



# CAMELOT OPERATIONS CORRECTIVE ACTION TRACKER



Program	Monitoring/Audit Completed	Corrective Action Date	Areas Covered	Progress
<b>Mackenzie Tomasiak: Regional Executive Director</b>				
Home and Community Based	Upcoming: UnitedHealth Care Medicaid chart audit due to upload all documents by 4/23/26	None		
Day Treatment	Upcoming: UnitedHealth Care Medicaid chart audit due to upload all documents by 4/23/26	None		
MDFT		None		
IHBT	February 27, 2026 IHBT Fidelity Review. No reported findings. Recommendations made based on best practice for the model.	None		

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<b>Krista Eckhoff: Regional Case Management Director</b>				
Tampa CMO	October 2, 2025 Contract, Admin, HR and fiscal monitoring	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..
Adoptions Support		None		
Pinellas CPT	November 18, 25 DOH Audit completed. Financial CAP placed at this time. Upcoming: QA Peer Review Audit by DOH scheduled for May 20th-21st, 2026.	1/20/2026, 3/20/26	1. There were also disallowed expenses for travel and training. 2. Reporting CPT Services Assessment to DCF within timeframe.	Corrective Action Plan (CAP) was accepted by Department of Health and closed out as of 2/23/26. 2. CAP was implemented on the training and audit requirements. Payback of \$1,000
Central Adoptions	February 23, 2026 Program Monitoring	5/12/2026	1. Utilize creative/innovative practices to achieve the annual adoption goal 2. Maintain monthly adoption case data for each county to include current cases with adoption goal, projections, finalizations, case status, credit, barriers and other various items needed such as completion of adoption HS, subsidies and recruitment activities 3. Conduct Adoption recruitment activities to increase the number of adoptions	To be tracked and reported out at monthly contract meeting; CAP will be effective until these measures are met consistently for 6 months

Program	Monitoring/Audit Completed	Corrective Action Date	Areas Covered	Progress
<b>Kimberly Ellis: Regional Executive Director</b>				

Tallahassee IHC	February 10, 2026 Medicaid Site Visit Completed	None	
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Christina Suarez: Regional Executive Director				
Ocala STFC	February 11, 2026 Medicaid Site Visit Completed	None		
Gainesville STFC	February 11, 2026 Medicaid Site Visit Completed	None		
FSPT	August 12, 2025 LSF Audit completed. No reported findings.. 12/11/25 LSF audit completed. No reported findings.	None		
IRP		None		

Program		Corrective Action Date	Areas Covered	Progress
Jennifer O Bryan: Regional Executive Director				
Port Charlotte	No Monitoring this FY	None		
Naples	No Monitoring this FY	None		
Ft. Myers FSPS	January 21, 2026 CNSWFL Audit completed. No findings reported.	None	None	None - Corrective Action Resolved

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Natisha Redding: Regional Case Management Director				
Orange East	February 23, 2026 Contract, HR and Admin Monitoring	None		
Orange West	February 23, 2026 Contract, HR and Admin Monitoring	None		

Program		Corrective Action Date	Areas Covered	Progress
Jessica Eickstedt: Regional Case Management Director				
Live Oak/Lake City	No Monitoring this FY	None		
Clay	No Monitoring this FY	CAP Vacated by KFF 3/10/26		
Tallahassee Adoptions	January 26, 2026 Fiscal Monitoring February 16-20, 2026 Contract, HR and Admin Monitoring	5/8/2026	Corrective Action is for the following areas: Timely Assignment of adoptions staff, Timely registry on the Adoption Exchange, Adoption CP filed timely, Child seen FtoF every 30 days, Timely FFA-O (assessment), Progress Updates, Child study present in the case file, ARCC utilized when required,	NW Monitoring March 2026 resulted in clearing the following from the CAP: (1) Child seen FtoF every 30 days, (2) ARCC utilized when required. The following remain only as the selected cases did not apply to these elements and could not be reviewed this monitoring. (1) Timely assignment of adoptions staff, Timely registry on the adoption exchange, adoption CP filed timely, Child study present in the case file. One element of the CAP remains: FFA-O (assessment), Timely Progress Updates,
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		
Lauderdale Foster Home Recruitment and Licensing	March 24, 2026-March 27, 2026 ChildNET audit for Traditional and TFC Homes pending.	None		
Lauderdale IL	January 26, 2026 CSC Financial audit completed. No findings reported.	None		
Lauderdale FFT	December 15, 2025 audit completed, no findings reported. 1/27/26 CSC Financial audit completed. No findings reported.	None		
Palm Beach STFC		None		
Palm Beach EFC		None		
Palm Beach Foster Home Recruitment and Licensing	March 24, 2026-March 27, 2026 ChildNET audit for Traditional and TFC Homes pending.	02/021/2025	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
Palm Beach CPT		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.
Palm Beach CPT- Financial Monitoring		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. The CAP was accepted and still active.
Stuart Foster Home Recruitment and Licensing	February 27, 2026 CCKids Quarterly Audit- report will be submitted by 4/10/26	2/2/2026	1. Licensing Packets need to be in 90% compliance and will not require revision upon first submission. 2. 85% of all initial licensing packets will be submitted to CCK within 60 days of completion of training class.	1. A corrective action plan was submitted on 2/2/26 addressing tracking and monitoring of packets and completion dates of training. Licensing staff will utilize an audit sheet on each packet to ensure that all submissions are completed properly.

Program		Corrective Action Date	Areas Covered	Progress
<b>Christina Suarez- Regional Executive Director</b>				
IL Tampa	No Monitoring	None		

Clearwater SIFC		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 SIFC	February 18, 2026 Medicaid Site Visit Completed	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		