

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2013
October 1, 2012 – September 30, 2013**

RECEIVED
APR 23 REC'D
BY:

Agency Name	The Florida Keys Children's Shelter
Physical Address	73 High Point Road
Mailing Address	73 High Point Road
City, State, Zip	Tavernier, FL. 33070
Phone	305-852-4246 Ext.233
Fax	305-852-6902
Email	bmann@fkcs.org
Who should we contact with questions about this application?	Bill Mann

Amount received for prior fiscal year ending 09/30/11	\$146,000
Amount received for current fiscal year ending 09/30/12	\$149,000
Amount requested for upcoming fiscal year ending 09/30/13	\$159,000

ORIGINAL

ORIGINAL

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director: Kathleen Tuell

Signature 

Title: President & CEO

Date: 4-19-12

Typed Name of Board President/Chairman: Mike Puto

Signature 

Title: Chair

Date: 4/20/2012

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

Safe Kids, Strong Families and a Healthy Community

2. List the services your agency provides.

Emergency Shelter (10-17yrs old), Emergency Shelter (infant – 10yrs old), Group Home (11-17 yrs old), Community Based Counseling (children and their families), Street Outreach Program (Runaway and Homeless Street Youth)

3. What specific services will be funded by this request?

Monroe County fiscal support is the single most important and consistent community match for continuation of current contract dollars and services to local children, youth and families and provides general operating dollars that ensures access to a safe and nurturing residential environment. The money will serve as the community contribution required by the various contracts the agency receives and will be used for general agency operations. Contracts from state agencies are given out based on the allocations of funding made available to each state agency as opposed to actual costs per service. The local community is therefore expected to fund the difference via community contribution.

4. Funding category:

If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: Yes No

If yes, please circle the new category for which you would like to be considered:
Medical Core Services Quality of Life

If you have not been previously funded, please circle the funding category that you believe best matches your services: Medical Core Services Quality of Life

5. Will County HSAB funds be used as match for a grant?

No (see question 7. b.)

6. If you answered "yes" to Question #5, please specify the following for each grant:

a. grant award title, granting agency, and purpose: N/A

b. grant amount: N/A

c. match percentage requirement and amount: N/A

d. expected award date: N/A

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent

The \$149,000 awarded to the Florida Keys Children's Shelter last year by Monroe County was used for general agency operations in combination with state contract dollars to run the Florida Keys Children's Shelters residential and non residential programs.

b. how they were used to leverage additional funding

County funds are not used directly as match for a grant, however county funds are used to match contracts as previously stated such as the \$633,228 brought into Monroe County through the agency's CINS/FINS contract this year and allow us to use unrestricted private donations for other grant requests as match such as our two Health and Human services Federal grants; the Basic center Grant for \$150,000 and the Street outreach grant for \$100,000 which both require a 10% total match. In total the \$149,000 from Monroe County last year was used to leverage \$1,289,719 million in funds.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

10. Will you or have you applied for other sources of County funding? *If yes, please list source(s) and amount(s). Also be sure to reflect this information on Attachment F.*

Yes; the Florida Keys Children's Shelter applied for the Sheriff's Shared Asset Forfeiture Fund and was recommended to receive \$9,200.00.

11. What needs or problems in this community does your agency address?

FKCS is the only provider in the county of professional, licensed residential services for youth, newborn to 17 years of age, who are abused, abandoned, neglected, runaway, truant, ungovernable or at-risk. The six-bed group home at the Poinciana Apartments will also support youth who are making successful transitions into college or vocations past their 18th birthday as allowed per law. The agency also provides crisis intervention to local runaway, truant and ungovernable youth and families at-risk of the above issues. The agency is the DJJ contracted provider of the statutorily-mandated CINS case staffing committee, which may petition the court to find a Child In Need of Services (CINS) and to mandate services the child or family may need to resolve issues. Runaway and homeless youth, living on the streets, and issues they must deal with.

12. What statistical data support the needs listed in Question #11?
(If applying for \$5,000 or less, a response is not required.)

According to the Department of Juvenile Justice statistics, 516 Monroe County Youth were referred for delinquency in the 2008-2009 fiscal year. According to the 2009 census reports there are 11,918 children living in Monroe County and according to the Department of Children and Families the 2008-2009 rate of abuse allegations for Florida is 52 out of 1000 children, meaning on average there are allegations of abuse to Monroe county Children of approximately 625 per year. Investigations that are substantiated often require the placement of children in emergency shelters for their own safety. The National Runaway Switchboard's 2006 report estimates that between 1.6 million and 2.8 million youth run away per year. They also find that youth age 12 to 17 are at higher risk for homelessness than adults. The National Center for Missing and Exploited Children's 2008 annual report estimates that more than 2,000 children are believed to be reported missing every day and the odds of a child being sexually victimized before adulthood are one in five for girls and one in ten for boys. The CyberTipline, which serves as the nation's system for reporting suspected sexual exploitation, received more than 102,000 reports for 2008. In 2008 there were 38,131 sexual predators/offenders registered in the State of Florida. Currently 124 of those reside in Monroe County according to the Florida Department of Law Enforcement. According to the National Incidence Studies of Missing, Abducted, Runaway and Thrown away Children, it was estimated in 1999 that 1,682,900 youth nationwide had a runaway/throwaway episode. Of those, 37 percent were missing from their caretakers and 21 percent were reported to authorities for the purpose of locating them. Of the runaway/throwaway total, 71 percent could have been endangered during their runaway/throwaway experience. The Key West Homeless Service Coalition, known as the Southernmost Homeless Assistance League (SHAL) did a point-in-time survey of homeless persons in Monroe County in January 2011. They counted more than 1,635 homeless people living in Monroe County. During this one-day count, 187 were identified as children under 18 years of age.

13. What are the causes (not the symptoms) of these problems?
(If applying for \$5,000 or less, a response is not required.)

There are multiple causes to the problems that are dealt with by the Children's Shelter. These include negative family dynamics, mental health issues, and the inability of parents and/or children to cope with the stress in a healthy manner. Causes of homeless youth fall into three interrelated categories: family problems, economic problems, and residential instability.

14. Describe your target population as specifically as possible.

For the purposes of this grant our residential facilities serve both male and female children ranging in age from 0-17 years from anywhere within the County. Our programs serve abused, neglected, at-risk, homeless, ungovernable and runaway youth. Counseling will frequently include the children's family.

15. How are clients referred to your agency?

Clients for residential CINS/FINS Services may be self referred, referred by a school teacher or resource officer, by the parents or any other involved friend or professional. The agency also frequently receives referrals from other agencies such as the Department of Juvenile Justice or the Care Center through its Family Service Planning Team. Runaway and Homeless youth are often self referred or referred by law enforcement. Clients for our other residential programs are referred and placed by Wesley House Family Services who is the Full Case Management agency for dependent children in Monroe County.

16. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

Programs use contract mandated intake and assessment forms and criteria to ensure that they are reaching the most at-risk populations.

17. Describe any networking arrangements that are in place with other agencies.

The agency has a strong history of partnering with the following agencies; this is more than just for referrals but includes interagency meetings and coordination of services and case management ensuring the youth are receiving the best possible outcomes: Family Services Planning Team (FSPT), Department of Juvenile Justice (DJJ), The Care Center for Mental Health, Key West Police Department, Monroe county Sheriff's Department, A positive Step, Intensive Delinquency Diversion Services operated by the Sheriff's Dept. (IDDS), Wesley House Family Services, The Guardian Ad Litem program and Drug Court. The agency attends various meetings with these organizations on a regular basis and is an active member of the Community Alliance and the Southernmost Homeless Assistance League (SHAL) in order not to duplicate homeless services with other providers. The agency also has a strong relationship with the Monroe County School Board and has counselors located or working in Horace O'Bryant, Sugar Loaf, Key Largo, Key West High School, Marathon High School and Coral Shores High School.

18. List all sites and hours of operation. Please note which of these sites will be using HSAB funding.

Residential Services:(Serving the entire county)

Jelsema Center, 73 High Point Road, Tavernier, FL 33070 (open 24 hrs/7days)

Poinciana Emergency Home, 1621 Spalding Court, Key West, FL 33040 (open 24 hrs/7days)

Poinciana Group Home, 1621 Spalding Court, Key West, FL (open 24 hrs/7days)

Non-residential Services:

Community-based counselors have offices in four county schools: Coral Shores High School, Marathon high School, Key West High School and Horace O'Bryant Middle School and work in other local schools as needed. While the community-based counselors are primarily available during regular school hours, it is expected that they will work with clients and families at the convenience of the parents, which is most often in the evening and on weekends.

Project Light House, street outreach program, 418 Eaton Street, Key West, FL 33040 (open M-F 10 A.M.-6 P.M. and varying hours on nights and weekends, also has a 24hrs/7days contact for emergencies)

Administrative Offices:

73 High Point Road Tavernier, FL 33070 (Office hours M-F 9 A.M. – 5 P.M.)

19. What financial challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

The CINS/FINS contract through The Florida Department of Juvenile Justice is our largest single source of revenue. The funds have decreased or have remained the same over the past several years as operating costs continue to rise with inflation; we received a 6.8% reduction amounting to a loss of \$45,000 two years ago and anticipate more possible reductions in the future. We have been notified that we will lose \$10,000 through the challenge grant funding for the next fiscal year, 2012-2013. We also anticipate other funding sources to remain constant or decrease as the costs related to operations increase. We continue to maintain and build relationships with our partners in order to keep and when possible expand or grow our contracts and grants while looking for alternative sources of revenue. The Florida Keys Children's Shelter has also expanded its development program in an effort to obtain more private support. Costs will continue to escalate and in response we are constantly working to control our expenses i.e all staff bonuses were frozen for the year, staff positions were reevaluated and restructured to combine positions and reduce overhead.

20. What organizational challenges do you expect in the next two years, and how do you plan to respond to them? *(If applying for \$5,000 or less, a response is not required.)*

As with other agencies and businesses in the Florida Keys, we expect to face a dwindling amount of qualified staff due to rising cost of living and lack of workforce housing. Due to frozen or stagnant revenue and no bonuses or raises we will likely lose additional personnel as well as having problems attracting new staff. Increased turnover means increased costs. In response to this we aggressively advertise out of the county to entice qualified individuals. We are also currently exploring sharing staff with other agencies and creative solutions to housing. We are working on a cooperative program with the Southeastern Network of youth and Family Services to sponsor AmeriCorps member volunteers at our agency as well as working on developing relationships with various institutions of higher learning in an effort to bring in more interns and expertise.

21. How are clients represented in the operation of your agency?

Youth have a residential council or groups which allow them to make suggestions and air general grievances to the programs. We often have youth and youth groups do volunteer work for the organization. In addition, there is one Youth Board Member position on the Board of Directors

22. Is your agency monitored by an outside entity? If so, by whom and how often?
(If applying for \$5,000 or less, a response is not required.)

Yes. DCF annually. DJJ Annually. COA every 4 years. FI Network of Youth and Family Services Monthly, quarterly, and annually. Federal Department of Health and Human Services, Once every 3 years. Dept. of Transportation, Bi-annually, FL. Dept of Agriculture and Florida Dept. of Ed. Annually. Quarterly Health and Fire inspections.

23. 251 hours of program service were contributed by 1876.5 volunteers in the last year.

24. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No

25. What measurable outcomes do you plan to accomplish in the next funding year?

Benefits for participants during and after program activities: 1. Changed attitudes and/or values 2. Changed behavior 3. Improved condition 4. Remain free of incidents of abuse or neglect while in the program

26. How will you measure these outcomes?

(If applying for \$5,000 or less, a response is not required.)

Both the Residential and Community Based Counseling Programs produce quarterly "Aggregate Outcomes Reports". The Continuous Quality Improvement committee reviews these and any necessary recommendations are made. These reports are summarized annually for the agency's board of directors and results are made available to the public via the agency's Annual Report. The agency has just begun using a new data management system called Efforts to Outcomes (ETO) which will be used to generate regular outcome reports.

27. Provide information about units of service below.

(If applying for \$5,000 or less, a response is not required.)

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Residential Care	Day	\$129.46
Community Based Counseling	Hour	\$52.00

27. In 300 words or less, address any topics not covered above (*optional*).

FKCS operates the only licensed emergency shelters and group home for children and youth in the Florida Keys. The agency will serve approximately 140 children and youth residentially in the next year with stays ranging from a few days to the entire year. The Florida Keys Children's Shelter receives funding through state contracts to operate the various licensed residential facilities. These contracts provide funding for beds ranging from \$65 to \$110 dollars per bed per day. Without FKCS to stand in the gap, with the help of the local community, the majority of these families and children would have no place to go and would have to await placement outside the county. This would hinder reunification efforts and lead children and families deeper into the system, destroying lives and costing the tax payers more in the long run.

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading. Please label each attachment with your organization name and attachment letter.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A-1. Current Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients, Client Numbers and Services (Performance Report)	X		
D. County HSAB Funding Budget	X		
E. Agency Expenses	X		
F. Agency Revenue	X		
G. Copy of Audited Financial Statement from most recent fiscal year (2010) if organization's expenses are \$150,000 or greater.	X		
H. Copy of filed IRS Form 990 from most recent fiscal year (2010)	X		
I. Copy of current fee schedule		X	N/A
J. Copy of IRS Letter of Determination indicating 501 C 3 status & Copy of GUIDESTAR printout	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification	X		
M. Copy of any other Federal or State Licenses		X	N/A
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (See Question 12)		X	see question #12
R. Other (specify) TWO PAGE LIMIT	X		

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ADDITIONAL INFORMATION REQUIRED:

Please indicate the number of clients served who are Monroe County residents:
650

Please list or describe measurable outcomes for your target populations:

100% of youth remained free of abuse and neglect while in sheltered care.

94% of sheltered youth were transitioned to permanent housing

Over 85% of youth and families agreed or strongly agreed with the statements :

"I believe that my family and I are better able to make positive changes in our lives".

"So far, our counseling has helped me and my family."

"I feel safe here"

"our counselor understood how I felt about things"

"The staff addressed my counseling needs as soon as possible"

"our counselor respected my thoughts and feelings"

"I was able to get services from this program in a reasonable amount of time"

"I was regularly informed about services and plans for me and my family"

ATTACHMENT E - AGENCY EXPENSES

2012

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Florida Keys Children's Shelter

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	6/30/2013		6/30/2012	
Expenditures	Total	%	Total	%
Salaries - Program	675,000	36%	675,000	37%
Payroll Taxes - Program	63,680	0	63680	0
Employee Benefits - Program	114,620	0	114620	0
Salaries - Administrative	295,000	0	295000	0
Payroll Taxes - Administrative	27,830	1%	27,830	2%
Employee Benefits - Administrative	60,000	3%	50,000	3%
Subtotal Personnel	1,236,130	67%	1,226,130	67%
Postage	4,000	0%	4,000	0%
Office Supplies	6,171	0%	6,500	0%
Telephone	34,500	2%	34,500	2%
Professional Fees	15,000	1%	15,000	1%
Rent	75,000	4%	73,800	4%
Utilities	52,000	3%	50,000	3%
Repair and Maint.	50,000	3%	48,000	3%
Travel	22,000	1%	22,000	1%
Miscellaneous	10,630	1%	5,080	0%
Grants to Other Organizations	0	0	0	0
<i>List others below</i>		0		0
Fundraising	10,000	1%	10,000	1%
Insurance	40,000	2%	38,500	2%
Dues & Subscriptions	18,000	1%	18,000	1%
Printing & Reproduction	9,000	0%	9,000	0%
Program Supplies & Expense	145,000	8%	140,000	8%
Food	65,000	3%	63,500	3%
Advertising	5,000	0%	5,000	0%
Depreciation	60,000	3%	60,000	3%
		0		0
Total Expenses	1,857,431	100%	1,829,010	100%
Revenue Over/(Under) Expenses	0		10,000	

FLORIDA KEYS CHILDREN'S SHELTER, INC.

**FINANCIAL STATEMENTS AND
SUPPLEMENTAL INFORMATION**

YEAR ENDED JUNE 30, 2011

FKCS G

FLORIDA KEYS CHILDREN'S SHELTER, INC.
FINANCIAL STATEMENTS
JUNE 30, 2011

TABLE OF CONTENTS

	<u>Page No.</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statement of Financial Position	3
Statement of Activities	4
Statement of Cash Flows	5
Statement of Functional Expenses	6
Notes to Financial Statements	7
SUPPLEMENTARY FINANCIAL INFORMATION	
Report of Independent Certified Public Accountants on Supplemental Information	14
Schedule of Expenditures of State Financial Assistance	15
Report of Independent Certified Public Accountants on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards	16
Report of Independent Certified Public Accountants on Compliance With Requirements Applicable to Each Major Project and on Internal Control Over Compliance in Accordance with the Chapter 10.650 Rules of the Auditor General	18
Schedule of Findings and Questioned Costs	20



MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A.
HOWARD J. MAGRAM, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S
FLORIDA INSTITUTE OF C.P.A.'S

INDEPENDENT AUDITOR'S REPORT

To The Board of Directors
Florida Keys Children's Shelter, Inc.
Tavernier, Florida

We have audited the accompanying statement of financial position of the Florida Keys Children's Shelter, Inc. as of June 30, 2011 and the related statement of activities, cash flows and functional expenses for the year then ended. These financial statements are the responsibility of the Florida Keys Children's Shelter, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Florida Keys Children's Shelter, Inc.'s internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Florida Keys Children's Shelter, Inc. as of June 30, 2011, and the changes in its net assets and cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with Government Auditing Standards we have also issued a report dated October 21, 2011 on our consideration of the Florida Keys Children's Shelter, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards and should be considered in assessing the results of our audit.

Magram & Magram, P.A.

MAGRAM & MAGRAM, P.A.

October 21, 2011

FLORIDA KEYS CHILDREN'S SHELTER, INC.
STATEMENT OF FINANCIAL POSITION
JUNE 30, 2011

ASSETS

CURRENT ASSETS

Cash and cash equivalents	\$	20,566
Grants and contracts receivable		165,579
Prepaid expenses		<u>28,931</u>

Total Current Assets \$ 215,076

Property and Equipment, net of
\$821,440 accumulated depreciation 790,646

Investments 151,702

Other Assets 7,330

TOTAL ASSETS \$ 1,164,754

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES

Accounts payable	\$	53,655
Accrued expenses		<u>213,960</u>

Total Current Liabilities \$ 267,615

Net Assets

Unrestricted		834,287
Temporarily restricted		12,852
Permanently restricted		<u>50,000</u>

Total Net Assets 897,139

TOTAL LIABILITIES AND NET ASSETS \$ 1,164,754

The accompanying notes are an integral part of these financial statements.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2011

REVENUE & SUPPORT	
Federal awards	\$ 291,130
State financial assistance	674,561
Other grants and contracts	533,242
Special events	26,185
In-kind contributions	86,460
Contributions	216,787
Interest and dividends	4,731
Unrealized gain on investments	6,923
Net assets released from restrictions	<u>12,811</u>
 Total Revenue and Support	 <u>1,852,830</u>
EXPENSES	
Program Services	
Jelesma Emergency Shelter	62,346
Jelesma CINS/FINS Temporary Shelter	703,694
Poinciana Emergency Shelter	194,779
Poinciana Group Home	198,974
Community Based Counselors	250,156
Jelesma Counselors	71,817
Project Lighthouse	158,776
Jelesma Runaway & Homeless Shelter	<u>154,295</u>
 Total Program Services	 <u>1,794,837</u>
Support Services	
Management and general	109,347
Fund raising	<u>80,371</u>
 Total Support Services	 <u>189,718</u>
 Total Expenses	 <u>1,984,555</u>
DECREASE IN UNRESTRICTED NET ASSETS	(131,725)
TEMPORARILY RESTRICTED NET ASSETS	
Contributions	11,000
Net assets released from restrictions	<u>(12,811)</u>
 Decrease in Temporarily Restricted Net Assets	 <u>(1,811)</u>
DECREASE IN NET ASSETS	(133,536)
NET ASSETS, beginning of year	<u>1,030,675</u>
NET ASSETS, end of year	<u>\$ 897,139</u>

The accompanying notes are an integral part of these financial statements.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2011

CASH FLOWS FROM OPERATING ACTIVITIES:	
Decrease in Net Assets	\$ (133,536)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:	
Depreciation	50,750
Change in unrealized gain on marketable securities	(6,923)
Changes in assets and liabilities:	
Decrease in grants and contracts receivable	80,102
Increase in prepaid expenses	(4,521)
Decrease in deposits	147
Increase in accounts payable	34,884
Increase in accrued expenses	<u>33,579</u>
Net Cash Provided By Operating Activities	\$ 54,482
CASH FLOWS FROM INVESTING ACTIVITIES:	
Purchase of property and equipment	(38,099)
Purchase of securities	<u>(4,640)</u>
Net Cash Used By Investing Activities	(42,739)
CASH FLOWS FROM FINANCING ACTIVITIES	
Net repayments on line of credit	<u>(50,000)</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(38,257)
CASH AND CASH EQUIVALENTS - BEGINNING OF YEAR	<u>58,823</u>
CASH AND CASH EQUIVALENTS - END OF YEAR	<u>\$ 20,566</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:	
Cash paid for interest	<u>\$ 2,201</u>

The accompanying notes are an integral part of these financial statements.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2011

	PROGRAM SERVICES										SUPPORT SERVICES		
	Jelesma Emergency Shelter	Jelesma CINS/FINS Temporary Shelter	Poinciana Emergency Shelter	Poinciana Group Home	Community Based Counselors	Jelesma Counselors	Project Lighthouse	Jelesma Runway & Homeless Shelter	Total	Management and General	Fund Raising	Total	
Salaries	\$ 31,519	\$ 377,738	\$ 91,598	\$ 91,710	\$ 140,251	\$ 43,888	\$ 70,271	\$ 83,230	\$ 930,205	\$ 29,115	\$ 50,166	\$ 1,009,486	
Fringe Benefits	8,305	99,532	23,640	25,304	38,009	13,262	17,240	21,930	247,222	6,005	14,762	267,989	
Total Personnel Expenses	39,824	477,270	115,238	117,014	178,260	57,150	87,511	105,160	1,177,427	35,120	64,928	1,277,475	
Building Occupancy	9,348	68,566	34,272	34,272	42,930	5,050	40,470	14,350	249,258	25,250	5,050	279,558	
Professional Services	2,224	26,653	4,755	4,755	4,756	1,585	4,756	5,873	55,357	7,926	1,585	64,868	
Travel & Transportation	985	11,802	2,106	2,106	2,106	702	2,106	2,600	24,513	3,508	702	28,723	
Equipment Costs	679	8,135	1,563	1,563	1,563	521	1,563	1,795	17,382	2,605	521	20,508	
Food Services	1,775	21,267	14,636	17,054	115	-	161	4,686	59,694	897	776	61,367	
Medical and Pharmacy	571	6,839	1,783	1,784	-	-	1,783	1,507	14,267	-	-	14,267	
Insurance	1,277	15,298	2,730	2,730	2,730	910	2,730	3,371	31,776	4,549	910	37,235	
Operating Supplies and Expenses	4,230	50,691	13,218	13,218	13,218	4,406	13,218	11,169	123,368	22,030	4,406	149,804	
Depreciation	1,433	17,173	4,478	4,478	4,478	1,493	4,478	3,784	41,795	7,462	1,493	50,750	
Total Operating Expenses	22,522	226,424	79,541	81,960	71,896	14,667	71,265	49,135	617,410	74,227	15,443	707,080	
Total Personnel and Operating Expenses	62,346	703,694	194,779	198,974	250,156	71,817	158,776	154,295	1,794,837	109,347	80,371	1,984,555	
Allocation of Management and General	3,620	43,381	11,312	11,312	11,312	3,771	11,310	9,558	105,576	(109,347)	3,771	-	
Total	\$ 65,966	\$ 747,075	\$ 206,091	\$ 210,286	\$ 261,468	\$ 75,588	\$ 170,086	\$ 163,853	\$ 1,900,413	\$ -	\$ 84,142	\$ 1,984,555	

The accompanying notes are an integral part of these financial statements.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011

NOTE 1 - NATURE OF THE ORGANIZATION AND SUMMARY OF SIGNIFICANT
ACCOUNTING POLICIES

Nature of the Organization

Florida Keys Children's Shelter, Inc. (the "Organization") was incorporated as a nonprofit organization on November 21, 1985, in the State of Florida. The specific and primary purposes of the Shelter is to operate for the advancement of the well-being of abused and runaway children and other charitable purposes, by the distribution of its funds for such purposes and particularly for the operation of a shelter for abused and runaway children.

Basis of Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets.

All contributions received are considered to be available for unrestricted use unless specifically restricted by the donor. Any contributions received that are designated for future periods or are restricted by the donor for a specific purpose are reported as temporarily restricted or permanently restricted support that increases those respective net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Basis of Accounting

The Organization prepares its financial statements in accordance with U.S. generally accepted accounting principles, which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction.

Cash and Cash Equivalents

Cash and cash equivalents consist of all highly liquid investments with a maturity of three months or less.

Property and Equipment

Property and equipment acquisitions in excess of \$500 are recorded, at cost except for donated assets which are recorded at their estimated fair value at the date of donation. The costs of renewals and betterments are capitalized when the life of the property is materially extended. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets.

Investments

Investments are measured at fair value. Fair value is determined using the quoted closing or latest bid prices. Realized gains and losses are included in investment income and are calculated based on proceeds received less cost. The cost of securities sold is based on the specific-identification method. Net unrealized gains and losses are reported in the statement of activities and represent the change in the fair value of investment holdings during the year.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefitted.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

Emergency Shelter - Tavernier

The Florida Keys Children's Shelter, Inc. operates an 18-bed shelter for youths 10 to 17 years of age, on Plantation Key (Jelsema Center) for abused, abandoned and neglected youths who may be in the temporary custody of Wesley House Family Services (2 beds), non-delinquent youths who may be voluntary or court-ordered Families in Need of Services/Children in Need of Services (FINS/CINS, 6 beds), and HHS Basic Center Grant for homeless runaway youths (2 beds). The Shelter provides 24-hour awake supervision, basic shelter care, case management, counseling, recreation, clothing, transportation and other items.

Runaway and Homeless Youth Street Outreach

This model program, funded through the US Department of Health and Human Services, Administration for Children, Youth and Families, Runaway and Homeless Youth Program, provides basic health and safety information to street youth, counseling, case management, opportunities for re-connecting or reunification with families, life skills development, preparation and entry into employment.

Families in Need of Services and Children in Need of Services

This program is designed primarily to provide to youth and families an array of services from voluntary or court-ordered intensive community-based individual and family counseling, case management, and group counseling services through temporary residential services (see Emergency Shelter above). An additional component of the community-based counseling program is the provision of anger management classes for youth.

Poinciana

The Florida Keys Children's Shelter, Inc. operates two programs in Key West at Poinciana, a former Navy property now under the operation of the Key West Housing Authority.

Emergency Home - This six-bed program, under contract with Wesley House Family Services, serves abused, abandoned and neglected children ages 0-10. The program provides 24-hour supervision provided by live-in house parents. Counseling is provided by a contract between Wesley House Family Services and the Care Center for Mental Health.

Residential Group Home - This six-bed program, under contract with Wesley House Family Services, serves abused, abandoned and neglected youths 11-17 years of age who need long-term residential care. The program provides 24-hour supervision provided by live-in house parents. Counseling is provided by a contract between Wesley House Family Services and the Care Center for Mental Health.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

Contributed Facilities

The Organization leases land from Monroe County on which the residential shelter was constructed and apartments from the Key West Housing Authority for two child/youth residential programs. Both of these leases are for one dollar (\$1.00) per year. In addition, the Monroe County School Board provides office space for the Shelter's counseling program. The difference between the rent paid and the estimated fair rental is reported as support and expense in the period in which the premises are used.

Contributed Services

The Organization records only those contributed services which are a significant and integral part of the efforts of the Shelter and would have to be provided by outside vendors or personnel had the services not been contributed. Additionally, those services must fall under the control of the Shelter's Management and have a clearly measurable basis of valuation.

Donated Materials

The Organization receives donations of food, clothing, and furniture. These donations are not recorded since values cannot reasonably be determined and, in some cases, go directly to clients. Donations of items for fund raising events are also not recorded as a matter of policy.

Income Taxes

The Organization is a not-for-profit organization exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and is classified as an organization that is not a private foundation under Section 509(a) of the Internal Revenue Code. Accordingly, no provision for federal or state income taxes has been included in the accompanying financial statements.

NOTE 2 - GRANTS AND CONTRACTS RECEIVABLE

Management believes that all grants and contracts receivable are fully collectible as of June 30, 2011, and therefore, has not provided a related valuation allowance on these amounts.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

NOTE 3 - PROPERTY AND EQUIPMENT

Property and equipment are stated at cost, or if donated, at the approximate fair market value at the date of donation. An analysis of property and equipment at June 30, 2011 is as follows:

Building and improvements	\$ 1,235,409
Equipment	67,385
Office furniture and equipment	201,049
Transportation equipment	<u>108,243</u>
	1,612,086
Less accumulated depreciation	<u>821,440</u>
Net property and equipment	<u>\$ 790,646</u>

Depreciation expense was \$50,750 for the year and has been allocated among the various cost centers in the Statement of Functional Expenses.

NOTE 4 - INVESTMENTS RESTRICTED

Investments as of June 30, 2011 are carried at quoted market prices and consists of mutual funds with a cost of \$213,100 and a market value of \$151,702. Mutual funds with a value of \$50,000 have been permanently restricted as an endowment by the Board of Directors.

NOTE 5 - LINE OF CREDIT

The Organization has an unsecured demand line of credit with a bank with a maximum borrowing of \$100,000 and interest payable monthly at the bank's prime rate plus 1%. At June 30, 2011, there was no outstanding principal balance owed.

NOTE 6 - RESTRICTIONS ON NET ASSETS

Temporarily restricted net assets at June 30, 2011 relate to funds contributed to the Organization restricted for education purposes.

Permanently restricted net assets at June 30, 2011 consist of investments to be held indefinitely, the income from which is generally expendable to support programs of the Organization.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

NOTE 7 - OPERATING LEASES

On March 4, 1986, the Organization entered into an agreement to lease the parcel of land on which the residential shelter was constructed for a period of fifteen (15) years commencing on April 4, 1986 for the annual rental of one dollar (1.00). On March 3, 1987, the first addendum to the lease agreement extended the period of the lease to twenty-five (25) years and provided for the option to renew the lease for five consecutive five year terms at the same annual rent.

On May 2, 2000 the Organization entered into an agreement to lease apartments in which the Poinciana program is located for a period of fifty (50) years for an annual rent of one dollar (\$1.00). The parties may extend the term of the lease as long as the extension is consistent with the Master Lease and the Key West City Charter and Ordinance.

The Organization leases office space under operating leases expiring in 2011. Rent expense under these leases for the year ended June 30, 2011 was \$66,804.

The Organization also leases office equipment under non-cancelable leases through May, 2014. Rent expense under these operating leases was \$20,509. Future minimum lease payments under these operating leases for the years ending June 30, are as follows:

Year Ending June 30,	
2012	\$17,144
2013	17,144
2014	<u>6,448</u>
	<u>\$40,736</u>

NOTE 8 - RETIREMENT PLAN

The Organization sponsors a Simple IRA Plan covering all employees who elect to participate. Under the plan, the Organization contributes the lesser of 3% of the participant's wages or the participant's contribution. The Organization's contribution for the year ended June 30, 2011 was \$13,778.

FLORIDA KEYS CHILDREN'S SHELTER, INC.
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011
(CONTINUED)

NOTE 9 - FUNDING/ECONOMIC DEPENDENCE

For the year ended June 30, 2011, approximately 81% of the Shelter's total revenues were derived from governmental and related entities. A significant reduction in the government funding, if this were to occur, may have an adverse effect on the Shelter's programs and activities.

NOTE 10 - CREDIT RISK

Financial instruments which potentially subject the Organization to concentrations of credit risk consist principally of cash, investments and grants receivable. The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. The Organization believes it is not exposed to any significant credit risk on cash. Credit risk with respect to governmental agency is mitigated by the taxing authority of the governmental entity funding the programs. The Organization's investments in mutual funds are subject to the usual risk of market fluctuations inherent in these types of investments.

NOTE 11 - SUBSEQUENT EVENTS

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosures through October 21, 2011, the date the financial statements were available to be issued.



MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A.
HOWARD J. MAGRAM, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S
FLORIDA INSTITUTE OF C.P.A.'S

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON SUPPLEMENTAL INFORMATION

To The Board of Directors
Florida Keys Children's Shelter, Inc.
Tavernier, Florida

Our report on our audit of the basic financial statements of The Florida Keys Children's Shelter, Inc. for the year ended June 30, 2011 appears on page 1. Our audit was performed for the purpose of forming an opinion on the basic financial statements of the Florida Keys Children's Shelter, Inc. taken as a whole. The supplemental information included herein on page 15 is presented for purposes of additional analysis as required by Chapter 10.650, the Rules of the Auditor General and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Magram, Magram, P.A.

MAGRAM & MAGRAM, P.A.
October 21, 2011

FLORIDA KEYS CHILDREN'S SHELTER, INC.
 SCHEDULE OF STATE FINANCIAL ASSISTANCE
 FOR THE YEAR ENDED JUNE 30, 2011

<u>State Agency, State Project</u>	<u>CSFA Number</u>	<u>Grantor Contract Number</u>	<u>Expenditures</u>
Indirect Projects			
Department of Juvenile Justice passed through Florida Network of Youth and Family Services CINS/FINS	80.005	N/A	\$ 657,061
Department of Children and Families passed through Southermost Homeless Challenge Grant	60.014	N/A	7,000
Department of Transportation passed through Guidance Clinic of the Middle Keys, Inc.	55.001	N/A	<u>10,500</u>
Total Indirect Projects			<u>674,561</u>
Total Expenditures of State Financial Assistance			<u>\$ 674,561</u>

The significant accounting policies for the schedule of state financial assistance are stated in Note 1 -Nature of the Organization and Summary of Significant Accounting Policies of the notes to the basic financial statements

See report of independent certified public accountants on supplemental information.



**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH GOVERNMENT AUDITING STANDARDS**

To the Board of Directors
Florida Keys Children's Shelter, Inc.
Tavernier, Florida

We have audited the financial statements of the Florida Keys Children's Shelter, Inc. (the "Organization") as of and for the year ended June 30, 2011 and have issued our report thereon dated October 21, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Florida Keys Children's Shelter, Inc.'s internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Florida Keys Children's Shelter's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Florida Keys Children's Shelter's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A material weakness is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatements, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

This report is intended solely for information and use of the board of directors, management and federal, state and local awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Magram & Magram, P.A.

MAGRAM & MAGRAM, P.A.
October 21, 2011



MAGRAM & MAGRAM, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

GARY R. MAGRAM, C.P.A.
HOWARD J. MAGRAM, C.P.A.

MEMBERS: AMERICAN INSTITUTE OF C.P.A.'S
FLORIDA INSTITUTE OF C.P.A.'S

**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON COMPLIANCE
WITH REQUIREMENTS APPLICABLE TO EACH MAJOR STATE PROJECT AND ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE CHAPTER
10.650 RULES OF THE AUDITOR GENERAL**

To the Board of Directors
Florida Keys Children's Shelter, Inc.
Tavernier, Florida

Compliance

We have audited the compliance of the Florida Keys Children's Shelter, Inc. with the types of compliance requirements described in the Executive Office of the Governor's State Projects Compliance Supplement that are applicable to each of its major state projects for the year ended June 30, 2011. The Florida Keys Children's Shelter, Inc.'s major state projects are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major state projects is the responsibility of the Florida Keys Children's Shelter, Inc.'s management. Our responsibility is to express an opinion on the Florida Keys Children's Shelter, Inc.'s compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States and Chapter 10.650, Rules of the Auditor General. Those standards, and Chapter 10.650, Rules of Auditor General, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major state project occurred. An audit includes examining, on a test basis, evidence about the Florida Keys Children's Shelter, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on the Florida Keys Children's Shelter, Inc.'s compliance with those requirements.

In our opinion, the Florida Keys Children's Shelter, Inc. complied, in all material respects, with the requirements referred to above that are applicable to each of its major state projects for the year ended June 30, 2011.

Internal Control Over Compliance

The Management of the Florida Keys Children's Shelter, Inc. is responsible for establishing and maintaining effective internal control over compliance with requirements of laws, regulations, contracts and grants applicable to state projects. In planning and performing our audit, we considered the Organization's internal control over compliance with requirements that could have a direct and material effect on a state project in order to determine our auditing procedures for the purpose of expressing our opinion on compliance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Florida Keys Children's Shelter, Inc.'s internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a state project on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a state program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for information and use of the board of directors, management and federal, state and local awarding agencies and pass through entities and is not intended to be and should not be used by anyone other than these specified parties.

Magran & Magran, P.A.

MAGRAM & MAGRAM, P.A.
October 21, 2011

THE FLORIDA KEYS CHILDREN'S SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS - STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2011

SECTION 1 - SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Unqualified

Internal control over financial reporting:

Material weakness(es) identified?

___ Yes X No

Reportable condition(s) identified not

considered to be material weakness(es)

___ Yes X None Reported

Noncompliance material to financial
statements noted

___ Yes X No

State Financial Assistance

Internal control over major state projects:

Material weakness(es) identified?

___ Yes X No

Reportable condition(s) identified not

considered to be material weakness(es)?

___ Yes X None Reported

Type of auditor's report issued on compliance
for major state projects:

Unqualified

See report of Independent Certified Public Accountants on Supplemental Information

THE FLORIDA KEYS CHILDREN'S SHELTER, INC.
SCHEDULE OF FINDINGS AND QUESTIONED COSTS - STATE PROJECTS
FOR THE YEAR ENDED JUNE 30, 2011

State Financial Assistance Continued

Identification of state projects:

<u>Name of State Project</u>	<u>CSFA Number</u>
State of Florida Office of Attorney General Minority Communities Crime Prevention	80.005
Dollar threshold used to distinguish between Type A and Type B projects for major state financial assistance:	\$202,368

SECTION II - FINANCIAL STATEMENT FINDINGS

No findings were reported

SECTION III - STATE FINANCIAL ASSISTANCE
FINDINGS AND QUESTIONED COSTS

No findings were reported

SECTION IV - STATE FINANCIAL ASSISTANCE
SUMMARY OF PRIOR AUDIT FINDINGS

No findings were reported

SECTION V - FINANCIAL ASSISTANCE -
MANAGEMENT LETTER

No management letter was issued

See report of Independent Certified Public Accountants on Supplemental Information

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning **07/01/10** and ending **06/30/11**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
FLORIDA KEYS CHILDRENS SHELTER, INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
73 HIGH POINT ROAD

City or town, state or country, and ZIP + 4
TAVERNIER FL 33070

D Employer identification number
59-2605356

E Telephone number
305-852-4646

G Gross receipts \$ **1,757,636**

F Name and address of principal officer:
KATHLEEN TUELL
SAME AS ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **FKCS.ORG**

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE SHELTER FOR CHILDREN		COPY	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	45
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		1,255,313	1,193,478
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		540,950	533,242
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,395	4,731
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,580	5,598
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,246,767	1,277,475
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 80,371		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	527,174	600,033	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,773,941	1,877,508	
19 Revenue less expenses. Subtract line 18 from line 12	27,507	-140,459	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,279,827	1,164,754
	22 Net assets or fund balances. Subtract line 21 from line 20	249,152	267,615
		1,030,675	897,139

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **HOWARD J. MAGRAM** Preparer's signature: **HOWARD J. MAGRAM** Date: **10/21/11** Check if self-employed PTIN: **P01045403**

Firm's name ▶ **MAGRAM & MAGRAM, P.A.** Firm's EIN ▶ **65-0876957**

Firm's address ▶ **1301 INTERNATIONAL PKWY STE 150** Phone no. **954-449-7624**

SUNRISE, FL 33323

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

FKCS H

Part II Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

PROVIDE SHELTER FOR CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,687,790 including grants of \$) (Revenue \$)

THE SHELTER SPECIFIC AND PRIMARY PURPOSE IS TO OPERATE A SHELTER FOR THE ADVANCEMENT OF THE WELL-BEING OF ABUSED AND RUNAWAY CHILDREN. THIS IS ACCOMPLISHED BY OPERATING A SHELTER, EMERGENCY HOME, AND A RESIDENTIAL GROUP HOME. The ORGANIZATION ALSO PROVIDES FAMILY AND INDIVIDUAL COUNSELING, CASE MANAGEMENT, AND LIFE SKILL DEVELOPMENT

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,687,790

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see Instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

H

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, response value, Yes, and No. Rows include questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, Form 990-T, foreign accounts, prohibited tax shelter transactions, Form 8886-T, annual gross receipts, Form 8282, Form 8899, Form 1098-C, donor advised funds, and Section 501(c)(7), (12), (17), (28) organizations.

H

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	8			
b Enter the number of voting members included in line 1a, above, who are independent		7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Does the organization have members or stockholders?				X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?				X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DAVID BLEY 73 HIGH POINT ROAD FL 33070 305-852-4246**

TAVERNIER

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KURT ROCKENBACH CHAIR	0.00	X					0	0	0	
(2) RICK RAMSEY VICE CHAIR	0.00	X					0	0	0	
(3) KYM COLLINS TREASURER	0.00	X					0	0	0	
(4) JAY ROURKE SECRETARY	0.00	X					0	0	0	
(5) KENNETH GRIFFITHS COMMITTEE CHAIRMAN	0.00	X					0	0	0	
(6) DON HILLER BOARD MEMBER	0.00	X					0	0	0	
(7) MIKE PUTO BOARD MEMBER	0.00	X					0	0	0	
(8) MARINA KAY WIATT STUDENT REP	0.00	X					0	0	0	
(9) KATHLEEN TUELL CEO	40.00			X			70,000	0	0	
(10) DAVID BLEY CFO	40.00			X			50,000	0	0	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

H

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							120,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							120,000			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	965,691				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	227,787				
	g Noncash contributions included in lines 1a-1f:	\$					
	h Total. Add lines 1a-1f		1,193,478				
Program Service Revenue	2a Program Service Revenue	Busn. Code	533,242	533,242			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		533,242				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,731	4,731			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	26,185				
	b Less: direct expenses	b	20,587				
c Net income or (loss) from fundraising events		5,598			5,598		
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,737,049	537,973	0	5,598	

14

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,000	108,000	12,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	889,486	822,205	17,115	50,166
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,778	12,207	360	1,211
9 Other employee benefits	162,961	150,565	2,885	9,511
10 Payroll taxes	91,250	84,450	2,760	4,040
11 Fees for services (non-employees):				
a Management				
b Legal	1,800		1,800	
c Accounting	12,650	10,183	2,151	316
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	3,941	3,173	700	68
13 Office expenses	48,376	38,943	8,224	1,209
14 Information technology				
15 Royalties				
16 Occupancy	159,495	129,195	25,250	5,050
17 Travel	28,722	24,512	3,508	702
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,201	1,981	220	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,750	41,795	7,462	1,493
23 Insurance	37,235	31,776	4,549	910
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FOOD SERVICES	61,368	59,695	897	776
b PROFESSIONAL SERVICES	50,418	45,174	3,975	1,269
c TELEPHONES	34,270	25,292	7,690	1,288
d OTHER PROGRAM COSTS	30,579	28,429	986	1,164
e CLIENT TRANSPORTATION	18,869	18,869		
f All other expenses	59,359	51,346	6,815	1,198
25 Total functional expenses. Add lines 1 through 24f	1,877,508	1,687,790	109,347	80,371
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	58,227	1	7,087
	2	Savings and temporary cash investments		2	13,479
	3	Pledges and grants receivable, net	245,681	3	165,579
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	24,410	9	28,931
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,612,086		
	b	Less: accumulated depreciation	10b 821,440		
	10c		803,297	10c	790,646
	11	Investments—publicly traded securities	140,735	11	151,702
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7,477	15	7,330	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,279,827	16	1,164,754	
Liabilities	17	Accounts payable and accrued expenses	199,152	17	267,615
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	50,000	24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	249,152	26	267,615
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	966,012	27	834,287
	28	Temporarily restricted net assets	14,663	28	12,852
	29	Permanently restricted net assets	50,000	29	50,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,030,675	33	897,139
	34	Total liabilities and net assets/fund balances	1,279,827	34	1,164,754

H

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,737,049
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,877,508
3	Revenue less expenses. Subtract line 2 from line 1	3	-140,459
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,030,675
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6,923
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	897,139

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

FLORIDA KEYS CHILDRENS SHELTER, INC

Employer identification number

59-2605356

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally Integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

H

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,039,213	1,918,772	2,026,801	1,796,263	1,193,478	8,974,527
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	82,853	109,150	76,840	76,840	86,460	432,143
4 Total. Add lines 1 through 3	2,122,066	2,027,922	2,103,641	1,873,103	1,279,938	9,406,670
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,406,670

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,122,066	2,027,922	2,103,641	1,873,103	1,279,938	9,406,670
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,728	13,485	12,931	4,328	4,731	51,203
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				38,022	26,185	64,207
11 Total support. Add lines 7 through 10						9,522,080
12 Gross receipts from related activities, etc. (see Instructions)					12	537,973

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.79%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.14%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

H

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

Other income \$ 38,022

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

FLORIDA KEYS CHILDRENS SHELTER, INC

59-2605356

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

H

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,000	50,000	50,000		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	50,000	50,000	50,000		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 100.00 %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations		X
3a(ii) related organizations		X
3b		

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		931,571	485,858	445,713
c Leasehold improvements		303,838	64,374	239,464
d Equipment		75,798	46,760	29,038
e Other		300,879	224,448	76,431

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c.) ▶ 790,646

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. **FIN 48 (ASC 740) Footnote.** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

H

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

FLORIDA KEYS CHILDRENS SHELTER, INC

Employer identification number

59-2605356

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>FORMAL FUNCTION</u> (event type)	(event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	26,185			26,185
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	26,185			26,185
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	20,587			20,587
	10 Direct expense summary. Add lines 4 through 9 in column (d)				20,587
11 Net income summary. Combine line 3, column (d), and line 10				5,598	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain:

H

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

FLORIDA KEYS CHILDRENS SHELTER, INC

Employer identification number
59-2605356

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

yes

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Tax return form 990 given to the auditing committee who compares the return
to the audited financial statements before filing the retrun with the
Internal Revenue Service

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Policy is reveiwed annually with all key employees and board members

Form 990, Part VI, Line 15a - Compensation Process for Top Official

yes

Form 990, Part VI, Line 15b - Compensation Process for Officers

The president and all key employees salaries are reviewed and approved by
the board of directors annually

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documnets availabe on the Organization's website

Form **4562**

Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2010

Attachment
Sequence No. **67**

Name(s) shown on return

FLORIDA KEYS CHILDRENS SHELTER, INC

Identifying number

59-2605356

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50,750

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
18a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		SL	
h Residential rental property			27.5 yrs.	MM	SL	
i Nonresidential real property			39 yrs.	MM	SL	
				MM	SL	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					SL	
b 12-year			12 yrs.		SL	
c 40-year			40 yrs.	MM	SL	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	50,750
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

There are no amounts for Page 2



Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Mar. 01, 2011 LTR 4168C E0
59-2605356 000000 00
00016385
BODC: TE

FLORIDA KEYS CHILDRENS SHELTER INC
73 HIGH POINT RD
TAVERNIER FL 33070-2005



019662

Employer Identification Number: 59-2605356
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Feb. 17, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in August 1987.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

FKS J

0248164828
Mar. 01, 2011 LTR 4168C E0
59-2605356 000000 00
00016386

FLORIDA KEYS CHILDRENS SHELTER INC
73 HIGH POINT RD
TAVERNIER FL 33070-2005

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations I



Category: General Human Services

FLORIDA KEYS CHILDRENS SHELTER INC

Donate Now

Tavernier, FL

GUIDESTAR QUICK VIEW *Everything you need to know...*

Like

Tweet 0

Print Report

FLORIDA KEYS CHILDRENS SHELTER INC

Physical Address: **Tavernier, FL 33070**

EIN: **59-2605356**

Web URL: www.fkcs.org



GuideStar Seal

Organization does not have a GuideStar Exchange Seal



Registered with IRS

Legitimacy information is available



Financial Data

Annual Revenue and Expense data reported



Forms 990

2011, 2010, and 2009 Forms 990 filed with the IRS



Mission Objectives

Mission Statement is available



Impact Statement

Impact Statement is *not* available



Average rating from 11 Personal Reviews

Legitimacy Information

- This organization is registered with the IRS.

Summary

Financial

Forms 990 & Docs

People

Programs & Help

News

- This organization is required to file an IRS Form 990 or 990-EZ.

Institutional funders should note that an organization's inclusion on GuideStar.org does not satisfy IRS Rev. Proc. 2011-33 for identifying supporting organizations.

Learn more about GuideStar Charity Check, the only pre-grant due diligence tool that is 100% compliant with IRS Rev. Proc 2011-33.

Forms 990 from IRS

Login or register to view Forms 990 for 2011, 2010, and 2009.

[Subscribe Now](#)

Annual Revenue & Expenses

Fiscal Year Starting: **Jul 01, 2009**
Fiscal Year Ending: **Jun 30, 2010**

Revenue

Total Revenue **\$1,801,448**

Expenses

Total Expenses **\$1,773,941**

Is this information up-to-date?
Claim your report and update your GuideStar Exchange profile today!

[Subscribe Now](#)

Report Powered By:



Basic Organization Information

FLORIDA KEYS CHILDRENS SHELTER INC

Physical Address: Tavernier, FL 33070

EIN: 59-2605356

Web URL: www.fkes.org

NTEE Category: P Human Services
P30 (Children's and Youth Services)

Year Founded: 1987

Ruling Year: 1987

Login or register to see this organization's full address, contact information, and more!

Mission Statement

PROVIDE SHELTER FOR CHILDREN

Expert Reviews

There are no Expert Reviews for this organization. Learn more about TakeAction@GuideStar.

Impact Statement

This organization has not provided an impact statement.

Personal Reviews

Joankeys



"I was a member of the Board of Directories who helped build this much needed shelter. Before the shelter was in operation, our children had to be sent to the mainland Florida. This was tramatic for ..." [Read more »](#)

Diana Lynn



"The Florida Keys Chilren Shelter is an important part of our community. Dedicated to our youth. Were would these kids go with out such a community service. They deserve credit for thier hard work and ..."

J

[Read more »](#)

[See All 11 Reviews](#)

[Write a Review](#)

Powered by *GREAT* Nonprofits

GuideStar is a 501(c)(3) nonprofit organization. Copyright © 2012, GuideStar USA, Inc. All rights reserved.

Contracted Emergency Shelter Certificate of License Standard License

Florida Department of
Children & Families



License Number: FKCS 0211-118462-89

Name: FLORIDA KEYS CHILDREN'S SHELTER, INC.

Address: 73 High Point Road

City/State/Zip: Tavernier, FL 33070

County: Monroe

Capacity: Sixteen (16)

The Department of Children and Families being satisfied that this Contracted Emergency Shelter is in substantial compliance with Chapter 65C-14, Florida Administrative Code, adopted by the Department and authorized in section 409.175 of the Florida Statutes, approves a **Standard License** to operate this Shelter. This certificate is issued on the 1st day of February 2012 and expires on the 31st day of January 2013.

This license may be renewed, revoked, extended, withdrawn, for cause.

FOR

CIRCUIT ADMINISTRATOR

FKCS

T

Group Home Certificate of License Standard License



License Number: FKCS 0611 4000G02

Name: Poinciana Group Home

Address: 1621 Spalding Court, Apt #3

City/State/Zip: Key West, FL 33040

County: Monroe

Capacity: Seven (7)

The Department of Children and Families being satisfied that this Group Home is in substantial compliance with Chapter 65C-14, Florida Administrative Code, adopted by the Department and authorized in section 409.175 of the Florida Statutes, approves a **Standard License** to operate this Group Home. This certificate is issued on the **1st day of June 2011 and expires on the 31st day of May 2012.**

This license may be renewed, revoked, extended, withdrawn, for cause.


CIRCUIT ADMINISTRATOR

Contracted Emergency Shelter Certificate of License Standard License



License Number: FKCS 0611 4000L-01

Name: Poinciana Home Emergency Shelter

Address: 1621 Spalding Court, #2

City/State/Zip: Key West, FL 33040

County: Monroe

Capacity: Seven (7)

The Department of Children and Families being satisfied that this Contracted Emergency Shelter is in substantial compliance with Chapter 65C-14, Florida Administrative Code, adopted by the Department and authorized in section 409.175 of the Florida Statutes, approves a **Standard License** to operate this Shelter. This certificate is issued on the **1st day of June 2011** and expires on the **31st day of May 2012**.

This license may be renewed, revoked, extended, withdrawn, for cause.


CIRCUIT ADMINISTRATOR

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- OTHER

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT FLORIDA KEYS CHILDREN'S SHELTER
 ADDRESS 73 HIGHPOINT ROAD, CITY TRAPPIER
F.K.C.S. ZIP 33070
 OWNER _____ PHONE 852-4216
 PERSON IN CHARGE RICHIE

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:40	2:10	032912	31207	44-48-00180	<input type="checkbox"/> Hospital
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Nursing
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Detention
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Lounge
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Civic
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Movie
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> School
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Residen.
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Child
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Limited
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> Other
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00	
<input type="checkbox"/> 55	<input type="checkbox"/> 55				

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking/Rapid cooling	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	NO VIOLATIONS FOUND AT TIME OF INSPECTION

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 853-8752
 COPY OF REPORT RECEIVED BY: UIS MAIL DATE: 3/29/2012

FKLS 11

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
RESIDENTIAL GROUP CARE
INSPECTION REPORT**



- TYPE:**
 ALF
 AFCH
 Hosp.
 ICFDD
 OtRes
 FH
 RTF
 ResGp
 CSU
 TRAN.
 DAMHF
 CCA
 OTHER

PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 PREOPENING OTHER

NAME OF FACILITY FLORIDA KEYS CHILDREN'S CENTER
ADDRESS 73 HIGHWAY RD. **CITY** TRULAND
OWNER F.K.C.S **ZIP** 33070
PERSON IN CHARGE SHEILA **PHONE** 952-4246

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

BEGIN	END
2:02:30	
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
03 29 12
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
31207
<input type="checkbox"/>

PERMIT NUMBER
44-51-00098
<input type="checkbox"/>

CAPACITY
<input type="checkbox"/> 100
<input type="checkbox"/> 200
<input type="checkbox"/> 300
<input type="checkbox"/> 400
<input type="checkbox"/> 500
<input type="checkbox"/> 600
<input type="checkbox"/> 700
<input type="checkbox"/> 800
<input type="checkbox"/> 900
<input type="checkbox"/> NUMBER PRESENT
8

DATE
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14
<input type="checkbox"/> OUT OF BUSINESS

As per section 120.615 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 386, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

WATER SUPPLY <input type="checkbox"/> 1. Approved System <input type="checkbox"/> 2. Operation <input type="checkbox"/> 3. Bacteriological/Chemical <input type="checkbox"/> 4. DO NOT USE <input type="checkbox"/> 5. Water Accessible <input type="checkbox"/> 6. Temperature/Supply FOOD SERVICE <input type="checkbox"/> 7. Source/Wholesome <input type="checkbox"/> 8. Preparation/Protection <input type="checkbox"/> 9. Equipment <input type="checkbox"/> 10. Holding & Cooking Temps. <input type="checkbox"/> 11. DO NOT USE <input type="checkbox"/> 12. Storage	<input type="checkbox"/> 13. Hand Sink/Hot Water <input type="checkbox"/> 14. Warewashing/Cleaning <input type="checkbox"/> 15. DO NOT USE <input type="checkbox"/> 16. Food Other HOUSING <input type="checkbox"/> 17. Maintenance <input type="checkbox"/> 18. Construction <input type="checkbox"/> 19. DO NOT USE <input type="checkbox"/> 20. Cleaning/Odors <input type="checkbox"/> 21. Lighting/Ft. Candles <input type="checkbox"/> 22. Plumbing <input type="checkbox"/> 23. Inside Temperature <input type="checkbox"/> 24. Sanitary Facilities <input type="checkbox"/> 25. Sewage	VERMIN CONTROL <input type="checkbox"/> 26. DO NOT USE <input type="checkbox"/> 27. Infestation/Presence <input type="checkbox"/> 28. Screening BEDDING, TOWELS, & PERSONAL ITEMS <input type="checkbox"/> 29. Beds <input type="checkbox"/> 30. Linens <input type="checkbox"/> 31. Storage <input type="checkbox"/> 32. Personal Space LAUNDRY <input type="checkbox"/> 33. Separations/Transport <input type="checkbox"/> 34. Vented	MEDICATIONS OR TOXIC SUBSTANCES <input type="checkbox"/> 35. DO NOT USE <input type="checkbox"/> 36. Storage/Locked GARBAGE/RUBBISH <input type="checkbox"/> 37. Collection <input type="checkbox"/> 38. Storage/Container <input type="checkbox"/> 39. Disposal RECREATIONAL AREA <input type="checkbox"/> 40. Safe <input type="checkbox"/> 41. Drained/Litter/Trash <input type="checkbox"/> 42. DO NOT USE <input type="checkbox"/> 43. Water Safety	<input type="checkbox"/> 44. DO NOT USE <input type="checkbox"/> 45. Other _____ <input type="checkbox"/> 46. Other _____ <input type="checkbox"/> 47. Other _____ <input type="checkbox"/> 48. Other _____ <input type="checkbox"/> 49. Other _____ <input type="checkbox"/> 50. Other _____ <input type="checkbox"/> 51. Other _____ <input type="checkbox"/> 52. Other _____ <input type="checkbox"/> 53. Other _____
---	--	---	--	---

ITEM NUMBERS **COMMENTS AND INSTRUCTIONS**
 (continue on attached sheet)

No Violations Noted At Time of Inspection

HEALTH DEPARTMENT INSPECTOR: Rebecca B. Bushman PHONE: 453-8752

COPY OF REPORT RECEIVED BY: _____ DATE: 3/29/2012

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
RESIDENTIAL GROUP CARE
INSPECTION REPORT**

- ALF
- AFCH
- Hosp.
- ICFDD
- OtRes
- FH
- RTF
- ResGp
- CSU
- TRAN.
- DAMHF
- CCA
- OTHER



PURPOSE:

- ROUTINE
- REINSPECTION
- CONSTRUCT.
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- EPIDEMIOLOGY
- PREOPENING
- OTHER

NAME OF FACILITY Fl Keys Children's Shelter (Poinciano) II
 ADDRESS 1621 A Spaulding Ct (#3:4) CITY Key West
 OWNER Fl Keys Children's Shelter ZIP 33040
 PERSON IN CHARGE _____ PHONE _____

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN	END
1100	
00	00
05	05
10	10
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE
051111
05
06
07
08
09
10
11
12
13
14

POSITION #
69786
00
01
02
03
04
05
06
07
08
09

PERMIT NUMBER
44-51-00224
00
01
02
03
04
05
06
07
08
09

CAPACITY
00
10
20
30
40
50
60
70
80
90

NUMBER PRESENT
6

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 386, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

WATER SUPPLY	<input type="checkbox"/> 13. Hand Sink Hot Water	VERMIN CONTROL	MEDICATIONS OR TOXIC SUBSTANCES
<input type="checkbox"/> 1. Approved System	<input type="checkbox"/> 14. Warewashing Cleaning	<input type="checkbox"/> 26. DO NOT USE	<input type="checkbox"/> 35. DO NOT USE
<input type="checkbox"/> 2. Operation	<input type="checkbox"/> 15. DO NOT USE	<input type="checkbox"/> 27. Infestation Presence	<input type="checkbox"/> 36. Storage Locked
<input type="checkbox"/> 3. Bacteriological-Chemical	<input type="checkbox"/> 16. Food Other	<input type="checkbox"/> 28. Screening	<input type="checkbox"/> 37. Collection
<input type="checkbox"/> 4. DO NOT USE	HOUSING	BEDDING, TOWELS, & PERSONAL ITEMS	<input type="checkbox"/> 38. Storage Container
<input type="checkbox"/> 5. Water Accessible	<input checked="" type="checkbox"/> 17. Maintenance	<input type="checkbox"/> 29. Beds	<input type="checkbox"/> 39. Disposal
<input type="checkbox"/> 6. Temperature/Supply	<input type="checkbox"/> 18. Construction	<input type="checkbox"/> 30. Linens	RECREATIONAL AREA
FOOD SERVICE	<input type="checkbox"/> 19. DO NOT USE	<input type="checkbox"/> 31. Storage	<input type="checkbox"/> 40. Safe
<input type="checkbox"/> 7. Source Wholesome	<input type="checkbox"/> 20. Cleaning Odors	<input type="checkbox"/> 32. Personal Space	<input type="checkbox"/> 41. Drained Litter/Trash
<input type="checkbox"/> 8. Preparation/Protection	<input type="checkbox"/> 21. Lighting-Ft. Candles	LAUNDRY	<input type="checkbox"/> 42. DO NOT USE
<input type="checkbox"/> 9. Equipment	<input type="checkbox"/> 22. Plumbing	<input type="checkbox"/> 33. Separations Transport.	<input type="checkbox"/> 43. Water Safety
<input type="checkbox"/> 10. Holding & Cooking Temps.	<input type="checkbox"/> 23. Inside Temperature <u>30°</u>	<input type="checkbox"/> 34. Vented	<input type="checkbox"/> 44. DO NOT USE
<input type="checkbox"/> 11. DO NOT USE	<input checked="" type="checkbox"/> 24. Sanitary Facilities		<input type="checkbox"/> 45. Other _____
<input type="checkbox"/> 12. Storage	<input type="checkbox"/> 25. Sewage		<input type="checkbox"/> 46. Other _____

ITEM NUMBERS 6 kids present (12-17)

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

- Termite Nolen pest control
- Make sure to label - date all leftovers in fridge (no leftovers)
- hot water kitchen 112°, bathroom 113° (bathful) in #3, 115° (bath in #4)
- 17. Some peeling paint needs to be addressed; please tighten hand rail on stairs in unit #4, vinyl tile floors will need to be

HEALTH DEPARTMENT INSPECTOR: Jennifer Umbeck PHONE: 304-51677

COPY OF REPORT RECEIVED BY: Jill Willett DATE: 5-11-11

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT



Date 5-11-11

Identification No. 44-51-00224

Comments and Instructions (Continued from Page 1):

24 Please make sure all bathrooms: handwash sinks have
hand soap; paper towels (community towels not
allowed for hand washing)

- 2 cats: Tigger - Rabies good thru 3-11-13

Penny - Rabies good thru 2-17-13

Fridge temp 33.7° - good

Copy of Report Received by

Nick Walter

Inspector

Jennifer Unraid

N

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
RESIDENTIAL GROUP CARE
INSPECTION REPORT**



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY EPIDEMIOLOGY
- PREOPENING OTHER

- ALF
- AFCH
- Hosp.
- ICFDD
- OtRes
- FH
- RTF
- ResGp
- CSU
- TRAN.
- DAMHF
- CCA
- OTHER

NAME OF FACILITY FL Keys Children's Shelter (Principally)
 ADDRESS 1631 A Spaulding St (112) CITY Key West
 OWNER FL Keys Children's Shelter ZIP 33040
 PERSON IN CHARGE _____ PHONE 292-9622

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END
1:00	1:00
2:05	2:05
3:10	3:10
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
05 11 11
05 05 05
06 06 06
07 07 07
08 08 08
09 09 09
10 10 10
11 11 11
12 12 12
13 13 13
14 14 14

POSITION #
69736
00 00 00
01 01 01
02 02 02
03 03 03
04 04 04
05 05 05
06 06 06
07 07 07
08 08 08
09 09 09

PERMIT NUMBER
44-51-00197
00 00 00 00 00
01 01 01 01 01
02 02 02 02 02
03 03 03 03 03
04 04 04 04 04
05 05 05 05 05
06 06 06 06 06
07 07 07 07 07
08 08 08 08 08
09 09 09 09 09

CAPACITY		
000	10	1
200	20	2
300	30	3
400	40	4
500	50	5
600	60	6
700	70	7
800	80	8
900	90	9

NUMBER PRESENT: 4

DATE
05
06
07
08
09
10
11
12
13
14

(0-10 years of age)

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapter 64E-12 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the Results section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12, FAC, and Chapters 381 and 386, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

WATER SUPPLY <input type="checkbox"/> 1. Approved System <input type="checkbox"/> 2. Operation <input type="checkbox"/> 3. Bacteriological/Chemical <input type="checkbox"/> 4. DO NOT USE <input type="checkbox"/> 5. Water Accessible <input checked="" type="checkbox"/> 6. Temperature/Supply FOOD SERVICE <input type="checkbox"/> 7. Source/Wholesome <input type="checkbox"/> 8. Preparation/Protection <input checked="" type="checkbox"/> 9. Equipment <input type="checkbox"/> 10. Holding & Cooking Temps. <input type="checkbox"/> 11. DO NOT USE <input type="checkbox"/> 12. Storage	<input checked="" type="checkbox"/> 13. Hand Sink/Hot Water <input type="checkbox"/> 14. Warewashing/Cleaning <input type="checkbox"/> 15. DO NOT USE <input type="checkbox"/> 16. Food Other HOUSING <input type="checkbox"/> 17. Maintenance <input type="checkbox"/> 18. Construction <input type="checkbox"/> 19. DO NOT USE <input type="checkbox"/> 20. Cleaning/Odors <input type="checkbox"/> 21. Lighting/Ft. Candles <input type="checkbox"/> 22. Plumbing <input type="checkbox"/> 23. Inside Temperature <input type="checkbox"/> 24. Sanitary Facilities <input type="checkbox"/> 25. Sewage	VERMIN CONTROL <input type="checkbox"/> 26. DO NOT USE <input type="checkbox"/> 27. Infestation/Presence <input type="checkbox"/> 28. Screening BEDDING, TOWELS, & PERSONAL ITEMS <input type="checkbox"/> 29. Beds <input type="checkbox"/> 30. Linens <input type="checkbox"/> 31. Storage <input type="checkbox"/> 32. Personal Space LAUNDRY <input type="checkbox"/> 33. Separations/Transport. <input type="checkbox"/> 34. Vented	MEDICATIONS OR TOXIC SUBSTANCES <input type="checkbox"/> 35. DO NOT USE <input type="checkbox"/> 36. Storage/Locked <input type="checkbox"/> 44. DO NOT USE GARBAGE/RUBBISH <input type="checkbox"/> 37. Collection <input type="checkbox"/> 38. Storage/Container <input type="checkbox"/> 39. Disposal RECREATIONAL AREA <input checked="" type="checkbox"/> 40. Safe <input type="checkbox"/> 41. Drained/Litter/Trash <input type="checkbox"/> 42. DO NOT USE <input type="checkbox"/> 43. Water Safety	<input type="checkbox"/> 45. Other _____ <input type="checkbox"/> 46. Other _____ <input type="checkbox"/> 47. Other _____ <input type="checkbox"/> 48. Other _____ <input type="checkbox"/> 49. Other _____ <input type="checkbox"/> 50. Other _____ <input type="checkbox"/> 51. Other _____ <input type="checkbox"/> 52. Other _____ <input type="checkbox"/> 53. Other _____
---	---	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continuc on attached sheet)
	<u>4 kids currently age 1, 2, 3, 4</u>
	<u>Hand sink not working</u>
	<u>Temperature of water not recorded</u>
	<u>Plumbing items identified handle up</u>
	<u>Hand sink not working</u>
	<u>Hand sink not working</u>

HEALTH DEPARTMENT INSPECTOR: _____ PHONE: 292-9622
 COPY OF REPORT RECEIVED BY: _____ DATE: 05 11 11

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT



Date 5-11-11

Identification No. 44-51-00197

Comments and Instructions (Continued from Page 1):

~~to 16. Recommend that children be kept out of kitchen for safety: sanitation.~~
~~- Leftovers are labelled: dated in fridge - Good!~~
~~- Truly Nolen pest control contract.~~
~~- Copy of Chippert's rabies vaccine in file (expires 4-29-2012)~~
110

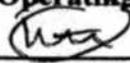
41 Make sure trash can holding toys on back patio has hole in bottom so as not to hold water.

- Place is clean: well kept.

Copy of Report Received by [Signature]

Inspector Juanita MacCall

Florida Keys Children's Shelter Personnel Policy and Procedure

Title: Equal Employment Opportunity	Number: B.5	Section: Employment
Date Issued: January 1995	Date Reviewed: 4/19/2011	Date Revised: 02/04/05
Approved By:		
President and Chief Executive Officer: 	Chief Operating Officer: 	Date of Approval: 5/26/2011

Purpose: To ensure that the Organization shall recruit, hire, train, promote assign, transfer, lay off, and terminate employees based on their own abilities, achievement and experience free from discrimination based upon race, color, religion, sex, sexual orientation, age, national origin, marital status, disability, pregnancy or childbirth-related concerns, or veteran status and shall provide pay without respect to these factors.

Policy: Discrimination of any form, by the Organization's employees, shall not be tolerated.

Procedure: The Organization will base all decisions on employment so as to further the principle of equal employment opportunity. The Organization will ensure that promotion decisions are in accord with the principle of equal employment opportunity by imposing only valid requirements for promotional opportunities. All personnel actions such as compensation, benefits, transfers, layoff's, company-sponsored training, social and recreational programs will be administered free from discrimination based upon race, color, religion, sex, sexual orientation, age, national origin, marital status, disability, pregnancy or childbirth-related concerns, or veteran status.

In establishing this policy, the Organization recognizes the need to initiate and maintain affirmative personnel measures to ensure the achievement of equal employment opportunities in all aspects of our workplace settings, conditions and decisions. The organization complies with all federal, state, and local legal requirements governing facility accessibility. It shall be the responsibility of all employees to abide by and carry out the letter, spirit and intent of the Organization's equal employment commitment.

All personnel recruitment advertisements carry the statement "Equal Opportunity Employer."

At least every two years the Organization will review external information for shifts in county demographics and compare that information with the diversity within the Organization. (Census information becomes available every 10 years). The President and Chief Executive Officer is responsible for developing and implementing an equal opportunity employment plan. The President and Chief Executive Officer, with the Senior Management Team, will review the achievements and failures of the implementation process.

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Florida Keys Children's Shelter
Florida Keys Children's Shelter, Inc.
(Contract Provider)
73 High Point Road
Tavernier, Florida 33070

Review Date(s): December 14-16, 2010



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



FRANK PETERMAN, JR., SECRETARY
JEFF WENHOLD, BUREAU CHIEF

FKCS P

CINS/FINS Performance Rating Profile

Program Name: Florida Keys Children's Shelter
 Provider Name: Florida Keys Children's Shelter, Inc.
 County/Circuit #: Monroe/Circuit 16
 Review Date(s): December 14-16, 2010

QA Program Code: 575
 Contract Number: V2021
 Number of Beds/Slots: 6
 Lead Reviewer Code: 50

Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	10
1.02	Provision of an Abuse Free Environment	7
1.03	Incident Reporting	7
1.04	Training Requirements	10
1.05	Interagency Agreements and Outreach	10
1.06	Disaster Planning	10
Exceptional		90%

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	7
3.02	Healthcare Admission Screening	8
3.03	Suicide Prevention	7
3.04	Medications	5
3.05	Medical/Mental Health Alert Process	7
3.06	Episodic/Emergency Care	8
Acceptable		70%

2. Intervention and Case Management		
2.01	Screening and Intake	7
2.02	Psychosocial Assessment	10
2.03	Case/Service Plan	10
2.04	Case Management and Service Delivery	7
2.05	Counseling Services	7
2.06	Adjudication/Petition Process	7
Commendable		80%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	54	60	90%					X
2. Intervention and Case Management	48	60	80%				X	
3. Shelter Care/Health Services	42	60	70%			X		

Overall Program Performance

Commendable 80%

P

Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2010).

Persons Interviewed

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Program Director
<input checked="" type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input type="checkbox"/> DMHA or designee | 1 # Case Managers
1 # Clinical Staff
1 # Food Service Personnel
3 # Healthcare Staff | _____ # Maintenance Personnel
2 # Program Supervisors
_____ # Other (listed by title): _____ |
|--|---|---|

Documents Reviewed

- | | | |
|--|--|---|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input checked="" type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input type="checkbox"/> Continuity of Operation Plan
<input checked="" type="checkbox"/> Contract Monitoring Reports
<input checked="" type="checkbox"/> Contract Scope of Services
<input checked="" type="checkbox"/> Egress Plans
<input type="checkbox"/> Escape Notification/Logs
<input type="checkbox"/> Exposure Control Plan
<input checked="" type="checkbox"/> Fire Drill Log
<input type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan
<input type="checkbox"/> Grievance Process/Records
<input type="checkbox"/> Key Control Log
<input checked="" type="checkbox"/> Logbooks
<input checked="" type="checkbox"/> Medical and Mental Health Alerts
<input type="checkbox"/> PAR Reports
<input type="checkbox"/> Precautionary Observation Logs
<input checked="" type="checkbox"/> Program Schedules
<input type="checkbox"/> Sick Call Logs
<input type="checkbox"/> Supplemental Contracts
<input checked="" type="checkbox"/> Table of Organization
<input type="checkbox"/> Telephone Logs | <input type="checkbox"/> Vehicle Inspection Reports
<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Youth Handbook
_____ # Health Records
_____ # MH/SA Records
11 # Personnel Records
6 # Training Records/CORE
4 # Youth Records (Closed)
6 # Youth Records (Open)
_____ # Other: _____ |
|--|--|---|

Surveys

- | | | |
|-----------|-----------------------|----------------------|
| 5 # Youth | 6 # Direct Care Staff | _____ # Other: _____ |
|-----------|-----------------------|----------------------|

Observations During Review

- | | | |
|---|---|--|
| <input type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" type="checkbox"/> Facility and Grounds
<input checked="" type="checkbox"/> First Aid Kit(s)
<input type="checkbox"/> Group
<input type="checkbox"/> Meals
<input checked="" type="checkbox"/> Medical Clinic
<input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline
<input checked="" type="checkbox"/> Program Activities
<input checked="" type="checkbox"/> Recreation
<input type="checkbox"/> Searches
<input type="checkbox"/> Security Video Tapes
<input type="checkbox"/> Sick Call
<input checked="" type="checkbox"/> Social Skill Modeling by Staff
<input checked="" type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth
<input type="checkbox"/> Tool Inventory and Storage
<input type="checkbox"/> Toxic Item Inventory and Storage
<input type="checkbox"/> Transition/Exit Conferences
<input type="checkbox"/> Treatment Team Meetings
<input type="checkbox"/> Use of Mechanical Restraints
<input checked="" type="checkbox"/> Youth Movement and Counts |
|---|---|--|

Comments

Items not marked were either not applicable or not available for review.

P

Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

Exceptional (10)	The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.
Commendable (8)	The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.
Acceptable (7)	The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.
Minimal (5)	The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.
Failed (0)	The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Gabriel Medina, Lead Reviewer, DJJ Bureau of Quality Assurance
Shandria Striggles, Review Specialist, DJJ Bureau of Quality Assurance
Jan-Paul Mojica, Residential Services Manager, Lutheran Services of Florida, Inc.

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at <http://www.djj.state.fl.us/QA/index.html>.

Standard 1: Management Accountability



Overview

The Florida Keys Children's Shelter, Inc., is a non-profit community-based corporation sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary Children In Need of Services/Families In Need of Services (CINS/FINS) residential and non-residential services to youth and families in the Florida Keys of Monroe County. The agency provides a full range of services designed to preserve the unity and integrity of the family and to prevent and reduce the number of children that enter the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). The agency manages the Florida Keys Children's Shelter that is located at the Tavernier's Jelsema Center, at the north-end of Monroe County next to the Tavernier Government Center. The program is located in a geographic area highly prone to hurricane concerns, high cost of living, and very limited labor pool available, particularly male staff to cover each shift. The building houses the temporary shelter located on the first floor of the building, and the agency's administrative offices, located on the second floor. The shelter provided separate female and male dormitories to children ages ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The program had a Senior Management team that is comprised of the President/Chief Executive Officer, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), the Chief Learning and Evaluation Officer (CLE), and the Chief Development Officer (CDO). In addition, the program had a Counseling Services Coordinator and a Residential Coordinator. There were no staff vacancies at the time of the review. The President/Executive Director oversees the activities of both the residential and the non-residential areas of the program. The agency also had two residential programs (Poinciana One and Poinciana Two). In addition, two of the of program's non-residential counselors worked out of local schools in Key West. The program also had a non-residential Community Based Counselor Program that provided prevention services to youth in the county utilizing several schools as the base of operations in their respective communities. The program had an Annual Training Plan for all staff and all employees received ongoing training from several agencies, including the Florida Network. The program maintained valuable interagency agreements with several agencies that ensured a continuum of services for the youth and families. The program had a strong outreach component, with participation of all program staff, with emphasis on the designated high crime zip coded areas. The program had a seven-member Board of Directors with representatives from the upper keys, the middle keys and the lower keys, to oversee the agency's goals, objectives and activities.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

- The program conducts quarterly local background checks with the Monroe County Sheriff's Office of all employees.

1.02: Provision of an Abuse Free Environment

Acceptable (7)

- Two of the youth surveyed stated that they occasionally hear staff using profanity when speaking with them or other youth.

1.03: Incident Reporting

Acceptable (7)

- A review of the Central Communication Center (CCC) reports found that there was one incident not called in within the required time frame.

1.04: Training Requirements

Exceptional (10)

- A review of first-year training requirements and annual training requirements found that all staff completed the required trainings and exceeded the minimum training hours.

1.05: Interagency Agreements and Outreach

Exceptional (10)

- The program had twelve current interagency agreements in place with health, mental health and substance abuse providers, other child-serving agencies, local law enforcement, the Monroe County 16th Judicial Circuit, and other CINS/FINS agencies, to enhance planning efforts to the youth and families, and to ensure that services to children continue in an emergency.
- The program had a Target Plan for Fiscal Year 2010-2011 that covered targeted outreach, distribution of the program publications and CINS/FINS materials and informal pamphlets in English, Spanish and Creole versions, work with local media, public speaking, and community needs assessments.
- The program completed eighty-five outreach related activities from June 2010 to November 2010, with the participation of the program's residential staff and the Community Based Counselors (CBCs). The activities completed were designed to make the public aware of the program's services available, forging relationships with the community, schools and other organizations, strengthen families, reduce youth barriers to success, offer youth skills and opportunities.
- As part of the Project Inspiration, several marine artists painted murals in seven of the youth's bedrooms, highly improving the quality of the shelter by creating a great therapeutic/cultural environment, and increasing community awareness.

1.06: Disaster Planning

Exceptional (10)

- The program conducts monthly disaster and emergency drills with the staff and youth.
- Staff received quarterly training on the program's Disaster Plan.

Standard 2: Intervention and Case Management



Overview

The program provides twenty-four hours per day; seven days per week telephone access to its services, and had an extensive list of agencies where a youth and/or family can be referred. The program accepts referrals from all sources. The program provided youth/family with counseling support and an opportunity to discuss difficult issues with the goals of family reunification and/or appropriate placement. For ineligible youth or families, consultation is provided recommending other appropriate community services providers. The program screened all the face-to-face/incoming calls prior to or upon the youth admission to the residential or the community-based programs. The program's Counseling Services Coordinator, the Shelter Program Coordinator, the residential staff, and the community based counselors are primarily responsible for the screening, intake and assessment services at the program. Each youth at the program had an initial eligibility screening, a Comprehensive/Psychosocial Assessment and a Service Plan completed. When applicable, the program completed a Substance Abuse Subtle Screening Inventory (SASSI-A2). In addition, the program completed case staffing meetings for any youth/family in need of services or treatment.

2.01: Screening and Intake

Acceptable (7)

- A review of the non-residential files found that there was no indication to support that the parents/guardians received the Parent's Brochure outlining the youth rights and responsibilities and the parents/guardians rights.

2.02: Psychosocial Assessment

Exceptional (10)

- The program completed a Substance Abuse Subtle Screening Inventory (SASSI-A2) on all applicable residential and non-residential youth.

2.03: Case/Service Plan

Exceptional (10)

- The program reviewed every case/service plan every fourteen days instead of every thirty days.

2.04: Case Management and Service Delivery

Acceptable (7)

- There was no indication to support that the program was addressing or if a referral was made for a youth diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

2.05: Counseling Services

Acceptable (7)

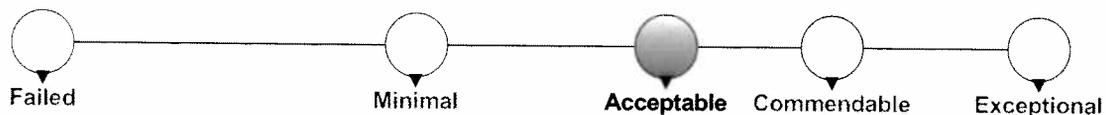
- There was limited documentation to determine the youth's progress in relationship to his substance abuse goals as outlined on his Case Service Plan.
- One residential youth file found that the youth did not receive the required group sessions within a one-week period of time.

2.06: Adjudication/Petition Process

Acceptable (7)

- In two of the applicable youth closed files reviewed there was no clear indication to support that all the representatives in the case staffing committee received the meeting's notice.

Standard 3: Shelter Care/Health Services



Overview

The Florida Keys Children Shelter opened in 1989. The shelter had a Residential Coordinator, responsible for the temporary shelter services. The shelter is an eighteen-bed facility that received youth from the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). In addition, the program received youth from the Department of Health and Human Services through a Basic Center Grant for placement. The shelter consists of two game/recreation rooms, a large day room/dining hall, dormitory, kitchen, laundry room, staff offices and a conference room. The shelter was found to be in good condition and the furnishings in good repair. The dormitory, restrooms and common areas were clean. The dormitory is divided into two separate areas, one for the boys and one for the girls. The sleeping rooms house two youth each with an individual bed, bed covering and pillows. In addition, the youth have access to the game/recreation room, and basketball court. The Counseling Services Coordinator/CINS/FINS Counselor is a Licensed Clinical Social Worker (LCSW)/Certified Addictions Professional (CAP). Services provided include individual, group and/or family counseling, and any other applicable intervention required. The youth admitted to the program are screened using the Network Management Information System (NETMIS) Youth Screening Form, the CINS/FINS Intake Form, a brief FAM (Family) General Scale or Teen Screen, and a Substance Abuse Subtle Screening Inventory (SASSI), when applicable. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form or if the staff member's observations of the youth's behavior would indicate any area of concern, the Suicide Probability Scale (SPS) is completed. When the Suicide Risk Assessment is required, it is completed by either a non-licensed counselor or the licensed mental health professional. A medical and mental health alert system is in place and the shelter staff that administers medications have been trained in the dispensing of medications.

3.01: Shelter Care Requirements

Acceptable (7)

- Three grievances that were forwarded to the Program Coordinator to be addressed did not include documentation to support whether the youth agreed with or did not agree with the resolution.
- There were bed checks documented exactly every ten minutes in the logbook, which do not appear to have been conducted in real time.

3.02: Healthcare Admission Screening

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

3.03: Suicide Prevention

Acceptable (7)

- In one file reviewed, the youth was placed on sight and sound supervision; however, there was no documentation of the ten-minute checks.
- In one file reviewed, the youth did not have a "Client Safety Agreement Form".

3.04: Medications

Minimal (5)

- In two files reviewed, the Medication Distribution Record (MDR) did not contain the youth's Department of Juvenile Justice (DJJ) identification number.
- In two files reviewed, there were several instances when medications were not administered as required. The program's practice was document "codes" as to why the youth did not receive the medication; however, this was not a consistent practice.
- Review of the sharps log found that scissors and finger nail clippers were being inventoried monthly; however, these items are to be inventoried weekly per the Health Services Manual.

3.05: Medical/Mental Health Alert Process

Acceptable (7)

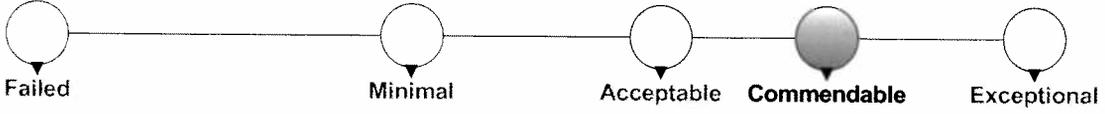
- In one file reviewed, the youth was to be placed on a special diet of soft foods and liquids; however, the program's alert log or the youth's file did not contain the appropriate alert code.

3.06: Episodic/Emergency Care

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

Overall Program Performance
Commendable 80%



P

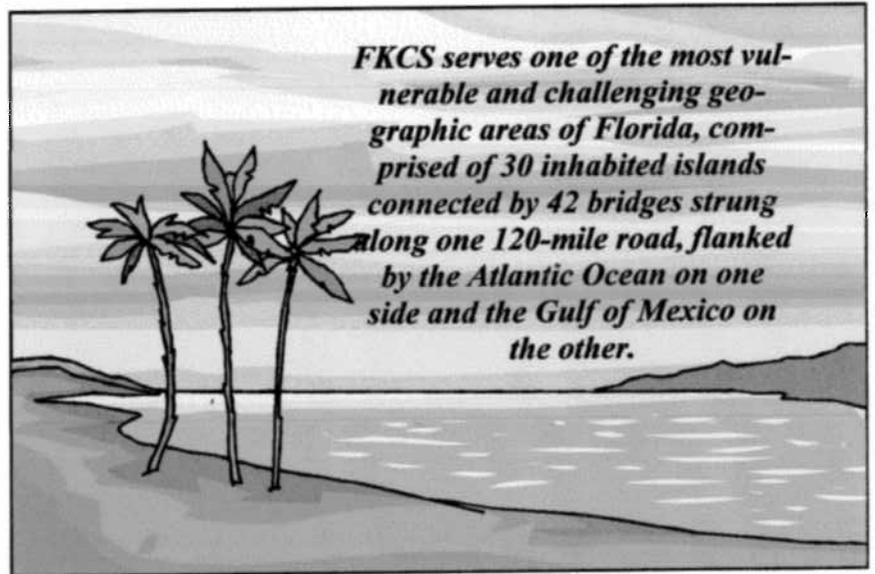


Florida Keys Children's Shelter
 Kathy Tuell, President & CEO
 (305) 619-4246

Incorporated 1985

- Opened 18-bed youth shelter in Tavernier October 1989
 - CINS/FINS
 - Basic Center
 - Emergency Shelter
- Opened CINS/FINS Community Based Counseling in 1990
- Opened Poinciana Emergency Shelter for Children in 2001
- Opened Poinciana Group Home for youth in 2003
- Opened Project Lighthouse Street Outreach Program in 2005 in Key West

The Florida Keys Children's Shelter served over 22,000 children, youth and families in its first 20 years!



Leadership and Partnership

- ✓ Member, Florida Network of Youth & Family Services
- ✓ Member, Southeastern Network of Youth & Family Services SENCorps agency (AmeriCorps)
- ✓ Member, National Network for Youth Region IV Representative, National Council on Youth Policy
- ✓ Johns Hopkins University Listening Post Project member agency
- ✓ 2008 HGTV Dream Home Partnership



FKCS Contacts:

Bill Mann, Chief Operating Officer
 305-852-4246 ext. 233

Angie Kemmer, Counseling Service Coordinator
 305-852-4246 ext. 237



Licensed by the Florida Department of Children and Families

Nationally Accredited since 2004 by the Council on Accreditation (COA)

FKCS R