate the practice is not aligned with the requirement(s) for the review item at the time of the review. Not Applicable: The item reviewed is not applicable for this review item(s) or the agency is not contracted to provide services related to the review item. E.g. If the agency has a policy that states they will not transport under any circumstance, Indicator 1.06 would be not applicable.</p>		<p>Summary/Narrative Findings: This column provides a comprehensive narrative summary of each assigned QI indicator. It highlights areas where the program demonstrated compliance, outlines the evidence supporting those determinations, and provides detailed explanations for any deficiencies or exceptions. Together, these findings offer clear justification for the specific domain ratings and present a balanced view of program performance.</p>
Domain One – Background Screening and Compliance		
1.0 - Background Screening		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.0		Yes
Provider has a implemented policy and procedure that meets the requirement for Indicator 1.0		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy A.1 Background Screening and Compliance, last reviewed by the Program Director on 10/01/2025. Pre-assessment Tool: Assessment of individual Suitability Questionnaire.
A total of five file(s) were reviewed during this evaluation period. Of these, five new hire file(s) and zero 5-year rescreen file(s) were reviewed. The sample included five Suitability Assessment		
All positions providing direct services (residential and community counseling) to youth has successfully passed pre-employment suitability assessment on the initial attempt.	Compliance	All staff providing direct services to youth successfully passed the pre-employment suitability assessment on their initial attempt.
For any applicant that did NOT pass the initial suitability assessment: Applicant retook the assessment and passed within five (5) business days of the initial attempt, not to exceed three (3) attempt within thirty (30) days.	Not Applicable	All employees reviewed, passed the suitability assessment on their initial attempt.
Employees who have a break in service may be reemployed with the same agency without an additional suitability assessment if the break is less than eighteen (18) months. However, if the provider changed or updated the assessment tool used, there is evidence that the employee completed the new assessment.	Not Applicable	No employees reviewed had a break in service.

New Hire		
For New Hires-The background screening was completed and applicant determined eligible prior to date of hire.	Compliance	Background screenings for all new hires were completed, and eligibility was confirmed prior to each hire date.
For employee, contractor, volunteer, or intern who provide services for ten (10) or more hours per month-The background screening was completed and volunteer/mentor or intern determined eligible prior services being provided.	Compliance	All employees reviewed were background screened and determined to be eligible prior to services being provided.
For those with ineligible background screenings, the exemption was obtained prior to working with youth.	Not Applicable	There were no employees reviewed with ineligible background screenings requiring exemptions.
E-Verify		
The file contains proof of E-Verify for all new employees obtained from the Department of Homeland Security.	Compliance	All personnel files contained valid E-Verify confirmations from the Department of Homeland Security verifying employment eligibility.
5 Year Rescreening		
Five year re-screening was completed prior to the 5-year anniversary date of initial hire or prior to expiration of retained fingerprints date.	Not Applicable	All staff reviewed were within their current retained fingerprint dates.
Additional Comments: There are no additional comments for this indicator.		
1.1 - Annual Affidavit of Compliance with Good Moral Character Standards		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.1		Yes Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy A.1 Annual Affidavit of Good Moral Character, last reviewed by the Program Director on 10/01/2025.
Affidavit of Annual Compliance with Level 2 Screening Standard (Form IG/BSU-006) is completed and submitted to BSU by January 31st.	Compliance	The Affidavit of Annual Compliance with Level 2 Screening Standard (Form IG/BSU-006) was completed and submitted to BSU by the required deadline of January 31.
Affidavit of Annual Compliance with Level 2 Screening Standard was submitted sent to BSU by (at minimum): a. fax confirmation b. email confirmation	Compliance	Each affidavit submission included documented proof of delivery to BSU, verified through fax or email confirmation.
Additional Comments: There are no additional comments for this indicator.		
1.2 - Provision of an Abuse Free Environment		Satisfactory

Provider has a written policy and procedure that meets the requirement for Indicator 1.2		Yes Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy A.2 Maintaining an abuse-free environment and required reporting, last reviewed by the Program Director on 10/01/2025.
Does the program have a code of conduct that prohibits the use of physical abuse, profanity, threats or intimidation?	Compliance	The program maintains and enforces a written Code of Conduct that strictly prohibits physical abuse, profanity, threats, or intimidation. All staff demonstrate adherence to these standards.
The program has a process in place for reporting and documenting any child abuse hotline calls?	Compliance	The program has an established process for promptly reporting and documenting all child abuse hotline calls in accordance with state and agency policy. Staff are trained and compliant with reporting procedures.
Agency is an abuse free environment.	Compliance	Survey feedback confirms the agency maintains an abuse-free environment, with no reported concerns from staff or youth.
Additional Comments: There are no additional comments for this indicator.		
1.3 - Incident Reporting		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.3		Yes Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy A.3 Incident Reporting and A.4 Special Incident Procedures (Reference) last reviewed by the Program Director on 10/01/2025.
Data sources Reviewed	Dates Reviewed	Logbook Dates for Sample Size:
CCC reports	12/01/2024 - 11/25/2025	N/A
The program notified the Department’s CCC and reportable incidents were consistently reported as required, no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident.	Not Applicable	The agency had no incidents reported from 12/01/2024 to 11/25/2025.
The program completes follow-up communication tasks/special instructions as required by the CCC. (Refer to Policy 1.3 for specifics)	Not Applicable	The agency had no incidents reported from 12/01/2024 to 11/25/2025.

Incidents are documented in the program logs and CCC call is documented in the logbooks for Shelter programs (Refer to Policy 5.3)	Not Applicable	The agency had no incidents reported from 12/01/2024 to 11/25/2025.
Incidents are documented in the program logs and CCC call is documented in the logbooks for Shelter programs (Refer to Policy 5.3)	Not Applicable	The agency had no incidents reported from 12/01/2024 to 11/25/2025.
All incident reports are reviewed and signed by program supervisors/directors.	Not Applicable	The agency had no incidents reported from 12/01/2024 to 11/25/2025.
Additional Comments: There are no additional comments for this indicator.		
1.4 - Training Requirements	Satisfactory with Exception(s)	
Provider has a written policy and procedure that meets the requirement for Indicator 1.4	Yes	
	Indicate policy number, authorized signee, date(s) of last review/revision/approval: Policy #H1. Training Requirements, H.2 Annual Training Minimums, H.3 Orientation Requirements, H.4 Training Documentation and Logs, reviewed on 10/01/2025 by Program Director.	
A total of zero first-year non-licensed Mental Health Clinical Shelter staff file(s) were reviewed. Four (4) new hire staff and four (4) annual staff file(s) were reviewed for compliance with training completed within the required timeframe(s).		
Policy & New Hire Training		
Trainings that are required by the Network and other funders must be documented in each individual staff member's file and on the FLN Training Log or similar document with the minimum requirements i.e. Staff Name & Position, Date of Hire, Training anniversary used by agency (calendar, date of hire or fiscal), Training Name, Training Hours, Cumulative Total, Training Completion or Facilitation Date, Location of Training or Platform Used (when virtual).	Compliance	All required trainings mandated by the Network and other funders are properly documented in each staff member's file and recorded on the FLN Training Log, including all required details such as staff information, training dates, hours, and completion records.
Civil Rights & Federal Funds (United States Department of Justice) (Required within 30 DAYS of date of hire)	Exception	Two of five new-hires had late trainings. One employee's Civil Rights training was due on April 18, 2025 and was not completed until May 6, 2025 and a second employee's Civil Rights training due on April 18, 2025 and was not completed until June 6, 2025. Staff #3-Civil Rights training due on November 29, 2024 and was not completed until March 9, 2025.
Pre-Service Training		
Agency policies and procedures	Compliance	All new staff completed agency orientation and policy training prior to working independently.
Building/Facility layout	Compliance	Staff received orientation to the building and facility layout.

File Documentation/Paperwork Requirements	Compliance	File documentation and paperwork requirement training was completed as required.
Confidentiality (FYSB / DCF / Skill Pro)	Compliance	Confidentiality training (FYSB / DCF / SkillPro) was completed and documented in staff files.
CCC & Incident Reporting	Compliance	Staff completed CCC and Incident Reporting training prior to working independently.
Child Abuse Reporting	Compliance	Child Abuse Reporting training was completed and verified in the staff record.
Client Intake & Screening	Compliance	Client Intake and Screening training was completed prior to independent case assignment.
Disaster Preparedness	Compliance	Disaster Preparedness training was completed and verified in training logs.
Universal Precautions / Communicable Diseases / Infection Control / Bloodborne Pathogens Part I & II	Compliance	Universal Precautions, Communicable Diseases, Infection Control, and Bloodborne Pathogens Parts I & II training were completed and documented.
CPR/First Aid (By CPR Certified Instructor)	Compliance	CPR/First Aid training was completed by a certified instructor prior to independent duty.
CINS/FINS Core	Compliance	CINS/FINS Core training was completed and verified.
Florida Network Youth Suicide Prevention	Compliance	Florida Network Youth Suicide Prevention training was completed within the required timeframe.
Adolescent Development / Positive Youth Development	Compliance	Adolescent Development and Positive Youth Development training were completed and recorded.
Cultural Humility/Diversity (Specific training at the agencies discretion. Available sources Bridge / RHYTTAC)	Compliance	Cultural Humility and Diversity training was completed through an approved provider (Bridge or RHYTTAC).
Mental Health and Substance Abuse	Compliance	Mental Health and Substance Abuse training was completed and documented in the staff record.
Skill Pro Required Trainings:		
Child Abuse: Recognition, Reporting and Prevention	Compliance	Staff completed Child Abuse: Recognition, Reporting, and Prevention training within the first 90 days of employment or service.
Equal Employment Opportunity	Compliance	Equal Employment Opportunity training was completed and documented within the first 90 days.

Human Trafficking Intervention for Direct Care Staff	Exception	One of five staff training files reviewed completed Human Trafficking Intervention outside the required 90-day time-frame.
Information Security Awareness	Exception	One of five staff training files reviewed completed Information Security Awareness outside the required 90-day time-frame.
Prison Rape Elimination Act (PREA) - Part 1	Compliance	Prison Rape Elimination Act (PREA) – Part 1 training was completed and documented in staff records.
Prison Rape Elimination Act (PREA) - Part 2	Compliance	Prison Rape Elimination Act (PREA) – Part 2 training was completed and verified in the staff file.
Sexual Harassment	Compliance	Sexual Harassment training was completed within the first 90 days of employment or service.
Trauma Responsive Practices	Compliance	Trauma Responsive Practices training was completed and documented as required.
Additional FL Network Required Trainings:		
Naloxone Training	Compliance	Naloxone training was completed and documented within the first 90 days of employment or service.
Adverse Childhood Experiences (ACEs) (Required for All Staff not completing NIRVANA)	Exception	One of five staff training files reviewed completed ACE outside the required 90-day timeframe.
FL Statute 984 CINS Petition Training (Case Staffing & CINS Petition Staff Only)	Not Applicable	None of the staff training files reviewed are involved in Case Staffing and CINS petitions requiring this training.
STAFF SPECIFIC TRAINING - Florida Network and SkillPro Required Trainings Related to Specific Staff Roles		
JJIS (Juvenile Justice Information System) System Access (Required for staff who enter and monitor SVS prior to accessing JJIS)	Not Applicable	None of the staff training files reviewed have access to JJIS or has JJIS data entry responsibilities requiring this training.
JJIS Alerts – Part 1 (JJIS Data Entry Staff prior to accessing JJIS)	Not Applicable	None of the staff training files reviewed have access to JJIS or has JJIS data entry responsibilities requiring this training.
JJIS Alerts – Part 2 (JJIS Data Entry Staff prior to accessing JJIS)	Not Applicable	None of the staff training files reviewed have access to JJIS or has JJIS data entry responsibilities requiring this training.
Motivational Interviewing (MI) (Prior to NIRVANA training for Staff who Administer the NIRVANA)	Compliance	Staff responsible for administering the NIRVANA® completed Motivational Interviewing (MI) training prior to NIRVANA® instruction.

<p>NIRVANA Assessment (Required for all staff who Administer the NIRVANA, prior to administering the NIRVANA)</p>	<p>Compliance</p>	<p>Staff assigned to conduct NIRVANA® assessments completed NIRVANA® training prior to administering the assessment, verified with the Lead.</p>
<p>SNAP Support Overview *This training does not certify staff to facilitate SNAP (Not Required for SNAP Staff but offered for staff in between hire date and completing full SNAP Facilitator training) After completing training, this Supporter must only be paired with a fully trained SNAP Facilitator</p>	<p>Not Applicable</p>	<p>All SNAP staff training files reviewed completed SNAP facilitator training.</p>
<p>SNAP Facilitator Training (Required for All Staff prior to the delivery of Groups) *If the trained staff has not facilitated groups or participated in fidelity monitoring before the end of one year from the completion of either the SNAP Facilitator Training or Annual SNAP Refresher Training, they will be required to attend SNAP Facilitator Training prior to returning in a facilitation/fidelity monitoring role.</p>	<p>Compliance</p>	<p>All SNAP® facilitators completed SNAP® Facilitator Training prior to delivering groups, with retraining documented if facilitation lapsed beyond one year.</p>
<p>NetMIS Training (For NetMIS Users prior to accessing NetMIS)</p>	<p>Not Applicable</p>	<p>NetMIS data entry is only performed by the Program Director and Supervisor. None of the staff training files reviewed are NetMIS users.</p>
<p>NON-LICENSED CLINICAL STAFF ONLY Staff Suicide Assessment Training ** 20 hours including a minimum of five (5) one-to-one assessments of suicide risk in the physical presence of a licensed professional. This training is documented and maintained in the staff person’s personnel file using the Documentation of Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk form. (Required for All shelter staff who are not licensed prior to independent assessment of suicide risk)</p>	<p>Not Applicable</p>	<p>Four new-hire staff training files reviewed are not non-licensed clinical staff.</p>
<p>NON-LICENSED CLINICAL STAFF ONLY 16 hours clinical training + 36 hours topic-specific training (Covering: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development, typical behavior problems) * Prior to working with youth*</p>	<p>Not Applicable</p>	<p>Four new-hire staff training files reviewed are not non-licensed clinical staff.</p>

<p>NON-LICENSED CLINICAL STAFF ONLY Mental health and substance-related disorders; Counseling theory and techniques; Group dynamics and therapy; Treatment and discharge planning. (Required for Bachelor’s level non-licensed counseling staff without 2 years clinical experience assessing, counseling or treating youth with serious emotional disturbance or substance abuse problems) *To be completed during first year of employment*</p>	<p>Not Applicable</p>	<p>Four new-hire staff training files reviewed are not non-licensed clinical staff with Bachelor's degrees and less than two years clinical experience.</p>
<p>For any trainings that are NOT completed within the required timeframe, includes documentation of the reason and scheduled completion date.</p>	<p>Compliance</p>	<p>When trainings were delayed, documentation of the reason and the scheduled completion date was maintained in the staff training file.</p>
<p>Direct Care staff (full-time, part-time, and on-call) complete all pre-service requirements prior to working independently and achieve a minimum of 80 hours of training during their first year.</p>	<p>Compliance</p>	<p>Direct-care staff completed all pre-service requirements prior to working independently and achieved at least 80 hours of training within their first year.</p>
<p>If there was a break in employment for less than six (6) months, the file contains documentation confirming the supervisor reviewed applicable prior training and verified completion.</p>	<p>Not Applicable</p>	<p>None of the employee files reviewed had a break in employment.</p>
<p>If the agency finds that the instructor is not available for the instructor led course within the required timeframe, then document attempts in the staff training file.</p>	<p>Not Applicable</p>	<p>There were no occurrences where instructor-led courses were not available.</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>Compliance</p>	<p>The agency has a designated staff member responsible for managing all employee training files and routinely reviews them to ensure compliance.</p>
<p>All Network-required training is supported by documentation such as certificates, sign-in sheets, and agendas.</p>	<p>Compliance</p>	<p>All Network-required trainings are supported by appropriate documentation, including certificates, sign-in sheets, and training agendas.</p>

Annual Training		
Trainings that are required by the Network must be documented in each individual training file or employee file as well as captured on the FLN Training Log or similar document with the minimum requirements (i.e. Staff Name & Position, Date of Hire, Training anniversary used by agency (calendar, date of hire or fiscal), Training Name, Training Hours, Training Completion or Facilitation Date, Location of Training or Platform Used (when virtual), and Cumulative Total Training Hours)	Compliance	All Network-required trainings are documented in individual staff files and recorded on the FLN Training Log with all required details, including staff information, training hours, completion dates, and cumulative totals.
Child Abuse: Recognition, Reporting, and Prevention (Annually)	Compliance	Child Abuse: Recognition, Reporting, and Prevention training is completed annually and properly documented in staff training records.
Human Trafficking Intervention for Direct-Care Staff (Annually)	Compliance	Human Trafficking Intervention for Direct-Care Staff training is completed annually and supported by required documentation.
Information Security Awareness (Annually)	Compliance	Information Security Awareness training is completed annually and verified through certificates or attendance records.
Prison Rape Elimination Act (PREA) Part 1 (Every 2 years)	Compliance	Prison Rape Elimination Act (PREA) Part 1 training is completed every two years and properly documented in training files.
Prison Rape Elimination Act (PREA) Part 2 (Every 2 years)	Compliance	Prison Rape Elimination Act (PREA) Part 2 training is completed every two years and supported by appropriate documentation.
Sexual Harassment (Every 2 Years)	Compliance	Sexual Harassment training is completed every two years and verified in staff files.
Trauma Responsive Practices (Every 2 Years)	Compliance	Trauma Responsive Practices training is completed every two years and documented on the FLN Training Log and in staff training files.
FL Network Annual Required Trainings REQUIRED for Staff Over 1 year		
Florida Network Youth Suicide Prevention (Required Annually)	Compliance	Florida Network Youth Suicide Prevention training is completed annually and documented in staff training files.

CPR (Every 2 Years - Check for current validity)	Compliance	CPR certification is current and renewed every two years in accordance with Network requirements.
First Aid (Every 2 Years - Check for current validity)	Compliance	First Aid certification is current and renewed every two years, with documentation maintained in the staff file.
SNAP Refresher Training (Annually for all staff who have completed SNAP Facilitator Training and are delivering SNAP group services or monitoring fidelity).	Compliance	SNAP® Refresher Training is completed annually for all staff delivering SNAP® group services or conducting fidelity monitoring.
For missed trainings, documentation includes the reason for delay and scheduled completion timeline.	Not Applicable	There was no evidence of missed trainings.
All direct care Community Counseling staff meet the annual requirement of a minimum of 24 hours of total hours of training received for the year. * CC Staff Only	Compliance	All direct-care Community Counseling staff meet the annual minimum requirement of 24 total training hours.
Annual and Biannual training must be due on a calendar or fiscal year basis, not based on hire date.	Compliance	Annual and biannual training schedules are tracked and completed based on the agency’s established calendar or fiscal year cycle, not hire date.
All Network-required training is supported by documentation such as certificates, sign-in sheets, and agendas.	Compliance	All Network-required trainings are supported by documentation such as certificates, sign-in sheets, and training agendas.
Additional Comments: There are no additional comments for this indicator.		
1.5 - Data Entry & Collection	Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 1.5	Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy F.1 Data Entry, monitoring, and accuracy, last reviewed by the Program Director on 10/01/2025.	
The program has a quality improvement process in place to review and improve accuracy of data entry and collection.	Compliance	The program maintains an active quality improvement process to review and enhance the accuracy of data entry and collection.
Client and service data is entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement (as reported on most recent End-of-Month ('EOM') report).	Compliance	Client and service data are entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement, as verified in the most recent End-of-Month (EOM) report.

<p>Monthly review of statewide End-of-Month ('EOM') reports is evidenced. This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, and follow-up reporting measures.</p>	<p>Compliance</p>	<p>Monthly review of statewide End-of-Month (EOM) reports is completed and documented, including analysis of monthly data, fiscal year-to-date data, benchmarks, screening metrics, report card measures, and follow-up reporting indicators</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		
<p>1.6 - Risk Management/ Analyzing and Reporting Information</p>	<p>Satisfactory</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.6</p>	<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy G.1 Risk Management, emergency procedures, and internal reviews, last reviewed by the Program Director on 10/01/2025.</p>	
<p>Data sources Reviewed</p>	<p>Dates Reviewed</p>	
<p>YAP Customer Survey May 1, 2025 to November 25, 2025 Interview with Program Director Netmis Customer Satisfaction Survey Summary Report May 1, 2025 to November 25, 2025 Staff Meeting Minutes May 2025 - November 2025</p>	<p>May 1, 2025 - November 25, 2025</p>	
<p>The program provides reports of aggregated data and committee/workgroup minutes analyzing information.</p>	<p>Compliance</p>	<p>The program consistently compiles and maintains aggregated data reports and meeting minutes from committees and workgroups, demonstrating active analysis and ongoing program improvement.</p>
<p>The program conducts quarterly case record reviews. (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.)</p>	<p>Compliance</p>	<p>Quarterly case record reviews are conducted as required, with summary reports identifying compliance with CINS/FINS standards. Results are reviewed by management and communicated to staff on a quarterly basis.</p>
<p>The program reviews incidents, accidents, and grievances at least quarterly</p>	<p>Compliance</p>	<p>The program conducts regular reviews of all incidents, accidents, and grievances at least quarterly, ensuring timely analysis, corrective actions, and preventive measures.</p>
<p>The program reviews customer satisfaction data at least annually.</p>	<p>Compliance</p>	<p>Customer satisfaction data is reviewed annually, and feedback is used to enhance service quality and client experience.</p>

The program reviews outcome data at least annually.	Compliance	Program outcome data is reviewed annually to assess performance against goals and inform quality improvement efforts.
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	Compliance	Findings from reviews are consistently evaluated by management and effectively communicated to staff and stakeholders to ensure transparency and alignment.
The program demonstrates 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 provider's Executive Committee on the Board of Directors.	Compliance	Program performance is routinely presented to the Board of Directors. All final reports receiving a Limited or Failed rating are submitted to the Executive Committee electronically or by mail, as required.
Evidence shows strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process	Compliance	Documentation reflects that program strengths and weaknesses are identified, corrective actions implemented, and staff are informed and engaged throughout the improvement process.
Additional Comments: There are no additional comments for this indicator.		
1.7 - Client Transportation		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 1.7		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: Policy # C.1- C.4 Client Transportation and Safety Policy, last approved on 10.1.2025 by Program Manager.
Supervisors complete a weekly review of transport documentation and provide written feedback or coaching when deficiencies are found.	Not Applicable	There were no eligible items to review.
The agency has a practice, review, and approval process in place regarding the transportation of youth assigned to the program.	Compliance	The agency maintains an established transportation policy and formal approval process that governs all youth transports, ensuring safety and accountability. However, the program discontinued the practice of single transports in late 2024 and did not have an eligible sample to review.

<p>All drivers have an approved driver’s license.</p>	<p>Compliance</p>	<p>The agency has a policy which states all drivers have an approved driver's license. Documentation of all approved driver's license was observed.</p>
<p>List of approved drivers eligible to drive client(s) for the agency or approved private vehicle that considers the driver’s work performance and history, indicating no inappropriate behavior is likely to occur.</p>	<p>Compliance</p>	<p>The agency provided a list of approved driver's eligible to drive client(s) for the agency or approved private vehicle which considers the driver's work performance and history, indicating no inappropriate behavior is likely to occur.</p>
<p>The list of approved drivers are covered under the agency's automobile insurance.</p>	<p>Compliance</p>	<p>All approved drivers are covered under the agency's automobile insurance.</p>
<p>There is documentation of use of a vehicle that notes the name or initials of the driver, date and time, mileage, number of passengers, purpose of travel, and location.</p>	<p>Not Applicable</p>	<p>No eligible items to review.</p>
<p>Signed parental consent is obtained in advance of any single transport.</p>	<p>Compliance</p>	<p>No eligible items to review. However, the program provided documentation to support parental consent for three youth.</p>
<p>If a single staff is transporting youth in a vehicle, there is evidence that the program director approved it (prior to the transport) and the approval is documented accordingly prior to the client transport.</p>	<p>Not Applicable</p>	<p>No eligible items to review.</p>
<p>If there is no signed parental consent for single staff transport and the transport is necessary and cannot be delayed; in addition to the single staff transportation requirements above, there is evidence that the transporting employee completed a check-in by phone at agreed-upon intervals with the senior program leader or designee, upon departure and arrival. The employee check-ins must be documented by the manager or designee receiving the call.</p>	<p>Not Applicable</p>	<p>No eligible items to review.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		

1.8 - Client Contact Policy		Satisfactory
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.8</p>		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: Policy #1.8, Client Contact Policy. Reviewed on 10/01/2025 by Program Director.
<i>Additional Comments: There are no additional comments for this indicator.</i>		
1.9 - Community Referrals and Outreach Services		Satisfactory
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.9</p>		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy B.1 - B.3 Outreach & Community Engagement, last reviewed by the Program Director on 10/01/2025.
<p>Outreach activities include education about services offered and guidance on accessing those services.</p> <p>The following mandatory information of each outreach activity is entered into NETMIS: the title, date, duration (hours), zip code, location, description, estimated number of people reached, modality, target audience and topic. The activities include group presentations/discussions, individual meetings, short-term intervention groups, set up/display and distribution of materials at community events, conducting tours of facilities, and media events or interviews.</p>	Compliance	<p>The program’s outreach activities effectively educate the community about available services and provide clear guidance on how to access them. All required details, including title, date, duration, location, description, estimated attendance, modality, target audience, and topic, are accurately entered into NETMIS.</p>
<p>The program has evidence that provides minutes of the event or other verification of staff participation.</p>	Compliance	<p>Documentation such as meeting minutes, sign-in sheets, and event summaries confirm active staff participation in all outreach activities.</p>
<p>The program has a lead staff member who conducts outreach, is designated to participate in local DJJ Board and council meetings and leads other outreach activities.</p>	Compliance	<p>A designated staff member serves as the program’s outreach lead, participates in local DJJ Board and council meetings, and coordinates all outreach efforts on behalf of the program.</p>
<p>This responsibility is specified in their job description.</p>	Compliance	<p>The outreach lead’s job description clearly defines responsibility for community engagement, DJJ participation, and oversight of outreach activities.</p>

<p>Full-Service agencies document meetings with local stakeholders (school districts, judges, and law enforcement) at least two times per year to discuss services available and needed improvement.</p>	<p>Compliance</p>	<p>Full-service agencies maintain ongoing collaboration with key stakeholders—including school districts, judges, and law enforcement—and meet at least twice per year to review services and discuss opportunities for improvement.</p>
<p>Outreach activities include education about services offered and guidance on accessing those services. The program has evidence that provides minutes of the event or other verification of staff participation.</p>	<p>Compliance</p>	<p>Outreach efforts include a variety of engagement methods such as group presentations, individual meetings, short-term intervention groups, informational displays at community events, facility tours, and media participation. These activities demonstrate strong community visibility and connection.</p>
<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 current written agreements with community partners outlining provided services and a clearly defined referral process that supports coordinated care.</p>
<p>Copies of agreements are forwarded to the Florida Network.</p>	<p>Compliance</p>	<p>Copies of all partnership agreements are submitted to the Florida Network as required, ensuring transparency and statewide coordination of services.</p>

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

Domain Three

3.2 - Admission Process

<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.2</p>	<p>Satisfactory</p>
	<p>Yes</p> <p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy D.1 Eligibility Screening and D.2 Intake Procedures, last reviewed by the Program Director on 10/01/2025.</p>
<p>A total of eight file(s) were reviewed during this evaluation period. Of these, four were open and four were closed. Among the open file(s), zero residential (RES) and four community counseling file(s) were reviewed. Among the closed file(s), zero residential (RES) and four community counseling file(s) were reviewed.</p>	

<p>For Community Counseling Services: The initial screening for eligibility for Community Counseling Services (including screening for eligibility, crisis counseling and information, and referral) occurs within 3 business days of referral by a trained staff member using, at minimum, the Florida Network screening form.</p>	<p>Compliance</p>	<p>Initial screenings for Community Counseling Services were completed within three business days of referral by trained staff using the Florida Network screening form. All eligibility, crisis, and referral requirements were met.</p>
<p>Youth and parents/guardians receive the following in writing</p>		
<p>Youth and parents/guardians are provided available service options in writing.</p>	<p>Compliance</p>	<p>Youth and parents/guardians were provided written information outlining all available service options, ensuring informed decision-making about participation.</p>
<p>Youth and parents/guardians are provided “Rights and Responsibilities of Youth” in writing.</p>	<p>Compliance</p>	<p>Written materials detailing the rights and responsibilities of youth were provided at intake, and documentation confirmed receipt in all reviewed files.</p>
<p>Parents/guardians are provided “Rights and Responsibilities of Parents” and/or parent brochure.</p>	<p>Compliance</p>	<p>Parents and guardians were provided the “Rights and Responsibilities of Parents” brochure at intake, and signed acknowledgment forms were present in all records.</p>
<p>The following is also available to the youth and parents/guardians:</p>		
<p>Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)?</p>	<p>Compliance</p>	<p>Youth and parents/guardians received written information describing possible outcomes and actions that may occur through involvement with CINS/FINS services, including case staffing, petitions, and adjudications.</p>
<p>Youth and parents/guardians are provided information regarding the programs grievance procedures.</p>	<p>Compliance</p>	<p>All youth and parents/guardians were informed of the program’s grievance procedures, and documentation confirmed this information was reviewed and acknowledged.</p>
<p>If the youth and family do NOT participate in services, the reason is documented on the screening form and logged in NetMIS.</p>	<p>Not Applicable</p>	<p>All files reviewed participated in services.</p>
<p>The Intake took place in a setting that allows the client to feel safe and heard.</p>	<p>Compliance</p>	<p>Intakes were conducted in private, trauma-informed settings designed to help youth feel safe, respected, and heard throughout the process.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		

3.3 - NIRVANA (Network Inventory of Risks, Victories, and Needs Assessment)		Satisfactory with Exception(s)
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.3</p>		Yes
		<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy D.4 NIRVANA Assessment Requirements, D.4.a Initial NIRVANA, D.4.b Re-Assessment, and D.4.c Post-Assessment, last reviewed by the Program Director on 10/01/2025.</p>
<p>NIRVANA Assessment is completed within one to two contacts following the initial intake date into services.</p>	<p>Compliance</p>	<p>All Community Counseling NIRVANA Assessments were completed within one to two contacts after intake, consistent with Florida Network guidelines.</p>
<p>NIRVANA Assessment was conducted by a bachelor’s or master’s degree staff who has completed the Florida Network NIRVANA training and has had Motivational Interviewing (MI).</p>	<p>Compliance</p>	<p>All assessments were completed by qualified bachelor’s or master’s level staff who successfully completed both NIRVANA and Motivational Interviewing training, verified through the staff roster.</p>
<p>All completed NIRVANA assessments are entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement.</p>	<p>Compliance</p>	<p>All completed NIRVANA Assessments were entered into NetMIS within three business days of service commencement, ensuring timely data submission and compliance with reporting standards.</p>
<p>The supervisor's signature is documented on the completed NIRVANA Assessment and/or the chronological note and/or the interview guide that is located in the youths’ file within 7 business days.</p>	<p>Exception</p>	<p>Two of the eight files reviewed had NIRVANAs that were submitted electronically and did not show evidence of a supervisor's signature. Interview with the Counselor reports the current electronic record system does not permit the use of electronic signatures, however this was captured for the other NIRVANAs reviewed.</p>
<p>A NIRVANA Post-Assessment is completed at discharge for youth who have a length of stay that is greater than 30 days.</p>	<p>Compliance</p>	<p>All youth with stays exceeding 30 days received a completed NIRVANA Post-Assessment at discharge to measure progress and outcomes.</p>
<p>A NIRVANA Re-Assessment is completed every 90 days with the exception of SNAP services.</p>	<p>Not Applicable</p>	<p>None of the files reviewed were applicable for NIRVANA Re-Assessments.</p>
<p>All files must have the interview guide and/or printed NIRVANA.</p>	<p>Compliance</p>	<p>Each file reviewed contained a completed interview guide and/or a printed copy of the NIRVANA Assessment, demonstrating proper documentation and retention.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		

3.4 - Case Management, Counseling & Non-Residential Services Policy		Satisfactory
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.4</p>		Yes
		<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy E.1 Case/ Service Plan Development, E.2 Service Plan Review Requirements, last reviewed by the Program Director on 10/01/2025.</p>
<p>Each client is assigned a Counselor.</p>	<p>Compliance</p>	<p>Each client was assigned a qualified counselor responsible for coordinating services and maintaining consistent therapeutic engagement.</p>
<p>The following is also available to the youth and parents/guardians:</p>		
<p>Community Counseling Program: Counseling sessions must be offered at a minimum once a week. (May include Individual, group, and family counseling, Crisis intervention, Parent training, Community-based mental health and substance abuse referrals, Case management, Prevention and diversion services, Skills training, tutorial/remedial services, Vocational, job training, or employment services, and Recreational services)</p>	<p>Compliance</p>	<p>In the Community Counseling Program, counseling sessions were offered weekly, meeting requirements for service frequency and modality, including individual, group, and family sessions as well as crisis intervention, skills training, and referrals.</p>
<p>The reason(s) why a required weekly session could not be provided is documented in the youth's file and in NetMIS.</p>	<p>Not Applicable</p>	<p>Documented weekly counseling sessions were present in eight of eight records reviewed.</p>
<p>If case management needs extend beyond the counselor's role, a case manager is assigned.</p>	<p>Compliance</p>	<p>When case management needs exceeded the counselor's role, a dedicated case manager was promptly assigned to ensure comprehensive service coordination.</p>
<p>Case Manager establishes appropriate referrals to services.</p>	<p>Compliance</p>	<p>Case managers established appropriate community referrals and coordinated follow-up services to address the youth's individual needs.</p>
<p>All counseling and case management sessions are documented in the youth's file and NetMIS, including the reason for missed session/s.</p>	<p>Compliance</p>	<p>All counseling and case management sessions were documented in the youth's file and entered into NetMIS, including explanations for any missed sessions.</p>

<p>If mental health or substance abuse needs, outside of the program’s capacity, are identified appropriate referrals are made and documented.</p>	<p>Compliance</p>	<p>When mental health or substance abuse issues outside program capacity were identified, appropriate referrals were made to external providers and fully documented.</p>
<p>Clients that do not receive services for 30 days or more have their case closed.</p>	<p>Compliance</p>	<p>Cases were closed for clients who had not received services for 30 days or more, in compliance with program standards.</p>
<p>Direct supervision is documented on the Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019) or on a program developed form which contains the same information.</p>	<p>Compliance</p>	<p>Direct supervision for Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals was documented on the MHSA 019 Supervision Log or equivalent program form containing all required information.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		
<p>3.5 - Adjudication Services: Case Staffing</p>		<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.5</p>	<p>Yes Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy Adjudication Services: CINS Petition Process Policy, last reviewed by the Program Director on 10/01/2025.</p>	
<p>A total of zero file(s) were reviewed during this evaluation period. Of these, zero were open and zero were closed. Among the open file(s), zero residential (RES) and zero</p>		
<p>A case staffing committee meeting is scheduled when one of the following occur (at minimum): 1. the youth/family is not in agreement with services or treatment; 2. the youth/family will not participate in the services selected, 3. the youth’s referring problem has not shown substantial improvement within six weeks of initiating counseling. 4. the program receives a written request from the parent/guardian or any other member of the committee</p>	<p>Not Applicable</p>	<p>The program had no case staffing cases since the date of the last QI review.</p>
<p>Each case staffing must be recorded in NetMIS within the case, noting the date it occurred.</p>	<p>Not Applicable</p>	<p>The program had no case staffing cases since the date of the last QI review.</p>
<p>The case staffing is convened within 7 days (excluding weekends and legal holidays) of the parent/guardian request.</p>	<p>Not Applicable</p>	<p>The program had no case staffing cases since the date of the last QI review.</p>

Notification to family no less than 5 working days prior to staffing.	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Notification to committee no less than 5 working days prior to staffing date.	Not Applicable	The program had no case staffing cases since the date of 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.	Not Applicable	The program had no case staffing cases since the date of the last QI review.
As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services.	Not Applicable	The program had no case staffing cases since the date of the last QI review.
At a minimum, the case staffing is attended by:		
Local school district representative	Not Applicable	The program had no case staffing cases since the date of the last QI review.
DJJ rep. or CINS/FINS provider	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Other members may include:		
State Attorney’s Office	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Mental health representative	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Substance abuse representative	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Law enforcement representative	Not Applicable	The program had no case staffing cases since the date of the last QI review.
DCF representative	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Others requested by youth/family	Not Applicable	The program had no case staffing cases since the date of the last QI review.
The program has an established case staffing committee, and has regular communication with committee members.	Not Applicable	The program had no case staffing cases since the date of the last QI review.
The program has an established case staffing committee, and has regular communication with committee members.	Not Applicable	The program had no case staffing cases since the date of the last QI review.
Additional Comments: There are no additional comments for this indicator.		

3.6 - Adjudication Services: CINS Petition Process		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 3.6		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy Adjudication Services: Case Staffing Committee Policy, last reviewed by the Program Director on 10/01/2025.
If applicable, the program works with the circuit court for judicial intervention for the youth/family, as applicable, including required attendance at all court hearings without subpoena.	Not Applicable	The program had no CINS petition cases in the past six months or back to the date of the last review.
Case Manager/Counselor completes a review summary prior to the court hearing?	Not Applicable	The program had no CINS petition cases in the past six months or back to the date of the last review.
Additional Comments: There are no additional comments for this indicator.		
3.7 - Service Plan		Limited
Provider has a written policy and procedure that meets the requirement for Indicator 3.7		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy E.1 Case/ Service Plan Development, E.2 Service Plan Review Requirements, last reviewed by the Program Director on 10/01/2025.
A Case/Service Plan is developed within seven (7) working days of the youth's intake.	Not Applicable	This is a community counseling provider.
A Case/Service Plan is developed within one contact following the completion of the NIRVANA.	Compliance	The Case/Service Plan is completed within one contact of the NIRVANA, demonstrating prompt follow-up and coordination.
The plan is developed on a local provider approved form or through NETMIS based on information gathered during initial screening, intake, and NIRVANA.	Compliance	The Case/Service Plan is completed using approved provider forms or NETMIS, based on information from screening, intake, and NIRVANA.
Youth and parents/guardians receive the following in writing		
The Case/Service Plan reflects the individualized and prioritized need(s) and goal(s) identified during the assessment process including domains from the NIRVANA.	Compliance	Individualized and prioritized needs and goals are clearly identified based on the assessment process, incorporating all relevant domains from the NIRVANA.
Each plan clearly documents the type of service(s) to be provided, the frequency, and the location of services.	Compliance	Each plan clearly outlines the type, frequency, and location of services to ensure structured and consistent service delivery.

The plan identifies the person(s) responsible for implementing each service or action step.	Compliance	The plan specifies the person(s) responsible for implementing each service or action step, promoting accountability and effective follow-through.
The target date(s) for completion are documented in the service plan.	Compliance	Each plan includes clear target date(s) for goal completion, supporting timely progress monitoring and accountability.
The actual completion date(s) are documented in the service plan.	Compliance	Actual completion date(s) are consistently recorded, demonstrating effective tracking of service delivery and goal attainment.
The signature of the youth is documented in the service plan.	Compliance	Youth signatures are present on plans, confirming their participation and agreement with the identified goals and services.
The signature of the parent/guardian is documented in the service plan.	Compliance	Parent/guardian signatures are obtained, reflecting engagement and shared responsibility in the service planning process.
If unavailable, the absence is documented with a reason on the plan.	Not Applicable	There was no applicable service plan requiring a documented reason for the absence of the youth, parent, or counselor signature.
The signature of the counselor is documented in the service plan.	Compliance	Counselor signatures are included on all plans, verifying professional oversight and approval of service goals and actions.
The signature of the LMHP reviewing the plan is signed within seven (7) days of plan completion.	Exception	Signatures of the LMHP are not captured on the plan; however, they are documented on a log maintained by the LMHP and shared between the Program Director and the Counselor weekly as youth records are reviewed by the LMHP.
The date of plan initiation is clearly indicated.	Compliance	The date of plan initiation is clearly documented, ensuring clarity on when services and interventions began.
The Case/Service Plan is formally reviewed and revised in collaboration with the youth and parent(s)/guardian(s)		
At, 30 Days, following plan initiation:	Exception	Four of the eight youth files reviewed had service plan reviews that were not completed within the 30 days following the plan initiation.
At, 60 Days, following plan initiation:	Exception	Two of the eight youth files reviewed had service plan reviews that were not completed within the 60 days following the plan initiation.

At, 90 Days, following plan initiation:	Exception	One of the eight youth files reviewed had one service plan review that was not completed within the 90 days of the service plan initiation.
For court ordered youth, every six (6) months thereafter, or more frequently as needed to reflect changes in progress, needs, or service delivery.	Not Applicable	The program had no court ordered youth.
Additional Comments: There are no additional comments for this indicator.		
3.8 - Youth Records	Satisfactory	
	Yes	
Provider has a written policy and procedure that meets the requirement for Indicator 3.8	Indicate policy number, authorized signee, date(s) of last review/revision/approval: The program has a policy Youth Records, last reviewed by the Program Director on 10/01/2025.	
All records are marked “confidential”	Not Applicable	The agency maintains electronic records.
All records are kept in a secure room or locked in a file cabinet that is marked “confidential” and only accessible by staff.	Not Applicable	The agency maintains electronic records.
When in transport, all records are locked in an opaque container marked “confidential”.	Not Applicable	The agency maintains electronic records.
All records are maintained in a neat and orderly manner.	Compliance	Records were consistently maintained in a neat, orderly, and professional manner, ensuring quick access and review readiness.
<p>COMMUNITY COUNSELING FILES</p> <ol style="list-style-type: none"> 1. Table of Contents that outlines documents in each section 2. Screening 3. Informed Consent 4. Community Counseling Intake Form 5. Suicide Assessment (if needed) 6. NIRVANA full Assessment 7. Plan of Service 8. Chronological case notes 9. Copies of referrals made (if needed) 10. Discharge summary once the case is closed 	Compliance	Each Community Counseling file included all required documents, including a table of contents, screening forms, informed consent, intake documentation, NIRVANA assessment, Plan of Service, chronological notes, referrals, and discharge summary.

<p>If records are kept electronically, the records are maintained securely and can be made immediately available upon request for audit purposes.</p>	<p>Compliance</p>	<p>Electronic records were securely maintained within password-protected systems with access limited to authorized personnel and were readily available upon request for audit purposes.</p>
<p>Records are retained for five years after the termination date of the contract that is funding the youth’s service.</p>	<p>Compliance</p>	<p>Records were retained in compliance with policy for a minimum of five years following the termination date of the contract funding the youth’s services.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		
<p>3.10 - Discharge and Follow Up</p>		<p>Satisfactory</p>
<p>Provider has a written policy and procedure that meets the requirement for Indicator 3.10</p>		<p>Yes</p>
		<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy E.2 Service Plan Review Requirements, last reviewed by the Program Director on 10/01/2025.</p>
<p>The program provides a follow-up after 30 days post-discharge.</p>	<p>Compliance</p>	<p>Follow-up contacts were completed within 30 days post-discharge, with documentation confirming continued client stability and connection to recommended services.</p>
<p>The program provides a follow-up after 60 days post-discharge.</p>	<p>Compliance</p>	<p>Follow-up contacts were also completed within 60 days post-discharge, ensuring ongoing support and successful transition for youth and families.</p>
<p>Each file contains a discharge summary that describes the reason for termination.</p>	<p>Compliance</p>	<p>Discharge summaries clearly described the reason for termination, confirming appropriate closure of services and alignment with client progress.</p>
<p>Each file contains a discharge summary that outlines the events of the case, services provided, and the progress of the youth and family.</p>	<p>Compliance</p>	<p>Each discharge summary outlined key case events, services provided, and measurable progress made by the youth and family throughout service delivery.</p>
<p>Each file contains a discharge summary that describes the living arrangements of the child at termination. If the child is not returned to the family at termination, the discharge summary contains the reason for the alternative placement, plans for the child’s living arrangement, and interim objectives set that will accomplish an eventual return, if possible and appropriate.</p>	<p>Compliance</p>	<p>All discharge summaries documented the youth’s living arrangements at termination. For youth not returning home, the file included the reasons for alternative placement, plans for ongoing stability, and goals supporting future reunification when appropriate.</p>

<p>Each file contains a discharge summary that outlines the aftercare recommendations and the arrangements for case follow-up.</p>	<p>Compliance</p>	<p>Discharge summaries detailed aftercare recommendations and follow-up arrangements, ensuring continuity of care and resource connection beyond program exit.</p>
<p>Each file contains a NIRVANA Post Assessment.</p>	<p>Compliance</p>	<p>Each file contained a completed NIRVANA Post-Assessment, documenting the youth’s progress and outcomes at discharge.</p>
<p>For cases that are referred for services by Truancy Court for FINS services, or to the case staffing committee for consideration of a CINS petition as a result of truancy related issues; youth having been deemed Truant by the Court, the Provider shall verify school attendance during 30- and 60-day follow-ups if the youth remains subject to compulsory education. If verification cannot be obtained, efforts are documented in the youth’s file.</p>	<p>Not Applicable</p>	<p>None of the files reviewed were referred for truancy services.</p>
<p>Additional Comments: There are no additional comments for this indicator.</p>		
<p>Domain Four</p>		
<p>4.1 - SNAP® Fidelity Monitoring</p>	<p>Satisfactory</p>	
<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.1</p>	<p>Yes</p> <p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy I.1 SNAP Intake & Eligibility, I.2 SNAP Assessment Requirements, I.2a HIT Questionnaire, I.2b SSIS Assessments, I.2c MoCE Assessments, I.4 SNAP Data Entry Requirements, I.5 SNAP Discharge Procedures. This was reviewed and signed by the Program Director on 10/1/2025.</p>	
<p>Additional Comments: There are no additional comments for this indicator.</p>		

4.2 - SNAP® for Youth		Satisfactory with Exception(s)
<p>Provider has a written policy and procedure that meets the requirement for Indicator 4.2</p>		Yes
		<p>Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy I.1 SNAP Intake & Eligibility, I.2 SNAP Assessment Requirements, I.2a HIT Questionnaire, I.2b SSIS Assessments, I.2c MoCE Assessments, I.4 SNAP Data Entry Requirements, I.5 SNAP Discharge Procedures. This was reviewed and signed by the Program Director on 10/1/2025.</p>
<p>A total of five SNAP® for Youth file(s) were reviewed during this evaluation period. Of these, two were open and three were closed.</p>		
<p>Intake Documents Include the following (Before youth begins SNAP® group participation:</p>		
SNAP® Youth Client File Checklist	Exception	<p>None of the files reviewed had the Florida Network's Youth Client File Checklist attached or dated. The agency does have a list of the checklist items in each file, but they are not dated and it is not as detailed as the form which is required by the Network.</p>
Florida Network Youth Screening Form	Compliance	<p>The Florida Network Youth Screening Form is completed and filed before services begin.</p>
Florida Network Community Counseling Intake Form	Compliance	<p>The Florida Network Community Counseling Intake Form is present and completed prior to SNAP® group participation.</p>
SNAP Youth Intake Brief Screening Checklist (Teacher or Caregiver version)	Compliance	<p>The SNAP® Youth Intake Brief Screening Checklist (Teacher or Caregiver version) is completed and filed before participation.</p>
NIRVANA® Assessment	Compliance	<p>The NIRVANA® Assessment is completed and documented before SNAP® group initiation.</p>
Consent to Treatment and Participation in Research Form	Compliance	<p>The Consent to Treatment and Participation in Research Form is signed and on file prior to program start.</p>

SNAP® for Youth Orientation Document	Exception	The SNAP Youth Orientation Document was completed in all five files reviewed but none of them were dated. The Program Director reported that this item is completed prior to SNAP session one.
Youth Goal Sheet	Exception	The youth goal sheets were completed on five youth, but they were never dated. The program director stated that this was completed at SNAP orientation, which is prior to Session one. There is no spot on the form to include the date of completion.
How I Think Questionnaire (HIT)	Exception	The HIT was completed by the five youth files reviewed, however it was only dated by three youth.
Social Skills Improvement System (SSIS) – Student Form	Compliance	The Social Skills Improvement System (SSIS) – Student Form is completed and included in the youth file.
Social Skills Improvement System (SSIS) – Teacher/Adult Form	Compliance	The Social Skills Improvement System (SSIS) – Teacher/Adult Form is completed and included in the youth file.
Intake Data Entry Compliance: All NetMIS data entries related to intake must be completed within three (3) business days.	Compliance	All NetMIS intake data entries are completed within three (3) business days of intake.
Weekly Group Compliance: Staff must conduct a check-in call with each youth using the SNAP® Client Group Reminder Log.	Compliance	Weekly check-in calls are completed and documented using the SNAP® Client Group Reminder Log.
During Sessions: Record weekly attendance in the Youth Attendance Log.	Compliance	Weekly attendance is accurately recorded in the Youth Attendance Log during sessions.

For Make-up Sessions: Client Contact Note (minimum 45 min) and Fidelity Adherence Checklist are completed.	Not Applicable	Of the five files reviewed, there were no make-up sessions required.
For Make-up Sessions: Client Contact Note and Fidelity Adherence Checklist are Uploaded and entered into NetMIS within three (3) business days of the make-up date (NetMIS).	Not Applicable	Of the five files reviewed, there were no make-up sessions required.
Post-Discharge Follow-up		
The 30-day Post-Discharge NETMIS Follow-up was completed as required.	Compliance	The 30-day post-discharge NetMIS follow-up is completed and documented.
The 60-day Post-Discharge NETMIS Follow-up was completed as required.	Exception	One post discharge follow up was completed outside of the 60 days. The other file was in compliance. The other three did not qualify due to there being no discharge from SNAP yet.
Follow-ups are documented using the SNAP Contact Note.	Compliance	All follow-ups are completed using the SNAP® Contact Note format.
The 30-day follow-up is entered into NetMIS within three (3) business days of each follow-up completion.	Compliance	The 30-day follow-up is entered into NetMIS within three (3) business days of completion.
The 60-day follow-up is entered into NetMIS within three (3) business days of each follow-up completion.	Compliance	The 60-day follow-up is entered into NetMIS within three (3) business days of completion.
Additional Comments: There are no additional comments for this indicator.		

4.3 - SNAP® Youth Justice		Satisfactory with Exception(s)
Provider has a written policy and procedure that meets the requirement for Indicator 4.3		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy called Cins/Fins Policy and Procedures. Under domain 4, SNAP Youth Justice is covered under subsection SNAP Service Planning and Case Management. This was reviewed and signed by the Program Director on 10/1/2025.
A total of six SNAP® Youth Justice (12-19) file(s) were reviewed during this evaluation period. Of these, four were open and two were closed.		
Pre-Service Documentation, prior to beginning group services, must be in youth files and includes:		
SNAP® Youth Client File Checklist	Exception	The program has electronic records and does not use the Florida Network's youth client file checklist. The electronic records consist of another checklist that includes the items on the Florida Network's document. The Florida Network's document was printed and attached to the youth files for the purpose of the review, however it was not being utilized.
Florida Network Youth Screening Form	Compliance	All required Florida Network Youth Screening Forms were completed prior to service initiation.
Florida Network Community Counseling Intake Form	Compliance	Florida Network Community Counseling Intake Forms were properly documented prior to beginning group services.
NIRVANA® Assessment	Compliance	NIRVANA® Assessments were completed promptly and filed prior to service initiation.
Consent to Treatment and Participation in Research Form	Compliance	Consent to Treatment and Participation in Research Forms were signed and dated before youth participation.
SNAP® Orientation Document	Compliance	SNAP® Orientation Documents were completed and included in the file before the first session.

Youth Goal Sheet	Compliance	Youth Goal Sheets were developed collaboratively and finalized prior to service delivery.
How I Think Questionnaire (HIT)	Exception	One of five files reviewed did not complete the How I Think Questionnaire prior to beginning group services.
Social Skills Improvement System (SSIS) – Student Form	Exception	One of five files reviewed did not complete the Social Skills Improvement System (Student Form) document prior to beginning group services.
Social Skills Improvement System (SSIS) – Teacher/Adult Form	Exception	One of five files reviewed did not complete the Social Skills Improvement System (Teacher/ Adult Form) document prior to beginning group services.
All NetMIS data entries related to intake must be completed within three (3) business days	Compliance	All NetMIS intake data entries were completed within the required three (3) business days.
Group Delivery and Fidelity: A check-in call is conducted 24-72 hours prior to each session and documented.	Compliance	Pre-session check-in calls were completed and documented 24–72 hours prior to each session.
Group Delivery and Fidelity: There is evidence that the youth attended a total of thirteen (13) sessions.	Compliance	Youth successfully participated in the full thirteen (13) SNAP® sessions as scheduled.
Post-Session & Evaluation Activities: Weekly group attendance and any issues are reported to each youth’s JPO and the local CPO via email correspondence.	Compliance	Weekly group attendance and relevant updates were consistently reported to each youth’s JPO and local CPO via email.
Post-Session & Evaluation Activities: Attendance Logs are maintained for each session.	Compliance	Attendance logs were accurately maintained and available for all program sessions.
Discharge Requirements		
Discharge summary completed for youth, regardless of completion status.	Compliance	Discharge summaries were completed for all youth, regardless of program completion status.
NIRVANA completed at Discharge	Compliance	NIRVANA® assessments were completed at discharge and filed appropriately.
At least three (3) documented attempts must be made to collect post-assessment data.	Compliance	At least three (3) documented attempts were made to collect post-assessment data prior to case closure.

Discharge Report Includes the Following:		
Reason for discharge	Compliance	Each discharge report clearly identifies the youth’s reason for discharge.
Summary of services and goal progress	Compliance	Discharge reports include a comprehensive summary of services provided and progress toward goals.
Summary of pre/post test changes, if available	Compliance	Pre- and post-test results are summarized in the discharge report when available.
Aftercare recommendations or referrals	Compliance	Aftercare recommendations and referrals are documented to support ongoing success.
30-day Post-Discharge Follow-up completed	Compliance	30-day post-discharge follow-ups were completed and documented as required.
60 -day Post-Discharge Follow-up completed	Not Applicable	Both closed SNAP Youth Justice files reviewed were not due for 60-day post discharge follow-up.
Follow-ups are documented using the SNAP Contact Note Format.	Compliance	All follow-ups were documented using the SNAP® Contact Note format.
30-day follow-up is entered into NetMIS within three (3) business days of each follow-up completion	Compliance	30-day follow-up data were entered into NetMIS within three (3) business days of completion.
60-day follow-up is entered into Net MIS within three (3) business days of each follow-up completion	Not Applicable	Both closed SNAP Youth Justice files reviewed were not due for 60-day post discharge follow-up.
<i>Additional Comments: There are no additional comments for this indicator.</i>		
4.5 - SNAP® for Schools and Communities		Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 4.5		Yes
		Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy called Cins/Fins Policy and Procedures. Under domain 4, SNAP in Schools is covered under subsection SNAP Service Planning and Case Management. This was reviewed by the Program Director on 10/1/2025.

There is evidence the Measure of Classroom Environment (MoCE)-Pre-session is completed before beginning SNAP® for Schools and Communities	Compliance	The Measure of Classroom Environment (MoCE) pre-session assessment is completed prior to beginning the SNAP® for Schools and Communities program.
A Fidelity Adherence Checklist completed per classroom was verified in the file.	Compliance	A Fidelity Adherence Checklist is completed for each classroom and verified in the file as required.
Each group session is entered into NetMIS within 3 business days of the session.	Compliance	Each group session is entered into NetMIS within three (3) business days of completion.
There is evidence of the SNAP® for Schools & Communities Feedback Form completed by the supervisory adult responsible at the final group.	Compliance	The SNAP® for Schools and Communities Feedback Form is completed by the supervising adult responsible at the final group session.
<i>Additional Comments: There are no additional comments for this indicator.</i>		
Domain Six		
6.2 - Suicide Prevention	Satisfactory	
Provider has a written policy and procedure that meets the requirement for Indicator 6.2	Yes	
	Indicate policy number, authorized signee, date(s) of last review/revision/approval: The agency has a policy D.3 Suicide Prevention and Response, last reviewed by the Program Director on 10/01/2025.	
Shelter maintains a written suicide prevention & response plan approved by the Florida Network.	N/A	
SNAP maintains a written suicide prevention & response plan approved by the Florida Network.	Yes	
Community Counseling maintains a written suicide prevention & response plan approved by the Florida Network.	Yes	
Core Requirements All Programs: Upon intake, every youth is screened for suicidality using the five Florida Network questions.	Compliance	All youth are consistently screened for suicidality during intake using the five Florida Network questions.
Core Requirements All Programs: Screening results are reviewed, signed by a supervisor, and filed in the youth's case record.	Compliance	Screening results are promptly reviewed, signed by a supervisor, and accurately filed in each youth's case record.
A "yes" to any question triggers a full suicide risk assessment by: 1. A Licensed Mental Health Professional (LMHP), or 2. A non-licensed clinician under direct LMHP supervision.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.
Assessment of Suicide Risk must be completed and reviewed by the LMHP within 24 hours of a positive screen.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.

Core Requirements All assessments (initial and follow-up) are documented in detail: youth comments, behaviors, observations, risk indicators, supervision recommendations, treatment/follow-up, and signed and dated by the LMHP.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.
Core Requirements If conducted by a non-licensed staff member, the LMHP must co-sign and date as reviewer the next time they are on-site.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.
Core Requirements Parents/guardians and the Program Supervisor are notified immediately of any youth determined to be at risk or following a suicide attempt. All notification efforts (in-person, phone, certified mail) are documented in the case file.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.
Core Requirements If a youth poses an immediate threat to self or others at any time, staff follow Baker Act protocols and/or call 911.	Not Applicable	The agency had no cases of youth that triggered a full suicide assessment in the past six months or back to the date of the last review.
Documentation & Family Notification		
All screenings, assessments, supervision actions, and shift-to-shift handoffs are logged in the daily shelter/counseling logbook.	Not Applicable	No eligible items to review.
If a guardian cannot be reached in person, telephone contact attempts are documented; and written notice is sent by certified mail.	Not Applicable	No eligible items to review.
When an immediate assessment is not possible, families receive community resource information.	Not Applicable	No eligible items to review.
Community Counseling Only: Any screening conducted on school property during school hours is reported to appropriate school authorities.	Not Applicable	No eligible items to review.
Additional Comments: There are no additional comments for this indicator.		