

# CAMELOT OPERATIONS

# CORRECTIVE ACTION TRACKER



Program	Corrective Action Date	Areas Covered	Progress
<b>Mackenzie Tomasik: Regional Executive Director</b>			
Home and Community Based	None		
Day Treatment	None		
MDFT	None		
IHBT	None		

Program	Corrective Action Date	Areas Covered	Progress
<b>Krista Eckhoff: Regional Case Management Director</b>			
Tampa CMO	9/16/2025	*Note: CNHC stated that this was not a formal PIP through contracts, but rather a plan to drive Permanency. The plan is to improve permanency for children.	CMO operates under the plan, and conducts 30, 60, 90 day updates to the lead agency regarding performance on the plan. Improvements are noted with the number of children achieving timely reunifications as well as closure to perm guardianship..
Brevard Adoptions	None		
Adoptions Support	None		
Pinellas CPT	Pending	There were also disallowed expenses for travel and training.	Corrective Action Plan (CAP) submitted 1/14/2026, for review by the Department of Health

Program	Corrective Action Date	Areas Covered	Progress
<b>Kimberly Ellis: Regional Executive Director</b>			
Tallahassee IHC	None		

Program	Corrective Action Date	Areas Covered	Progress
<b>Christina Suarez: Regional Executive Director</b>			
Ocala STFC	None		
Gainesville STFC	None		
FSPT	None		
IRP	None		

Program	Corrective Action Date	Areas Covered	Progress
<b>Jennifer O Bryan: Regional Executive Director</b>			
Port Charlotte	None		
Naples	None		
Ft. Myers FSPS	6/1/2024	None	None - Corrective Action Resolved

Program	Corrective Action Date	Areas Covered	Progress
<b>Natisha Redding: Regional Case Management Director</b>			
Orange East	None		
Orange West	None		

Program	Corrective Action Date	Areas Covered	Progress
<b>Jessica Eickstedt: Regional Case Management Director</b>			
Live Oak/Lake City	None		
Clay	4/1/2025	Corrective Action for permanency in 12 months, placement moves, relative/non relative and sibling groups placements, timely incident reports, IL documentation;	11/1/2025- Changes are being made to IL staffings to allow for improvements in performance. In this FY, the program has hit the target for Permanency in 12 months 2 out of 3 months which is an improvement. Children with their sibling group in placements is improving over last FY towards the target, children placed with relative/non-rel remains a focus.
Tallahassee Adoptions	7/18/2025	Corrective Action is for the following areas: FFA-O (assessment), Progress Updates, CP's signed by parent, Documentation of client contacts, face to face contact with parents, medical dental documentation, CRR at placement	QA doing a 60 day, 90 day and 6 months follow up to include file review for progress. Adoption supervisor attending perm staffings and court for early assignment and new AA for uploads, etc. Regular meetings with the lead agency and Camelot Leadership. Mentoring established for Adoptions supervisor. In the 4th quarter of the internal case file reviews, the program achieved an overall 75% with a target of 80% which is an improvement over the previous quarter at 66%.
Tallahassee CMO	7/18/2025		Contract terminated 11/30/2025- CAP Closed,
Tallahassee Fiscal Monitoring	4/29/2024		Contract terminated 11/30/2025- CAP Closed,

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<b>Amanda Capalbo: Regional Executive Director</b>			
Lauderdale IHC	None		
Lauderdale STFC	None		
Lauderdale EFC	None		
<b>Lauderdale Foster Home Recruitment and Licensing</b>	None		
Lauderdale IL	None		
Lauderdale FFT	None		
Palm Beach STFC	None		
Palm Beach EFC	None		
<b>Palm Beach Foster Home Recruitment and Licensing</b>	02/01/2025	Adherence to placement protocols by maintaining accurate, up-to-date records of foster homes' compliance. Children continue to be placed in homes currently under active placement holds or deemed noncompliant	None- CAP resolved email from DCF 11/8/2025
<b>Palm Beach CPT</b>	7/31/2025	Corrective Action is due to Quarterly Physician Training Sessions not completed quarterly. Information as to the training topic, date of training, agenda and sign in sheet will be submitted to DOH via a Physician Training Report in CPTIS as well as including the documentation with the Monthly Deliverable Report for the respective month. Doc needs to schedule training w/St. Mary's and Palm West Hospital	Quarterly Physician Training Sessions Trainings are now scheduled for 1/14/26 and 2/25/26 at St. Mary's Medical Center. This should satisfy the training requirement with DOH.
<b>Palm Beach CPT- Financial Monitoring</b>	8/21/2025	The Corrective Action is for disallowed expenses for travel and training.	A corrective action plan was submitted on 1/14/2026, addressing training and expense reporting and reimbursement. The CFO provide expense training to the CPT Coordinators on 1/12/2026.
<b>Stuart Foster Home Recruitment and Licensing</b>	None		

Program	Corrective Action Date	Areas Covered	Progress
<b>Christina Suarez- Regional Executive Director</b>			
IL Tampa	None		
Clearwater STFC	2/26/2025	CAP is for documentation deficiencies during annual monitoring	Documentation deficiencies were covered prior to the effective date of the CAP. Quarterly audits and random audits are conducted to ensure that documentation continues to be uploaded. CAP response submitted 2/28. Follow up email sent 3/28, 10/16/2025 to lead agency. No response. Follow up email sent 11/17/2025. Our next follow-up will be 1/20/25.
Tampa STFC	None		

Clearwater FRSP	None	CAP is for documentation deficiencies during annual monitoring	Documentation deficiencies were covered prior to the effective date of the CAP. Quarterly audits and random audits are conducted to ensure that documentation continues to be uploaded. Follow up email sent 10/15/2025 to lead agency. No response. Follow up email sent 11/17/2025.
Tampa Foster Home Recruitment and Licensing	None		