

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

Alachua Regional Juvenile Detention Center
Department of Juvenile Justice
(State-Operated)
3440 NE 39th Avenue
Gainesville, Florida 32609

Review Date(s): September 11-14, 2018



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

The Bureau of Monitoring and Quality Improvement 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:

Jennifer Schad, Office of Program Accountability, Lead Reviewer (Standard 1)

Renette Crosby, Office of Education, Education Specialist (Standard 2)

Katina Horner, Office of Program Accountability, Regional Monitor (Standard 3)

Mike Marino, Office of Program Accountability, Regional Monitor (Standard 4)

Michael Philpot, Duval Regional Juvenile Detention Center, Assistant Superintendent (Standard 5)

Program Name: Alachua Regional Juvenile Detention Center
 Provider Name: Department of Juvenile Justice
 Location: Alachua County / Circuit 8
 Review Date(s): September 11-14, 2018

MQI Program Code: 089
 Contract Number: n/a
 Number of Beds: 48
 Lead Reviewer Code: 143

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Youth Management, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Detention Standards.

Persons Interviewed

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

Documents Reviewed

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

Surveys

- | | | |
|------------------|------------------------------|----------------------|
| 7 # Youth | 7 # Direct Care Staff | _____ # Other: _____ |
|------------------|------------------------------|----------------------|

Observations During Review

- | | | |
|--|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Meals
<input checked="" type="checkbox"/> Medical Clinic
<input checked="" type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline
<input checked="" type="checkbox"/> Program Activities
<input type="checkbox"/> Recreation
<input checked="" type="checkbox"/> Searches
<input checked="" 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 checked="" type="checkbox"/> Tool Inventory and Storage
<input checked="" type="checkbox"/> Toxic Item Inventory and Storage
<input type="checkbox"/> Transition/Exit Conferences
<input checked="" 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.

Standard 1: Management Accountability Detention Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Staff Code of Conduct	Satisfactory
1.04	* Incident Reporting	Satisfactory
1.05	Protective Action Response (PAR)	Satisfactory
1.06	* Pre-Service/Certification Requirements	Satisfactory
1.07	In-Service Training	Satisfactory
1.08	*Entering Alerts(JJIS) and Sharing of Alert Information	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Standard 2: Youth Management Detention Rating Profile

Indicator Ratings		
Standard 2 - Assessment and Performance Plan		
2.01	Admission	Satisfactory
2.02	Orientation	Satisfactory
2.03	Classification	Satisfactory
2.04	Classification of Gang Members	Satisfactory
2.05	Notification of JPO Circuit Gang Rep	Satisfactory
2.06	Admission of Youth Personal Property	Satisfactory
2.07	Storage of Youth Personal Property	Satisfactory
2.08	Release	Satisfactory
2.09	Release of Youth Personal Property	Satisfactory
2.10	Release of Meds, Aftercare Instructions	Satisfactory
2.11	Review of Youth in Secure Detention and Home Detention	Satisfactory
2.12	Daily Activity Schedule	Satisfactory
2.13	Adherence to Daily Schedule	Satisfactory
2.14	Educational Access	Satisfactory
2.15	Career Education	Satisfactory
2.16	Behavior Management System	Satisfactory
2.17	* Unauthorized Use of Punishment	Satisfactory
2.18	Grievances	Satisfactory
2.19	Trauma-Informed Care	Satisfactory

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Standard 3: Mental Health and Substance Abuse Services Detention Rating Profile

Indicator Ratings		
Standard 3 - Mental Health and Substance Abuse Services		
3.01	Designated Mental Health Clinician Authority (DMHCA)	Satisfactory
3.02	* Licensed MH/SA Clinical Staff	Satisfactory
3.03	Non-Licensed MH/SA Clinical Staff	Satisfactory
3.04	MH/SA Admission Screening	Satisfactory
3.05	MH/SA Assessment/Evaluation	Satisfactory
3.06	MH/SA Treatment	Satisfactory
3.07	Treatment and Discharge Planning	Satisfactory
3.08	* Psychiatric Services	Satisfactory
3.09	* Suicide Prevention Plan	Satisfactory
3.10	* Suicide Prevention Services	Satisfactory
3.11	* Suicide Precaution Observation Logs	Satisfactory
3.12	* Suicide Prevention Training	Satisfactory
3.13	* Mental Health Crisis Intervention Services	Satisfactory
3.14	*Emergency Care Plan	Satisfactory
3.15	*Crisis Assessments	Satisfactory
3.16	* Baker and Marchman Acts	Satisfactory

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Standard 4: Health Services Detention Rating Profile

Indicator Ratings		
Standard 4 - Health Services		
4.01	* Designated Health Authority/Designee	Satisfactory
4.02	Facility Operating Procedures	Satisfactory
4.03	Authority for Evaluation and Treatment	Satisfactory
4.04	Parental Notification	Failed
4.05	Notification - Clinical Psychotropic Progress Note	Satisfactory
4.06	Immunizations	Satisfactory
4.07	Healthcare Admission Screening Form	Satisfactory
4.08	Medical Alerts	Satisfactory
4.09	Suicide Risk Screening Instrument	Non-Applicable
4.10	Youth Orientation to Healthcare Services	Satisfactory
4.11	DHA/Designee Admission Notification	Limited
4.12	Healthcare Admission Rescreening	Satisfactory
4.13	Health Related History	Satisfactory
4.14	Comprehensive Physical Assessment	Limited
4.15	Female-Specific Screening/Examination	Satisfactory
4.16	Tuberculosis Screening	Satisfactory
4.17	Sexually Transmitted Infection Screening	Limited
4.18	HIV Testing	Satisfactory
4.19	Sick Call Process - Requests/Complaints	Satisfactory
4.20	Sick Call Process - Visits/Encounters	Satisfactory
4.21	Restricted Housing	Satisfactory
4.22	Episodic/First Aid Care	Satisfactory
4.23	Emergency Care	Satisfactory
4.24	Off-Site Care/Referrals	Satisfactory
4.25	Chronic Conditions/Periodic Evaluations	Satisfactory
4.26	Medication Management - Verification	Limited
4.27	Medication Management - Orders/Prescriptions	Limited
4.28	Medication Management - Storage	Satisfactory
4.29	Medication and Sharps Inventory	Failed
4.30	Medication Management - Controlled Medications	Satisfactory
4.31	Medication Administration Record	Failed
4.32	Medication Administration By Licensed Staff	Satisfactory
4.33	Medications Provided By Non-Licensed Staff	Satisfactory
4.34	Psychotropic Medication Monitoring	Satisfactory
4.35	Infection Control - Surveillance, Screening, and Management	Satisfactory
4.36	Infection Control - Education	Satisfactory
4.37	Infection Control - Exposure Control Plan	Satisfactory
4.38	Prenatal Care - Physical Care of Pregnant Youth	Satisfactory
4.39	Prenatal Care - Nutrition and Education of Youth	Satisfactory
4.40	Prenatal Staff Education	Satisfactory

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Standard 5: Safety and Security Detention Rating Profile

Indicator Ratings		
Standard 5 - Safety and Security		
5.01	* Active Supervision of Youth	Satisfactory
5.02	* Ten-Minute Checks	Satisfactory
5.03	Census Counts and Tracking	Satisfactory
5.04	Logbook Maintenance	Satisfactory
5.05	Logbook Reviews	Satisfactory
5.06	Key Control	Satisfactory
5.07	Vehicles and Maintenance	Satisfactory
5.08	Tool Inventory and Management	Satisfactory
5.09	Kitchen Tools	Satisfactory
5.10	* Youth Access & Use of Tools, Cleaning Items	Satisfactory
5.11	Inventory of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory
5.12	* Access to all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory
5.13	Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory
5.14	Confinement Under Twenty-Four Hours	Satisfactory
5.15	Confinement Over Twenty-Four Hours	Satisfactory
5.16	Continuity of Operations Planning (COOP) Drills	Satisfactory
5.17	Escape Drills	Satisfactory
5.18	Fire Drills	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Standard 1: Management Accountability

Overview

The Alachua Regional Juvenile Detention Center is located in Gainesville, Florida. The center is a forty-eight bed, hardware-secure facility operated by the Department. The center houses both male and female youth pending adjudication, disposition, or placement in a commitment facility. There were forty-two youth in the center on the first day of the annual compliance review. The center serves Alachua, Baker, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union counties, over three judicial circuits. Management staff includes the superintendent, two assistant superintendents, seven juvenile justice detention officer supervisors (JJDOS), and a training coordinator. Center staffing includes forty-two juvenile justice detention officers (JJDO), three food service workers, one maintenance mechanic, and one administrative secretary. During the annual compliance review, the center had eight JJDO vacancies and one food service worker vacancy. The center staff work twelve-hour shifts with fixed days off. Contracted provider staff provide medical and mental health and substance abuse treatment services. Education services are provided to the youth by Sequel Youth and Family Services.

1.01 Initial Background Screening (Critical)

Satisfactory Compliance

Background screening is conducted for all Department employees, and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. A contract provider may hire an employee to a position that requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

The center has a written policy and procedures for initial background screening. The center had eight staff and one volunteer requiring an initial background screening, since the last annual compliance review. The eight staff and one volunteer each received an eligible rating from the Department's Background Screening Unit (BSU) prior to their hire or start date. None of the staff or volunteer required an exemption. All eight staff had a pre-employment assessment tool administered with a passing score or a waiver for the score in their employment record. Since the last annual compliance review, a new provider was contracted to provide medical and mental health treatment services. All fifteen contracted staff required clearance through the Agency for Health Care Administration (AHCA) Clearinghouse. Fourteen of the contracted staff had an eligible rating through the AHCA Clearinghouse. Thirteen staff were added to the clearinghouse employment record. One staff required the provider to complete an agency review. One staff's clearinghouse information indicated the staff's fingerprints were rejected and the staff screening is still in process. The same staff was employed with the previous provider without a break in service and had an eligible rating from the BSU within the last five years. According to the contracted provider's regional director, the staff had issues with their fingerprints in the past and was resubmitting the fingerprints for review. The center submitted the Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's BSU on January 5, 2018.

1.02 Five-Year Rescreening	Satisfactory Compliance
<p><i>Background rescreening/resubmission is conducted for all Department employees, and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.</i></p>	

The center has a written policy and procedures for five-year rescreenings. Since the last annual compliance review, the center had five staff requiring a five-year background rescreening from the Department's Background Screening Unit (BSU). The rescreening for each of the five staff was completed prior to the staff's anniversary date of their initial hire date. All five staff were rated as eligible. None of the rescreenings were completed more than twelve months prior to the employee's anniversary date. No contracted or volunteer staff required a five-year rescreening.

1.03 Staff Code of Conduct	Satisfactory Compliance
<p><i>Program staff adheres to a code of conduct prohibiting any form of abuse, profanity, threats, harassment, intimidation, "horseplay", or personal relationships with youth.</i></p> <p><i>Officers shall maintain the confidentiality afforded to all youth, and shall not release any information to the general public or the news media about any youth in detention or who has been in the custody of the department.</i></p> <p><i>Officers shall not verbally abuse, demean or otherwise humiliate any youth, and shall not use profanity in the performance of their job.</i></p> <p><i>Officers shall not engage in or allow horseplay, either verbal or physical with and/or between any youth.</i></p> <p><i>Officers shall not engage in personal relationships nor discuss personal information related to themselves or other officers with any youth.</i></p> <p><i>Management takes immediate action to investigate or address all allegations or violations of the code of conduct.</i></p>	

Seven staff personnel records were reviewed and all seven had a code of conduct signed prior to each staff's date of hire. Eight disciplinary actions were reviewed for violations of the code of conduct since the last annual compliance review. Three staff received a verbal reprimand, four staff received a written reprimand, and one staff was terminated. One of the staff who received a written reprimand was also required to complete a re-training on the center's code of conduct. The Florida Abuse Hotline number is posted throughout the center. Seven youth were interviewed and all stated they have not had a reason to call or request to call the abuse hotline. All seven youth stated staff are respectful when talking to youth and they feel safe in the center. Five youth stated they never heard staff use profanity when talking to youth and two stated they heard profanity used often. Six youth stated they never heard staff threaten youth and one youth stated hearing staff threaten youth occasionally. The youth could not name the specific staff and only gave vague details regarding the threats, stating the threats were directed toward youth

when youth are released from the center and back into the community. Due to the vagueness of the youth's details, no action was taken on the statement. Seven staff were interviewed and all seven staff were able to communicate the appropriate response to a youth requesting to call the Florida Abuse Hotline. Each staff stated the youth is escorted to the phone, allowed to make the call, staff dials the number to the Florida Abuse Hotline for the youth, and the youth is allowed to talk to the abuse hotline. Six staff never heard a coworker use profanity when speaking to a youth and one staff heard a coworker using profanity often when speaking to a youth. The staff did not have specifics or would not state the specifics as to which staff. All seven staff denied hearing staff use threats or intimidation when interacting with a youth. Since the last annual compliance review, four staff stated the working conditions were fair, two stated they were good, and one stated they were very good. An interview with the superintendent confirmed the code of conduct ensures all communication and interaction between youth and staff is professional and respectful in nature. The code of conduct provides directions for behaviors which are not acceptable and lists all standards of conduct for the staff.

1.04 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

There were twenty-eight incidents reported to the Central Communications Center (CCC) within the last six months. Five incidents were reviewed. All five incidents were reported to the CCC within two hours of the center becoming aware of the incident. A review of the logbooks showed three of the incidents were documented in the logbooks. A review of youth records and logbooks did not indicate there were additional incidents not reported to the CCC. An interview with the superintendent confirmed the CCC is contacted when incidents meeting reporting guidelines occur. Generally, the CCC is contacted by a supervisor or administration when possible.

1.05 Protective Action Response (PAR)	Satisfactory Compliance
<i>The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.</i>	

The center had ninety Protective Action Response (PAR) incidents within the last six months. Nine PARs were reviewed. Seven reports were completed by the end of the staff member's workday. Two reports for three statements were completed by staff the following workday. All nine PAR reports included statements from all staff involved. None of the PAR reports required a medical review. All nine reports were reviewed by a supervisor, a PAR instructor, and the superintendent or designee within the required timeframes. The center's PAR rate is 12.96, above the statewide PAR rate of 9.29. Seven staff were interviewed and all staff stated they try to communicate with youth prior to using PAR. An interview with the superintendent confirmed PAR incidents are reviewed on video and reports are reviewed in the Juvenile Justice Information System (JJIS) to ensure documentation supports the actions viewed on video. The video review also ensures the PAR is reasonable and necessary when physical interventions occur.

1.06 Pre-Service/Certification Requirements (Critical)**Satisfactory Compliance**

Detention staff are trained in accordance with Florida Administrative Code. Detention staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.

Seven staff training records were reviewed for pre-service training. Five staff were certified within 180 days of hire. Two staff were granted extensions due to the unavailability of the Juvenile Justice Detention Officer Academy and were therefore certified at 189 days. Each of the seven staff completed phase one and phase two of the training. All seven staff completed the required training prior to contact with youth to include Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), first aid, mental health services, substance abuse services, suicide recognition, prevention, and intervention, safety and security, Prison Rape Elimination Act (PREA), human trafficking, and detention operations. All training was documented in the Department's Learning Management System (SkillPro).

1.07 In-Service Training**Satisfactory Compliance**

All detention staff completes twenty-four hours of in-service training, including mandatory topics specified in Florida Administrative Code, each calendar year, effective the year after pre-service/certification training.

Supervisory staff completes eight hours of training (as part of the twenty-four hours of in-service training) in the areas specified in Florida Administrative Code.

Seven staff training records were reviewed for in-service training. All seven staff completed the required annual training to include cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), suicide prevention, and ethics. Six of the seven staff completed a Protective Action Response (PAR) update during the 2017 calendar year. One staff had to reschedule the PAR training twice for personal reasons and was not able to complete the PAR training until January 2018. All staff had all of their training documented in the Department's Learning Management System (SkillPro) with two exceptions; one staff did not have the instructor led suicide prevention training and another staff did not have the CPR/first aid documented in SkillPro. Training hours varied from thirty-one hours to forty-eight hours, exceeding the required twenty-four hours of training. Three supervisory training records were reviewed and each staff had twelve hours of supervisory training. The center has an annual training calendar which is adjusted as needed. An interview with the superintendent stated the superintendent attends management meetings annually or bi-annually. In addition, the superintendent is currently attending the Certified Public Manager (CPM) course which is scheduled for one week in each quarter.

1.08 Entering Alerts (JJIS) and Sharing of Alert Information (Critical)

Satisfactory Compliance

Superintendents shall ensure Critical and Special Alerts are reviewed and responded to appropriately.

Upon completion of the Admission Wizard, the officer shall ensure all Critical and Special Alerts are listed in JJIS.

The JJIS alert report shall be reviewed daily by supervisors and administrators to ensure it correctly reflects the status of youth.

If the electronic system is inoperable, for any reason, the JJDO Supervisor shall ensure the last hard copy of the alerts shall have a written notification or update of the recent admissions or changes to existing alerts on the alert sheet and distribute to all staff within the facility immediately.

Medical and mental health staff shall review alerts to ensure each alert is correctly tracked and managed.

The responses and updates by medical, mental health and other staff should be documented in JJIS alerts as they pertain to that critical alert.

Seven youth records were reviewed for alerts in the Juvenile Justice Information System (JJIS). Alerts were appropriately entered in JJIS on the date an alert was identified, with no exceptions. JJIS documentation confirmed mental health alerts are created, updated, and closed by the mental health treatment staff. JJIS documentation confirmed medical alerts are created, updated, and closed by medical staff. All critical and special alerts are addressed and reviewed with the center's administration staff. JJIS alerts are reviewed daily by supervisors for accuracy.

A shift briefing was observed and each youth alert information is reviewed during the shift briefings. Each juvenile justice detention officer (JJDO) and JJDO Supervisor (JJDOS) receive a copy of the JJIS alert report during shift briefings. A shift briefing was observed and the JJIS alert list was reviewed during the shift briefings and staff were provided with an individual copy of the alert list.

Seven staff were interviewed and all seven confirmed they receive a copy of the JJIS alert list during shift briefings. All seven staff stated they are informed about other issues at the center at briefings. In addition, six staff stated they are informed about issues through email.

Standard 2: Assessment and Performance Plan

Overview

Circuit eight probation operates a call center to screen youth for secure detention. Through the call center, law enforcement contacts a juvenile probation officer (JPO) to determine if a youth qualifies for secure detention, home detention, or direct release. If the youth is qualified for secure detention, law enforcement transports the youth to the center. Youth are searched by detention staff upon their arrival at intake. Multiple screenings are completed during the intake process, to include screening the youth for suicide risk, medical issues, suspected gang affiliation, and classification for room assignments. Youth are provided an orientation to the center's rules and expectations, the youth's property is inventoried and stored in an individual property bag in a secured room during the intake process. The center conducts weekly detention review meetings to review youth in secure detention and home detention. Education services are provided to the youth by the Sequel Youth and Family Services.

2.01 Admission

Satisfactory Compliance

All youth are admitted to the program in accordance with Florida Administrative Code through a process, at a minimum, addressing the following:

- 1. Review of required paperwork from law enforcement and screening staff.*
- 2. Review of inactive files shall be conducted, if available, to obtain useful information.*
- 3. All youth shall be electronically searched, frisk searched, and stripped searched by an officer of the same sex as the youth.*
- 4. All youth shall be allowed to place a telephone call at the facility's expense to his/her parent/guardian and the call shall be documented on all applicable forms, or document refusal to make a telephone call.*
- 5. If the admission process is completed two hours or more before the serving of the next scheduled meal, youth shall be offered something to eat.*
- 6. All youth shall be screened to identify medical, mental health, and substance abuse needs.*

Any youth identified as at risk of suicide shall be placed on Precautionary Observation until evaluated by the licensed mental health provider.

The center has written policy and procedures for the admission of youth. Seven youth management records were reviewed and each record contained an admission wizard which indicated the arrest affidavit, Detention Risk Assessment Instrument (DRAI), and Suicide Risk Screening Instrument (SRSI). Documentation on the admission wizard in all seven records indicated the youth were frisk searched and stripped searched by an officer of the same sex. The youth were allowed to make a telephone call, offered a snack or meal, and screened for medical, mental health, and substance abuse needs. An admission was observed during the annual compliance review. The youth received a verbal orientation and watched the video on Prison Rape Elimination Act (PREA). The youth received a meal and was allowed to make a telephone call.

2.02 Orientation	Satisfactory Compliance
<p><i>Program orientation process shall occur within twenty-four hours of a youth being admitted into detention and documented according to Facility Operating Procedures. During the orientation process, youth must be advised, both verbally and in writing, at a minimum, the following:</i></p> <ol style="list-style-type: none"> <i>1. Facility rules and regulations;</i> <i>2. Grievance procedures;</i> <i>3. Visitation;</i> <i>4. Telephone calls;</i> <i>5. Available medical, mental health and substance abuse services and how to access them;</i> <i>6. How to access the Florida Abuse Hotline;</i> <i>7. Expectations for behavior and related consequences;</i> <i>8. Possible new law violations for destruction of property; and</i> <i>9. Youth rights.</i> 	

The center has written policy and procedures for orientation of youth admitted to the center. The orientation procedures are provided to each youth verbally and in writing in the format of a brochure. The information shared with the youth provides the rules and regulations of the center, youths rights, grievance process, how to access the Florida Abuse Hotline, visitation rules, the visitation schedule, procedures for telephone calls, how to request access to mental health and medical care, dress code, personal hygiene, the behavior management system, daily schedule, search and contraband procedures and consequences for criminal acts while detained. Seven youth records were reviewed and each record contained a signed acknowledgement of the orientation during the admission process. An admission was observed and the youth was offered and provided a meal. The youth was also observed being offered a phone call to the youth's parent/guardian. Seven youth were interviewed and each stated they were provided orientation about the center when they were admitted.

2.03 Classification	Satisfactory Compliance
<p><i>All youth admitted to the detention center shall be classified to provide the highest level of safety and security. Considerations shall include, at a minimum:</i></p> <ol style="list-style-type: none"> <i>1. Physical characteristics (e.g. sex, height and weight);</i> <i>2. Age and level of aggressiveness;</i> <i>3. Special needs (mental illness, developmental disabilities, and physical disabilities);</i> <i>4. History of violent behavior;</i> <i>5. Gang affiliation;</i> <i>6. Criminal behavior;</i> <i>7. History of sexual offenses;</i> <i>8. Vulnerability to victimization; and</i> <i>9. Suicide risk identified or suspected.</i> <p><i>Youth shall be assigned to a room based on their classification and are reclassified if changes in behavior or status are observed. Youth with a history of committing sexual offenses or a victim of a sexual offense are not to be placed in a room with any other youth. Youth with a history of violent behavior shall be assigned to rooms where it is least likely they will be able to jeopardize safety and security.</i></p>	

The center has a policy and procedures for the classification of youth admitted into the center. The procedure ensures all youth admitted to the center are classified by the admitting officer to provide the highest level of safety and security. Seven youth management records were reviewed and indicated each youth was appropriately classified upon admission. Consideration for room assignment included physical characteristics, age and level of aggression, disabilities, history of violent behavior, gang affiliation, criminal behavior, history of sexual offenses, vulnerability to victimization, medical issues, suicide risk, escape, and other security concerns. Documentation confirmed youth were assigned to a room based on their classification. The Victimization and Sexually Aggressive Behavior (VSAB) form was also completed on each youth. Youth with specific alerts were placed in single rooms.

2.04 Classification of Gang Members	Satisfactory Compliance
<p><i>All newly admitted youth are screened to determine if he or she is a criminal street gang member or is affiliated with any criminal street gang.</i></p> <p><i>Each facility shall identify a staff person to serve as a gang representative who shall review identified youth for suspected gang involvement or gang activity.</i></p>	

The center has a policy and procedures for the classification of gang members. A review of seven youth management records confirmed all youth are screened for gang affiliation. One of the seven reviewed youth records had gang affiliation which was documented. Two closed records were reviewed and in each record where gang affiliation was noted, the records documented an alert in the Juvenile Justice Information System (JJIS). The center has a designated juvenile justice detention officer supervisor (JJDOS) assigned as the center's gang representative.

2.05 Notification of Juvenile Probation Officer Circuit Gang Representative	Satisfactory Compliance
<p><i>Each center shall identify the Juvenile Probation Officer designated as the Circuit Gang Representative to communicate suspected gang activity.</i></p> <p><i>A referral on a youth for suspected gang involvement shall be shared, via email, with the Juvenile Probation Officer designated as the Circuit Gang Representative indicating suspicions of gang activity such as youth flashing gang signs, gang tattoos, gang-related drawings, or related activity.</i></p> <p><i>Detention staff should include in the email all pictures (when appropriate), copies of written statements, drawings, graffiti, and a description of what gang signs the youth was "flashing."</i></p>	

The center has a policy and procedures for the notification of gang members. When youth are identified with gang affiliation, the center's designated juvenile justice detention officer supervisor (JJDOS) assigned as the center's gang representative liaison notifies the local law enforcement agency and the juvenile probation officer (JPO) electronically. During the annual compliance review, there was one youth in the center with an open alert for gang affiliation in the Juvenile Justice Information System (JJIS). Two additional closed records were reviewed of youth with gang affiliation. In all three records, there was documentation the information was shared with the local law enforcement agency and the JPO.

2.06 Admission of Youth Personal Property**Satisfactory Compliance**

The program takes possession of each youth's personal property during admission. In the presence of each youth, staff inventories all personal property in the youth's possession and records each surrendered item on the Property Receipt Form.

The center has a policy and procedures for the admission of youth's personal property. Seven youth management records were reviewed, and each had a personal property form signed by the youth and the juvenile justice detention officer (JJDO). Personal property is inventoried upon the youth admission and stored in an individual property bag, in a secured room. Three of the seven records reviewed contained documentation of valuable property. All valuable items are inventoried and placed in a clear and tamper-resistant sealed bag, signed by the youth and the JJDO. The sealed bag is locked in a locked file cabinet located in a secured room. The youth's valuable items are documented in the property logbook. Seven youth were interviewed and each stated staff checked their personal property and the youth signed a property receipt form for the correct property. An interview with the superintendent confirmed personal property is inventoried, signed by the youth, and secured in a safe by a supervisor.

2.07 Storage of Youth Personal Property**Satisfactory Compliance**

The program safeguards each youth's personal property until it can be returned to the youth and/or legal guardian.

The center has a policy and procedures for the storage of youth's personal property. Three of the seven records reviewed contained documentation of valuable property. All valuable items are inventoried and placed in a clear and tamper-resistant sealed bag, signed by the youth and the juvenile justice detention officer (JJDO). The drop safe is under video surveillance with limited access. The sealed bag is locked in a locked file cabinet located in a secure room. The youth's valuable items are documented in the property logbook. A review of the Central Communications Center (CCC) incidents for the past six months did not include any incidents involving youth property. An interview with the superintendent confirmed valuable property is dropped in a safe and under video surveillance. The valuable property is picked up the next day by administration and placed in a safe, under video surveillance, in a secure closet in administration office area. Only supervisors and administration have access to the safe.

2.08 Release	Satisfactory Compliance
<p><i>When releasing youth from detention, the releasing officer shall verify the court's authorization to release the youth. Care must be taken to ensure all case file information is reviewed to prevent the negligent release of a youth.</i></p> <p><i>All releases from the program are court-ordered, with the exception of deaths, escapes, and expirations of detention time period. In the absence of a written order, documentation of a verbal order in open court may be used for release.</i></p> <p><i>The on-duty JJDO Supervisor reviews all paperwork prior to release. The JJDO Supervisor is responsible for ensuring there are no holds, court orders, or other legal reasons not to release the youth.</i></p> <p><i>Questions concerning release are presented and addressed by the Superintendent, or designee, prior to release.</i></p> <p><i>The releasing officer shall verify the identification of the youth.</i></p>	

The center has a policy and procedures for youth releases. During the annual compliance review, two releases were observed. In addition, one closed youth record was reviewed. The on-duty juvenile justice detention officer supervisor (JJDOS) reviewed all paperwork related to the release prior to the youth's release. The youth identification and identification of parent/guardian was verified prior to release. A copy of the parent/guardian's identification was placed in the record. The youth and the person whom youth was released to were reminded of future court dates, if applicable. All required parties signed all applicable release forms. A review of the Juvenile Justice Information System (JJIS) confirmed the release date matched the date on the paperwork. A review of Central Communications Center (CCC) reports for the past six months did not include any unauthorized releases.

2.09 Release of Youth Personal Property	Satisfactory Compliance
<p><i>Upon the youth's release from detention and retrieval of personal property, the releasing officer, the youth, and the youth's parent or legal guardian shall review and sign the Property Receipt Form and account for all of the youth's personal property.</i></p>	

The center has a policy and procedures for release of youth's personal property. During the annual compliance review, two releases were observed. In addition, one closed youth record was reviewed. Each youth record had documentation of the youth and the parent/guardian signing the receipt of property upon release. If the items of the youth's personal property remain unclaimed for more than thirty days, the superintendent or designee shall arrange for the disposition of the unclaimed property. A review of the records contained a signed acknowledgment of unclaimed property by each youth. An interview with the superintendent confirmed letters are sent giving youth thirty days to retrieve property pending disposal. If property is not picked up within the designated time frame, the property is donated to a local non-profit organization or discarded. If the property is currency, it is forwarded to the bureau of unclaimed property.

2.10 Release of Medication, Aftercare Instructions**Satisfactory Compliance**

The program ensures there are provisions in place to ensure prescribed medication, along with medical instructions, accompanies detained youth upon release.

The center has a policy and procedures for the release of youth with medication and aftercare instructions. During the annual compliance review, one release with medication was observed. In addition, two closed youth records were reviewed. The documentation in all three records reflected the person to whom the youth was being released to was given the youth's medications, as indicated by the parent/guardian signature. The form included the nurse's signature and the date the medication was returned.

2.11 Review of Youth in Secure and Home Detention**Satisfactory Compliance**

Detention reviews are conducted by the program on a weekly basis to ensure proper management of youth placed in secure detention and appropriate sharing of information. The superintendent appoints an appropriate staff person to coordinate detention reviews.

The center has a policy and procedures for the review of youth in secure and home detention. Detention reviews occur weekly, on a set schedule. The weekly detention reviews were observed for youth in secure and home detention during the annual compliance review. Those in attendance for detention review included the superintendent, juvenile probation officer supervisor, intake supervisor, school representative, classification officer, medical representative, mental health representative, and juvenile justice detention officer supervisor (JJDOS). A review of weekly sign-in sheets for the past six months confirmed the consistency of attendance by those parties. An interview with the superintendent confirmed the process for weekly detention reviews.

2.12 Daily Activity Schedule**Satisfactory Compliance**

Youth are provided the opportunity to participate in constructive activities that will benefit the youth and the program. The Superintendent or Designee develops a daily activity schedule, which is posted in each living area and outlines the days and times for each youth activity.

The center has a daily activity schedule which is posted in the living areas. The daily schedule includes time for personal hygiene, meals, visitation, education, recreation, gender-specific programming, restorative justice programming, life and social skills, and indoor activities to promote education, problem solving, and life skills. A review of logbooks, interviews, and observations confirmed the center follows the daily activity schedule. Documentation reviewed included gender-specific programming and restorative justice activities. Seven youth were interviewed and six youth stated the center has a daily schedule. One youth stated the center did not have a daily schedule. Seven staff were interviewed, and six staff were not aware the center offered gender-specific programming.

2.13 Adherence to Daily Schedule	Satisfactory Compliance
<p><i>Facility staff shall adhere to the daily activity schedules. Documentation of all activities shall be made in all applicable logs.</i></p> <p><i>The on-duty supervisor must approve any significant changes in the activity schedule and shall document the reason for the change(s) in the shift report.</i></p> <p><i>Any cancellation of visitation shall be approved by the superintendent.</i></p>	

A review of logbooks, observations, and interviews determined the center adheres to the daily schedule. If there is a need to change the daily schedule, a supervisor must authorize the required changes. Reasons for altering the daily schedule include inclement weather or staffing emergencies. Seven youth were interviewed and six youth stated the daily schedule is followed. One youth stated the center does not have a daily schedule to follow. Seven staff were interviewed and all seven stated the daily schedule is followed.

2.14 Educational Access	Satisfactory Compliance
<p><i>The facility shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.</i></p>	

A review of logbook, observations, and interviews indicated the center provides educational access. Each youth attends school for five hours each day. The center provides education on a two hundred fifty-day calendar over twelve months. The teachers have teacher training and planning days, up to ten days a year. Youth enrolled in the center's educational programs have the opportunity to earn course credit for completion of the education and training experience. Seven youth were interviewed and all seven stated the center offers educational classes, Monday through Friday. The youth stated math, science, reading, and history are the main classes offered.

2.15 Career Education	Satisfactory Compliance
<p><i>Staff shall develop and implement a career education competency development program.</i></p>	

The center provides career education to each youth. The center provides Type 1 programming which includes life skills group, activities, and instruction. The youth at the center receive instruction in the areas of communication, interpersonal, and decision-making skills. An interview with the principal confirmed all youth receive academic lessons to incorporate these skills.

2.16 Behavior Management System	Satisfactory Compliance
<p><i>The program provides a system of rewards, privileges, and consequences to encourage youth to fulfill the program's expectations.</i></p> <p><i>Each facility shall implement and maintain a behavior management system to meet the needs of the youth and the facility. The system shall be approved by the regional director and shall include rewards for positive behavior and consequences for inappropriate behavior.</i></p> <p><i>The behavioral norms and expectations for youth shall be posted in all living areas and shall clearly specify appropriate and inappropriate behaviors.</i></p>	

The center has a behavioral management system (BMS) which was posted in the living areas. During orientation, the BMS is explained to the youth and a written copy of the system is also provided. The system consists of three levels and includes rewards for positive behavior and consequences for inappropriate behavior. Observation of the daily activities revealed the implementation of the BMS was effective. Seven youth were interviewed and five youth stated the BMS is good, two youth stated it was fair. Four youth stated the consequences received were fair while one youth stated the consequences were not fair. Two youth stated they never received consequences. Seven staff were interviewed and six staff indicated the BMS is effective. One staff stated it was not effective with youth who are disrespectful to authority figures. All seven staff stated staff speak with youth to discuss the consequences of their actions, allow youth the opportunity to explain their behavior, and speak with youth about alternative acceptable behaviors. Six staff stated supervisory staff provide feedback on their implementation of the BMS as needed and three staff stated feedback is provided weekly or monthly. An interview with the superintendent confirmed the BMS is a point/level system. All youth enter the center on level two and can earn points to level three. Youth on level three earn additional rewards to include video games, later bed time, and additional phone calls.

2.17 Unauthorized Use of Punishment (Critical)	Satisfactory Compliance
<p><i>The center's behavior management system restricts certain types of penalties on youth who demonstrate negative behaviors.</i></p> <p><i>Group punishment shall not be used as a part of the facility's behavior management plan. However, corrective action taken with a group of youth is appropriate when the behavior of a group jeopardizes safety or security, and this should not be confused with group punishment.</i></p> <p><i>Corporal punishment shall not be used in detention facilities. All allegations of corporal punishment of any youth by facility staff shall be reported to the Florida Abuse Hotline, pursuant to Chapter 39, F.S., and the Central Communications Center.</i></p> <p><i>The use of drugs to control the behavior of youth is prohibited. This does not preclude the proper administration of medication as prescribed by a licensed physician.</i></p>	

The center's policy prohibits group punishment, unauthorized use of punishment, and corporal punishment. Seven youth were interviewed and all youth advised no meals, snacks, points, level, sleep, clothing, medical, or education were taken away when a consequence was imposed. Six youth indicated they were never sent to their room for punishment while one youth stated they were sent to their room for punishment. All seven youth indicated they were never allowed to punish other youth. All seven youth stated handcuffs or leg irons are not used on out

of control youth to prevent the youth from harming themselves or others. Seven staff were interviewed and all seven stated no meals, snacks, points, level, sleep, clothing, medical, or education were taken away when a consequence was imposed. All seven staff also indicated they never seen staff encourage youth to beat up another youth.

2.18 Grievances	Satisfactory Compliance
<p><i>The grievance procedures establish each youth's right to grieve and ensure all youth are treated fairly, respectfully, without discrimination, and their rights are protected. The process includes:</i></p> <ol style="list-style-type: none"> <i>1. Informal phase, wherein the JJDO attempts to resolve the complaint or condition with the youth using effective communication skills;</i> <i>2. Formal phase, wherein the youth submits a written grievance resulting in a response from a JJDO Supervisor by the end of the shift (if possible), or otherwise within twenty-four hours; and</i> <i>3. Appeal phase, wherein the youth may appeal the outcome of the formal phase to the superintendent or designee.</i> 	

The center has written policy and procedures for grievances. Grievance forms were available in the living areas for the youth. During the annual compliance review, two youth filed grievances, both entered in the facility's management system. One grievance was resolved at the supervisor's level and one was resolved at the superintendent's level. All grievances were addressed in a timely manner. Seven youth were interviewed and all seven stated they never filed a grievance. Seven staff were interviewed and all seven were able to explain the grievance process. An interview with the superintendent confirmed there is a grievance process with three phases.

2.19 Trauma-Informed Care	Satisfactory Compliance
<p><i>The facility is incorporating trauma-informed practice into current operations to deliver services and to provide care to youth in custody, acknowledging the role that violence and victimization play in the lives of most of the youth entering the facility.</i></p> <p><i>Trauma-informed practice has many characteristics, which include the following:</i></p> <ul style="list-style-type: none"> <i>• A recognition of the high prevalence of trauma</i> <i>• Assessment for traumatic histories and symptoms</i> <i>• Recognition of culture and practices that may be re-traumatizing</i> <i>• Collaboration of caregivers</i> <i>• Training of staff to improve trauma knowledge and sensitivity</i> <i>• Increased staff understanding of the function of behavior (rage, self-injury, etc.) as an expression of trauma</i> <i>• Use of objective and neutral language (avoids labeling of youth)</i> 	

The center has written policy and procedures for trauma informed care. An interview with the superintendent revealed the center continually works to make improvements at the center. The center updated the living areas to lighter colors and improved the lighting. The center has worked on clearly defining the behavioral management system (BMS) with clearer rewards. The center staff work to not only address negative behavior but to talk with the youth to find out the root of the behavior. Each year staff completes the trauma informed care as documented in the Department's Learning Management System (SkillPro).

Standard 3: Mental Health and Substance Abuse Services

Overview

The Department contracts with Maxim Healthcare Services for mental health and substance abuse clinical services at Alachua Regional Juvenile Detention Center. The clinical staff includes a full time licensed mental health counselor (LMHC), who serves as the designated mental health clinician authority (DMHCA) and is on call twenty-four hours a day, seven days a week. Additional clinical staff includes a psychiatrist and two part-time therapists who are also LMHCs. One LMHC works twenty hours a week and the other as needed. The psychiatrist is on site once a week to complete psychiatric evaluations and psychotropic medication monitoring. The center has mental health and substance abuse treatment policies updated and signed by the superintendent and the DMHCA on August 1, 2018.

3.01 Designated Mental Health Clinician Authority (DMHCA) [Contract Provider]

Satisfactory Compliance

A Designated Mental Health Clinician Authority (DMHCA) is required in each detention center. The DMHCA is responsible and accountable for ensuring appropriate coordination and implementation of mental health and substance abuse services in the facility and shall promote consistent and effective services and allow the facility superintendent and staff a specific source of expertise and referral.

The center has a contract with a licensed mental health professional who serves as the designated mental health clinical authority (DMHCA) and is responsible for the coordination and implementation of mental health and substance abuse services. The DMCHA is a licensed mental health counselor (LMHC) under Chapter 491, which expires March 31, 2019. There are no discipline or complaints associated with the DMCHA's license. The DMHCA is contracted to work forty hours weekly. Sign in logs confirm the DMHCA was on site weekly for the past six months. The position description adequately outlines the duties and responsibilities of the DMHCA. An interview with the DMHCA confirmed the DMHCA was able to communicate their clinical role at the center.

3.02 Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider] (Critical)

Satisfactory Compliance

The facility superintendent is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.

The designated mental health clinician authority (DMHCA), psychiatrist, and two therapists qualified professionals are licensed in accordance with the contract and Rule 63N-1, F.A.C. The licenses of all clinical staff are active and clear. The psychiatrist license expires January 2020 and the DMHCA and therapists' licenses expire March 2019. There are no discipline or complaints associated with the licenses.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider]	Satisfactory Compliance
<i>The facility superintendent is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.</i>	

The center has a policy and procedures in place to address non-licensed mental health and substance abuse clinical staff. The center does not currently, employ or contract with unlicensed clinical staff, since the last annual review

3.04 Mental Health and Substance Abuse Admission Screening [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>The mental health and substance needs of youth are identified through a comprehensive screening process ensuring referrals are made when youth have identified mental health and/or substance abuse needs or are identified as a possible suicide risk.</i>	
<i>Detention center superintendent has established procedures for a thorough review of preliminary screening conducted by the Office of Probation and Community Intervention.</i>	

The center has a policy and procedures in place to address the mental health and substance abuse admission screening process developed by the superintendent. Seven youth records were reviewed and upon admission to the center, the mental health and substance abuse needs of youth are assessed by the detention staff. Screening instruments used include completion of the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse Report and Referral Form, the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2), and the Suicide Risk Screening Instrument (SRSI). All screening instruments were completed in the Juvenile Justice Information System (JJIS) during the intake process for all seven records reviewed. A nurse and/or clinical staff completed the required sections of the SRSI in all seven cases. All seven youth SRSI’s included a summary and recommendation along with a documentation of consultation with a licensed mental health clinical (LMHC). Positive responses to the PACT, SRSI, or MAYSI-2 indicated a need for further referral. All seven youth had a positive response on at least one screening instrument and were immediately placed on precautionary observation (PO) until an Assessment of Suicide Risk (ASR) was completed. The superintendent was appropriately notified of youth being placed on PO status.

3.05 Mental Health and Substance Abuse Evaluation [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>The Probation and JAC intake/detention screening process ensures youth identified through preliminary screening as having mental health and substance abuse issues or problems receive in-depth mental health and/or substance abuse assessment shortly after intake to the juvenile justice system.</i>	

The center has a policy and procedures in place to address the mental health and substance abuse evaluation process developed by the superintendent. Seven youth records were reviewed and three youth records documented a need for a comprehensive mental health and substance abuse evaluation. All three records contained comprehensive evaluations less than six months old and were updated by the contracted clinical staff within fourteen days of admission using a comparable instrument, which included all required elements.

3.06 Mental Health and Substance Abuse Treatment [Detention Staff/Contract Provider]

Satisfactory Compliance

Mental health and substance abuse treatment planning in departmental facilities focuses on providing mental health and/or substance abuse interventions which will reduce or alleviate the youth's symptoms of mental disorder or substance abuse impairment and enable youth to function adequately in the juvenile justice setting.

Each youth determined to need mental health treatment, including treatment with psychotropic medication, or substance abuse treatment while in a detention center, must be assigned to a mini-treatment team.

The center has a policy and procedures in place for mental health and substance abuse (MHSA) treatment. Seven youth records were reviewed and three were applicable. All three youth were assigned to a mini-treatment team consisting of clinical, medical, education, administration, probation, and the parent/guardian. Three youth required mental health treatment. Individual and group counseling was documented in accordance with each youth's initial and individual treatment plans frequencies in all three cases. Three youth required substance abuse treatment, individual and group counseling was documented in the three cases. All three records contained a signed Authority for Evaluation and Treatment (AET) Form consenting to mental health treatment. Three youth receiving substance abuse treatment signed consent and information release forms. All treatment notes were documented on the Department's MHSA Form 018, which included all required elements. Mental health groups were limited to ten or fewer youth and fifteen or less youth for substance abuse groups.

Seven youth were interviewed and asked to rate the mental health and substance abuse services at the center. Three youth rated the services as good, and four youth reported they are not receiving mental health and substance abuse services at the center.

3.07 Treatment and Discharge Planning [Contract Provider]

Satisfactory Compliance

The superintendent and DMHCA or mental health and substance abuse clinical staff are responsible for ensuring the development and review of an initial and/or individualized mental health/substance abuse treatment plan for each youth receiving mental health and/or substance abuse treatment in the facility.

All youth who receive mental health and/or substance abuse treatment while in a detention facility shall have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.

The center has a policy and procedures in place for treatment and discharge planning. The policy and procedures were developed and reviewed by the superintendent and designated mental health clinician authority (DMHCA). Seven youth records were reviewed, and three youth required a treatment plan. An initial treatment plan was developed using the Department's Mental Health and Substance Abuse (MHSA) Form 015 within seven days of admission for all three youth taking psychotropic medication and contained all required elements. All three initial treatment plans were signed by the licensed mental health counselor (LMHC) completing the form. Each initial plan was also signed by the mini-treatment team members who participated in the development of the plan along with the youth. The parent/guardian participated by phone in all three cases. Psychotropic medication and frequency of monitoring by a licensed psychiatrist was included in all three initial treatment plans. Individual treatment plans for youth receiving

mental health and substance abuse services were developed for three youth within thirty days of admission as required using the MHSA Form 017, which contains all required elements. Three closed records were reviewed and all three records contained a discharge plan documented on the MHSA Form 011, signed by the parent and guardian and emailed to the youth's juvenile probation officer (JPO).

3.08 Psychiatric Services [Contract Provider] (Critical)	Satisfactory Compliance
<i>Psychiatric services include psychiatric evaluation, psychiatric consultation, medication management, and medical supportive counseling provided to youth with a diagnosed DSM-IV-TR or DSM-5 mental disorder and each youth receiving psychotropic medication in the program as set forth in Rule 63N-1, F.A.C.</i>	

The center has a policy and procedures in place for psychiatric services. Seven youth records were reviewed and three were applicable. All psychiatric services are provided by the licensed psychiatrist, who is contracted through Maxim Healthcare Services. A review of sign in logs and youth records confirm the psychiatrist is on site weekly. All three youth records indicated they were referred for a psychiatric evaluation and/or admitted with psychotropic medication. The psychiatrist completed all three evaluations within fourteen days of admission using the Department's Clinical Psychiatric Progress Note (CPPN) Form, which contains all required elements. The third page of the CPPN was used to document new prescriptions or changes to existing psychotropic medication and included possible side effects. The psychiatrist documented all required elements when prescribing psychotropic medication. The psychiatrist ordered monthly monitoring of Tardive Dyskinesia in all three cases. All three records contained a signed Authority for Evaluation and Treatment (AET) Form. Verbal consent was obtained by the parent/guardian in all three cases for youth who were prescribed new, significant dosage changes, or discontinuations of psychotropic medication and documented on page three of the CPPN as required. The psychiatrist signed and dated each CPPN. One youth was applicable for a medication review and received it as required. Two additional youth records were reviewed and documented monthly medication reviews as required.

3.09 Suicide Prevention Plan [Detention Staff] (Critical)	Satisfactory Compliance
<i>The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible, in accordance with Rule 63N-1, Florida Administrative Code.</i>	

The center has a policy and procedures in place for its suicide prevention plan. The written suicide prevention plan was updated on August 1, 2018 by the superintendent and designated mental health clinician authority (DMHCA). The suicide prevention plan includes all required elements, detailing all prevention procedures for suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and the review process.

3.10 Suicide Prevention Services [Detention Staff/Contract Provider] (Critical)

Satisfactory Compliance

Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings as having suicide risk factors or identified through assessment as a potential suicide risk.

Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation or Secure Observation), and a minimum of constant supervision.

All youths identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations must be placed on Suicide Precautions and receive an assessment of suicide risk.

The center has a policy and procedures in place for suicide prevention services. Seven youth records were reviewed and all seven youth were immediately placed on precautionary observation (PO) during the admission screening process. A Juvenile Justice Information System (JJIS) alert was initiated in all seven cases and a suicide risk assessment referral was also generated for each youth. Consultation with a licensed mental health counselor (LMHC) was documented on the mental health and substance abuse referral summary and the superintendent was notified. Suicide prevention logs were documented in real time and completed as required. The LMHC completed an Assessment of Suicide Risk (ASR) within twenty-four hours of referral using the Department's required form in all seven cases. All seven ASRs included the results of the assessment and recommendation for supervision and follow-up. Following the completion of the initial ASR and approval from the superintendent, all seven youth were stepped down to standard supervision. All logbook entries documented administrative and supervisory instructions related to the suicide risk assessment findings and suicide precaution decisions. The logbook entries also documented the beginning and ending times all seven youth were placed on precautions. The JJIS was updated when youth were removed from precautionary observation in all seven cases. Two youth were applicable for secure observations and an additional record was reviewed for a total sample of three. Placement into secure observation was authorized by the superintendent and the designated mental health clinician authority (DMHCA). The secure room was designated in writing, a health status checklist was completed, and suicide precautions observation logs were completed in their entirety in all three applicable cases. Within eight hours of placement a follow-up ASR was completed for all three youth. Each ASR documented the juvenile probation officer (JPO) and the parent/guardian were notified in all three cases. After conferring with the superintendent, all three youth were removed from secure observation within twenty-four hours and were provided supportive counseling by a LMHC. There is documentation of discontinuance noted in the logbook and youth's record in all three cases. An interview with the superintendent confirmed there is an established review process for every serious suicide attempt or serious self-inflicted injury requiring hospitalization or medical attention and a morality review for a completed suicide. The multidisciplinary review includes all required elements.

Seven direct care staff were interviewed, and all were familiar with their responsibilities when youth express suicidal thoughts. The staff stated they are responsible for notifying mental health staff and constant sight and sound supervision is maintained.

Seven youth were interviewed and six indicated they had not been placed on suicide watch. One youth indicated they were placed on suicide watch and was watched by staff the entire time.

3.11 Suicide Precaution Observation Logs [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
<i>Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals of no more than thirty minutes.</i>	

The center has a policy and procedures in place for suicide precaution observation logs. Seven youth records were reviewed. The center uses the Department's Mental Health and Substance Abuse (MHSA) Form 006 to document precautionary observations (PO), which contains all required elements. Precautionary Observation (PO) logs for each youth was maintained for the duration the youth was on suicide precautions. Suicide PO logs document staff observations of each youth's behavior in increments of thirty minutes or less. There were no warning signs documented on any of the logs. All PO logs were signed by each shift supervisor. The clinical staff documented daily reviews of PO logs and recorded comments when necessary.

Three youth were interviewed and all three youth indicated they were watched by staff when they were on suicide precautions.

3.12 Suicide Prevention Training [Detention Staff] (Critical)	Satisfactory Compliance
<i>All staff who work with youth must be trained to recognize verbal and behavioral cues indicating suicide risk, suicide prevention, and implementation of suicide precautions.</i>	

The center has a policy and procedures in place for suicide prevention training. Seven pre-service and seven in-service staff training records were reviewed, and all fourteen staff met the required six hours of suicide prevention training. Quarterly suicide drills were documented for each shift during the past six months. Documentation of the drills included scenarios for life saving measures and use of the suicide response kit, staff response, staff communication within the center, contacting 9-1-1, and recommendations.

Seven direct care staff were interviewed and all indicated they were able to locate the suicide response kits.

3.13 Mental Health Crisis Intervention Services [Detention Staff] (Critical)	Satisfactory Compliance
<i>Every program must respond to youth in crisis in the least restrictive means possible to protect the safety of the youth and others while maintaining control and safety of the facility. The program must be able to differentiate a youth who has an acute emotional problem or serious psychological distress from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others, which would require suicide precautions or emergency treatment.</i>	

The center has a policy and procedures in place for mental health crisis intervention services. The center has a written mental health crisis intervention plan, which details crisis intervention procedures. The crisis intervention plan was updated and signed by the superintendent and the designated mental health clinician authority (DMHCA) on August 1, 2018. The plan contains each of the required elements.

3.14 Emergency Care Plan [Detention Staff] (Critical)	Satisfactory Compliance
<i>Youth determined to be an imminent danger to themselves or others due to mental health or substance abuse emergencies occurring in facility, requires emergency care provided in accordance with the facility's emergency care plan. The Crisis Intervention Plan and Emergency Care Plan may be combined into an integrated Crisis Intervention and Emergency Services Plan which contains all the elements specified in Rule 63N-1, Florida Administrative Code.</i>	

The center has a policy and procedures in place for the emergency care plan process. The plan was updated and signed by the superintendent and the designated mental health clinician authority (DMHCA) on August 1, 2018. The plan contains each of the required elements. The plan is available to staff in the superintendent's office, the medical clinic, the mental health office, and on the center's internal computer system.

3.15 Crisis Assessments [Contract Provider] (Critical)	Satisfactory Compliance
<i>A Crisis Assessment is a detailed evaluation of a youth demonstrating acute psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) conducted by a licensed mental health professional, or under the direct supervision of a licensed mental health professional, to determine the severity of youth's symptoms, and level of risk to self or others. When staff observations indicate a youth's acute psychological distress is extreme/severe and does not respond to ordinary intervention, the superintendent or designee must be notified of the crisis situation and need for Crisis Assessment. A Crisis Assessment is to be utilized only when the youth's crisis (psychological distress) is not associated with suicide risk factors or suicide risk behaviors. If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk (ASR) instead of a Crisis Assessment.</i>	

The center has a policy and procedures in place for crisis assessments process. The procedures include reason for assessment, mental status examination and interview, determination of danger to self/others (including imminence of behavior, intent of behavior, clarity of danger, lethality of behavior), initial clinical impression, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notification to parent/guardian of follow-up treatment. The center must use the Department's Mental Health and Substance Abuse Form 023 to document crisis assessments. An interview with the designated mental health clinician authority (DMHCA) confirmed the crisis assessment process and clinical staff are prepared to conduct crisis assessment when necessary. The clinical staff did not complete a crisis assessment since the last annual compliance review.

3.16 Baker and Marchman Acts [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
<i>Individuals who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment require emergency mental health or substance abuse services.</i>	

The center has a policy and procedures in place for Baker and Marchman Acts. One youth was Baker Acted during an appearance at court. Upon the youth's return to the center, the youth was placed on court ordered one-to-one precautionary observation (PO). A mental health referral was completed and determined a mental status examination (MSE) must be completed. A licensed mental health counselor (LMHC) completed the MSE and an Assessment of Suicide Risk (ASR). An alert was placed in the Juvenile Justice Information System (JJIS) and instructions were placed in the center logbook. The youth remains on one-to-one PO as of the

compliance review. There were no Marchman Acts; however, there is a policy and procedures in place related to this requirement.

Standard 4: Health Services

Overview

The Department recently changed contract providers for medical and mental health services at detention centers in the North region. The new contract was awarded to Maxim Health Services with services beginning April 1, 2018. Healthcare staffing at the center includes a full-time registered nurse (RN), who serves as the clinic manager, a full-time licensed practical nurse (LPN), a full-time records clerk, a part-time advanced registered nurse practitioner (ARNP), and a medical doctor (MD), who serves as the designated health authority (DHA). The DHA is responsible for oversight of healthcare services at the detention center. The ARNP conducts comprehensive physical assessments, provides care and management for youth with chronic conditions, reviews initial screenings, make referrals for testing for sexually transmitted infections (STI) and human immunodeficiency virus (HIV) based on screening results, provides HIV testing, to include pre-test and post-test counseling, and provides care for youth referred by nursing staff. Nursing staff review initial screenings completed by detention staff, complete other initial screenings, complete or review the Health-Related History (HRH), provide orientation to healthcare services for new admissions, conduct sick call, administer medication, make medical referrals, and maintain inventories for medications and sharps.

The detention center has a modified institutional class II type B pharmacy permit. A consultant pharmacist visits the center to review medications and dispose of discontinued and/or expired medications. Immunizations for youth are provided off site, if needed.

4.01 Designated Health Authority/Designee [Contract Provider] (Critical)

Satisfactory Compliance

The Designated Health Authority (DHA) is clinically responsible for the medical care of all youth at the facility.

The designated health authority (DHA) is a medical doctor (MD). The DHA has a clear and active license to practice in the State of Florida with a specialty in family medicine which expires, January 2020. The contract outlines services are provided by the DHA and meets Department requirements. Documentation showed the DHA or another MD were on-site at least once a week during the past six months, with the DHA being on-site each week since June 21, 2018. The DHA is available by phone twenty-four hours a day, seven days a week. The DHA approved all medical policies, procedures, and protocols, and provides oversight for all medical care provided at the center. The center also has an advanced registered nurse practitioner (ARNP), who works in collaboration with the DHA. The ARNP has a clear and active license to practice in the State of Florida and has a collaborative agreement between the DHA and ARNP on file at the detention center. The ARNP license expires July 2020.

4.02 Facility Operating Procedures [Contract Provider]

Satisfactory Compliance

There shall be Facility Operating Procedures (FOP) for all health-related procedures and protocols utilized at the facility.

All medical policies and procedures were reviewed and signed by the designated health authority (DHA) and superintendent on July 5, 2018. Treatment protocols for nursing and direct care staff were developed and signed by the DHA on August 9, 2018. All nursing staff signed a form acknowledging the treatment protocols. The center had one newly hired nurse.

Documentation showed the newly hired nurse was provided training on the medical policies and procedures and the treatment protocols.

4.03 Authority for Evaluation and Treatment [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>Each center shall ensure the completion of the Authority for Evaluation and Treatment (AET) or Limited Consent for Evaluation and Treatment authorizing specific treatment for youth in the custody of the Department.</i>	

Seven youth healthcare records were reviewed for Authorization of Evaluation and Treatment (AET) forms or court orders authorizing treatment. Six records contained an AET signed by a parent/guardian and the remaining record had a court order authorizing care. The six AETs were copies pulled from the Juvenile Justice Information System (JJIS). The AETs and court order were in place prior to the start of treatment services. In one record, the AET was dated April 23, 2015, even though there was a more recent AET in JJIS dated July 3, 2018. There were no youth requiring a Limited Consent for Evaluation and Treatment.

4.04 Parental Notification [Contract Provider]	Failed Compliance
<i>The center shall inform the parent/guardian of significant changes in the youth's condition and obtain consent when new medications and treatments are prescribed.</i>	

An interview with the registered nurse found the nurse is familiar with the requirements for parental notifications. Policy and procedures outline parental notification requirements in accordance with Department requirements. Although, a review of seven medical records found the center did not complete written parental notifications when youth were prescribed medications or were provided or referred for medical services in which parental notification should have been made. In addition, verbal notification of the parent/guardian was documented once. One youth was prescribed three medications, no verbal or written parental notifications were provided or documented. One youth had a chest x-ray due to screening results, no verbal or written parental notification was provided or documented. One youth was prescribed an inhaler for asthma, no verbal or written parental notification was provided or documented. Another youth was prescribed an over-the-counter medication over the regular dose, prescribed three prescription medications, had an emergency room visit, and an order of surgical consult. There were no written parental notifications for this youth. There was only one documented verbal notification, which was for the emergency room visit and t medication prescribed during the emergency room visit.

4.05 Notification – Clinical Psychotropic Progress Note (CPPN) [Contract Provider]	Satisfactory Compliance
<i>The Department's requirement to inform the parent or guardian and obtain consent for the prescription of new psychotropic medications, discontinuances or psychotropic medication adjustments.</i>	

The designated mental health clinician authority (DMHCA) reported there were no youth which started on new psychotropic medications or had adjustments made to existing psychotropic medications. Policy and procedure address obtaining parent/guardian written consent for psychotropic medication being initiated and/or adjusted.

4.06 Immunizations [Contract Provider]	Satisfactory Compliance
<i>Each youth's immunization history and status shall be verified to meet state and Department requirements, and subsequently provide necessary immunizations/vaccinations (with parent/guardian consent).</i>	

The center has a policy and procedures addressing immunizations, stating youth are taken off-site if immunizations are needed. According to the nurse, there is one youth currently in the center who needs one immunization. A vaccinations consent form was sent to the youth's parent/guardian, the consent was not returned by the parent/guardian. There were no other youth requiring or receiving immunizations during the annual compliance review period. Seven records were reviewed, and all contained immunization records obtained from Florida Shots. Each immunization record was reviewed by a nurse.

4.07 Healthcare Admission Screening Form (Medical and Mental Health Screening Form) (screening entered into JJIS/FMS)	Satisfactory Compliance
<i>Youth are screened upon admission for healthcare concerns that may need a referral for further assessment by healthcare staff.</i>	

Seven records were reviewed for admission screening forms. Each record contained a Medical and Mental Health Screening Form completed on the date of admission. Each screening was completed by a juvenile justice detention officer (JJDO) or JJDO supervisor during the intake process and then reviewed by a nurse within twenty-four hours. Interviews with the nurse and superintendent found they were familiar with the initial healthcare screening process.

4.08 Medical Alerts [Contract Provider]	Satisfactory Compliance
<i>The Department's requirement to alert staff of medical issues that may affect the security and safety of the youth in the facility.</i>	

The center uses the Juvenile Justice Information System (JJIS) for alerts. Seven youth healthcare records and the center's JJIS alert list were reviewed. Medical and mental health alerts identified in youth records were reflected on the alert list. There was one youth who had a condition identified during their comprehensive physical assessment (CPA), an elevated body mass index, which was not identified as an alert. Alert information is communicated to direct care staff during shift briefings and staff receive a copy of the alert list. The kitchen staff is provided alert information for youth with food allergies or special diet needs. The superintendent was interviewed and clearly explained the center's alert process. Seven staff were interviewed and reported they receive alert information during shift briefings. When asked to rate how effective the process for communicating alert information was at the center, five of seven staff rated the process as good and the remaining two rated it as very good.

4.09 Suicide Risk Screening Instrument [Contract Provider]	Non-Applicable
<i>A Suicide Risk Screening Instrument shall be completed within twenty-four hours of admission and filed in the Individual Health Care Record.</i>	

The Suicide Risk Screening Instrument was completed within twenty-four hours of admission and reviewed by the mental health staff and filed in the youth's mental health record; therefore, this indicator rates as non-applicable.

4.10 Youth Orientation to Healthcare Services [Contract Provider]	Satisfactory Compliance
<i>All youth are to be oriented to the general process of healthcare delivery services at the facility.</i>	

The clinic has a binder with information related to health education and healthcare services at the detention center. A review of seven records found each youth received an orientation to healthcare services and health education within twenty-four hours of admission, which was documented on the Health Education Record and admission note. The orientation and education covered required topics, to include but not limited to access to medical care, what constitutes an emergency, medication administration, the right to refuse care, what to do case of a sexual assault or attempted sexual assault, and non-disciplinary role of the healthcare providers. Youth also receive information related to healthcare services, such as how to access sick call, during the orientation provided by detention staff.

4.11 Designated Health Authority/Designee Admission Notification [Contract Provider]	Limited Compliance
<i>The DHA or designee is notified when youth ad-mitted require emergency care or routine notification in accordance with Department requirements.</i>	

The center has a policy and procedures to address the notification of the designated health authority (DHA) when youth are admitted with chronic conditions. Three of the seven youth healthcare records reviewed were applicable for notification of the designated health authority (DHA) upon admission, due to youth being admitted with a chronic condition. All three youth were referred to and seen by the advanced registered nurse practitioner (ARNP) for an evaluation; however, the DHA notification was not completed within twelve hours or by noon of the next day. One notification was late by forty-five minutes. For the remaining two youth, each of whom was admitted over the weekend, the notification and evaluation were completed on the Monday following their admission. The nurse interview indicated the DHA should be notified of youth with chronic conditions on the day of intake.

4.12 Healthcare Admission Rescreening [Contract Provider]	Satisfactory Compliance
<i>A Healthcare Admission Rescreening is to be completed each time the physical custody of the youth changes and they are subsequently returned or readmitted to the facility.</i>	

A review of seven youth healthcare records found only two youth were applicable for healthcare admission rescreening due to a change in custody. An admission screening was completed on each youth and upon their return to the center. A nurse reviewed the admission screening within twenty-four hours.

4.13 Health-Related History [Contract Provider]	Satisfactory Compliance
<i>The standard Department Health-Related History (HRH) form shall be completed for all youth admitted into the physical custody of a DJJ facility.</i>	

A Health-Related History (HRH) was completed by a nurse within one day of admission in each of the seven records reviewed. A review by the advanced registered nurse practitioner (ARNP) was documented in six of seven records. A nurse documented updates to the HRHs to reflect/update medication status or alerts after admission.

4.14 Comprehensive Physical Assessment [Contract Provider]**Limited Compliance***The Comprehensive Physical Assessment (CPA) form shall be completed for all youth admitted in-to the physical custody of a DJJ facility.*

Seven youth healthcare records were reviewed. A Comprehensive Physical Assessment (CPA) was completed by the advanced registered nurse practitioner (ARNP) within seven days of admission in each case. Each CPA had the Tanner Stage documented as “youth refused” and had other sensitive sections, such as those addressing genitalia, documented as “not medically indicated.” All other sections were accurately completed, and problem lists were updated, as needed, after the completion of CPAs. However, there were no youth signatures on the CPAs or refusal forms signed by youth to acknowledge the refusals in any of the records reviewed.

4.15 Female-Specific Screening/Examination [Contract Provider]**Satisfactory Compliance***The Department requires all adolescent girls receive gender-appropriate screenings, examinations, and tests to address their unique needs.*

Three applicable records were reviewed, which included a pregnant youth. Female screenings and a pregnancy test with consent were documented in each record. The center refers youth needing OB/GYN examinations and care to off-site providers, if medically needed. Referrals were evident in two records and not needed in the other. Both applicable youth who were referred were released prior to their appointment. One youth did receive an evaluation and care related to a female specific issue while in the detention center. An interview with a female youth indicated gynecological services were received while at the center.

4.16 Tuberculosis Screening [Contract Provider]**Satisfactory Compliance***All youth are required to be screened for Tuberculosis (TB), and accurate documentation of results shall be maintained by each facility.*

A review of seven records found each youth was screened for symptoms of tuberculosis during the admission process. A tuberculin skin test (TST) was documented in each record. All records documented when the TST was placed, read, and the results. One youth had a positive TST and a chest x-ray was ordered and completed, finding the youth did not require additional follow-up care. The results of the TST and x-ray were documented on the Infectious and Communicable Disease Form. An interview with the nurse confirmed the process for placing and reading TSTs.

4.17 Sexually Transmitted Infection Screening [Contract Provider]**Limited Compliance***The facility shall ensure all youth are evaluated and treated (if necessary) for sexually transmitted infections (STIs).*

Seven youth healthcare records were reviewed. Each record documented a Sexually Transmitted Infections (STI) Screening Form was completed by a nurse upon admission. The advanced registered nurse practitioner (ARNP) reviewed each STI Screening Form and referred youth for STI testing based on the screening results. Referral paperwork for lab testing and lab results were on file for each youth who had tests ordered, and care was provided based on the results of the testing. However, test results were not documented on the Department’s

Infectious and Communicable Disease (ICD) form. An interview with the nurse indicated urine specimens are sent to the state lab for test when youth consents for STI testing.

4.18 HIV Testing [Contract Provider]	Satisfactory Compliance
<i>The facility shall routinely offer counseling, testing, and referrals for medical treatment to all youth at risk for HIV infection.</i>	

Human immunodeficiency virus (HIV) services are provided at the center by the advanced registered nurse practitioner (ARNP). Seven records reviewed found all youth were offered HIV testing during the medical intake process, with each youth indicating their signed consent or refusal to decline the test. Four youth consented to testing and were tested. Testing results were properly filed in sealed envelopes marked “confidential” within the healthcare records. Pre-test and post-test counseling was documented by the ARNP. Seven interviewed youth said they could ask for a HIV test. An interview with the nurse confirmed the HIV testing and counseling process.

4.19 Sick Call Process – Requests/Complaints [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>All youth in the facility shall be able to make Sick Call requests and have their complaints treated appropriately through the Sick Call system.</i>	

The center has a written policy and procedures indicating sick call will be provided seven days a week. Staff are to enter sick call requests in the Facility Management System (FMS), which generates a notice of the sick call request to supervisors and administration for review, if the nursing staff is unavailable. Ten sick calls were reviewed, all of which were documented in accordance with Department requirements. No youth complained of pain with which staff were not familiar. No youth presented with a similar complaint three times in a two-week period, though youth were referred to the advanced registered nurse practitioner (ARNP) or designated health authority (DHA) by the nursing staff for conditions beyond the scope of their care. Seven youth were interviewed and five youth stated they could see a nurse immediately of making a sick call request, one youth said within one day, and one youth said more than three days. An interview with the nurse confirmed youth are referred to the ARNP and/or DHA when nursing staff determines the need of care is beyond the scope of their licensure.

4.20 Sick Call Process – Visits/Encounters [Contract Provider]	Satisfactory Compliance
<i>The facility shall respond appropriately, in a timely manner, and document all Sick Call encounters as required by the Department.</i>	

Ten sick calls were reviewed. Sick call documentation found nursing staff saw youth within twenty-four hours of the youth making a sick call request. Six sick calls were completed by a licensed practical nurse (LPN), all of which were reviewed by a registered nurse (RN) within twenty-four hours. The remaining four sick calls were completed by the RN. The sick call log is kept electronically through the Facility Management System (FMS). Youth initials or signatures were on the sick call log printout or on the sick call form for six of the ten sick calls. All instances of sick calls were documented on individual sick call indexes. An observation of a sick call, which the youth consented to the observation, found the sick call was conducted in a private manner and in accordance with Department requirements. Seven staff and seven youth were interviewed. All seven staff reported nursing staff conducts sick call. Five of the seven youth

reported a nurse conducts sick call and the remaining two youth said they never submitted a sick call request.

4.21 Restricted Housing [Contract Provider]

Satisfactory Compliance

All youth in Restricted Housing/Confinement shall have timely access to medical care, as required by the Department.

The center has a policy and procedures stating all youth in restricted housing will receive healthcare, to include daily checks by nursing staff. Three youth placed in confinement beyond twenty-four hours individual health care record (IHCR) were reviewed. Daily nursing visits were documented for each full day of confinement. The visits addressed the youth's medical complaints or noted no medical complaints from the youth.

4.22 Episodic/First Aid Care [Contract Provider]

Satisfactory Compliance

The facility shall have a comprehensive process for the provision of Episodic Care and First Aid.

The center has a written policy and procedures addressing first aid and episodic care. Seven instances of on-site episodic care were reviewed. The care was provided by medical staff in each case. The medical staff documented the care in accordance with Department requirements in each record. Five of seven instances were documented on the episodic care log.

The designated health authority (DHA) identified and approved the required contents for first aid kits. The center has first aid kits in each living area, classrooms, master control, kitchen, intake, and each vehicle. The first aid kits are checked monthly to ensure all required contents are present and within date. Break away ties secure the first aid kits; therefore, it is known when supplies are taken from the first aid kits. Supplies are restocked when items are used or expired. All first aid kits observed were fully stocked with items approved by the DHA. An interview with the nurse confirmed the center's episodic care policy and procedures.

4.23 Emergency Care [Contract Provider]

Satisfactory Compliance

The facility shall have established processes and procedures for either directly providing Emergency Care or facilitating an appropriate response to an emergency situation.

The center has a written policy and procedures to address emergency medical care. The detention center has two automated external defibrillators (AED). The AED batteries expire in March 2021 and the AED pads expire in June 2019. Reviewed documentation showed the AEDs are checked monthly. Emergency phone numbers are posted in master control and not accessible to youth. Policy and procedures state emergency medical drills are conducted quarterly on each shift, with a cardiopulmonary resuscitation (CPR) demonstration being completed at least once a year for each shift. Reviewed documentation showed mock emergency medical drills were conducted monthly on each shift and at least one of the drills in the last six months included a CPR demonstration. All drills were properly documented. Reviewed training records supported all staff maintained current certifications for first aid, CPR, and use of an AED. Nursing staff also held current certifications in first aid, CPR, and AED. Seven staff were interviewed and all seven staff reported they were able to call 9-1-1 in the event of an emergency. An interview with the nurse confirmed the center's emergency care policy and procedures.

4.24 Off-Site Care/Referrals [Contract Provider]**Satisfactory Compliance**

The facility shall provide for timely referrals and coordination of medical services to an off-site healthcare provider (emergent and non-emergent), and document such services, as required by the Department.

Three instances of youth being taken to the emergency room (ER) from the center were reviewed for off-site care. Off-Site Summary of Care Forms were sent with transporters for each ER visit and two were completed. Discharge paperwork from the hospital was returned with all three youth, filed in their respective records, and reviewed by the advanced registered nurse practitioner (ARNP) or designated healthcare authority (DHA). Two other youth were admitted to the center after being released from a hospital. Discharge paperwork from the hospital was in each youth's record and reviewed by the ARNP or DHA.

4.25 Chronic Conditions/Periodic Evaluations [Contract Provider]**Satisfactory Compliance**

The facility shall ensure youth who have chronic conditions receive regularly scheduled evaluations and necessary follow-up.

Seven youth healthcare records were reviewed. Four youth were identified with asthma, two youth were taking medications on a regular basis, and one youth was identified with an elevated body mass index (BMI) on their Comprehensive Physical Assessment (CPA). None of the youth were in the center over ninety days; although, evaluations were completed and care was provided for the four youth with asthma and the two youth taking medications on a regular basis. Treatment orders were clear for the six youth and four of the six youth were listed on the Chronic Conditions List. The youth with the elevated BMI condition was not identified; although, there were no orders related to the BMI, the youth was not placed on the Chronic Conditions List.

4.26 Medication Management – Verification [Contract Provider]**Limited Compliance**

A youth's medication regimen shall be ascertained upon admission to the facility.

Seven records were reviewed and the admission paperwork showed four youth were on medication at the time of their admission. One youth had their medications with them during admission, two youth had their medications brought to the center by a parent/guardian, and the center had medication in stock for the remaining youth. Medication brought to the center was verified by the nursing staff. Three of the youth medication(s) was started prior to obtaining an order from the designated health authority (DHA), advanced registered nurse practitioner (ARNP), or psychiatrist to continue the medication. The orders were obtained for one day, four days, and two days after the initial administration of the medication(s), respectively. There was not an order for one of the youth's medications which this medication was prescribed as to be taken "as needed". The youth did not take the medication while at the center. One youth is to take medicine as needed for Asthma, the admission screening and initial nursing note on September 1, 2018 indicated the youth was on a medication the center had in stock. A Medication Administration Record (MAR) was not completed for the medication neither was there a notification of the DHA or ARNP documentation at admission related to the medication. The ARNP did an electronic order for the medication on September 9, 2018, a copy of the order was not in the record and a MAR was not completed until it was brought to the attention of the nurse during the annual compliance review on September 13, 2018.

4.27 Medication Management – Orders/Prescriptions [Contract Provider]	Limited Compliance
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All medications shall have a current, valid order and are given pursuant to a current prescription or Practitioner Order.

Seven youth healthcare records were reviewed. One youth did not have an order for their asthma medication. Additionally, the same youth had a medication discontinued on August 22, 2018, but there was a documentation of a Medication Administration Record (MAR) completed for the medication during September and the medication was still in the medication cart (this was an “as needed” medication the youth’s parent/guardian brought in following admission and it had not been administered as the MAR was blank). Orders for youth admitted with medication were completed late, after youth had received a dose or dosages of their medication(s). All prescription bottles, including those brought in by parents/guardians or with youth, clearly listed dosage instructions.

4.28 Medication Management – Storage [Contract Provider]	Satisfactory Compliance
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All medications (e.g., prescriptions, over-the-counter, topical) are stored in separate, secure (locked) areas inaccessible to youth.

The center has a modified class II pharmacy permit. A review of the documentation showed a consultant pharmacist conducts on-site monthly reviews. Medical staff and detention staff trained in medication administration have access to medications. All medications are securely stored, with active medications in a secured medication cart and bulk supply medication stored in secured cabinets. Controlled medications are secured in a lockbox within the secured medication cart. Medications are separated by type/form (i.e., oral, injectable, topical, drops, liquids) and by the youth’s name within the medication cart. There is a secured refrigerator designated for medications requiring refrigeration. All sharps are secured in cabinets. Medications requiring disposal were disposed during monthly consultant pharmacy visits. All disposals were properly documented on the required forms.

4.29 Medication Management – Medication and Sharps Inventory [Contract Provider]	Failed Compliance
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All medications and sharps shall be inventoried, as per Department requirements.

A review of documentation found inventories for over-the-counter (OTC) medications and sharps were not consistently completed weekly. Three sharps, three OTCs, and three stock prescription medication inventories were reviewed. Errors were noted on the inventories, with medications or sharps being used and counts not matching up with inventory on hand. Current counts were compared with medication and sharps on hand, with the nurse counting the medication and sharps in front of the reviewer. One sharp count and one OTC count did not match. The three counts for prescription medications matched; although, the bottle and perpetual inventory for one medication (Cephalexin) showed sixty-six pills, the last updated count and actual count was sixty. There was no account for the six pills.

4.30 Medication Management – Controlled Medications [Contract Provider]	Satisfactory Compliance
<i>All controlled substances shall be inventoried, stored, and documented, as per Board of Pharmacy and Department requirements.</i>	

Controlled medications are stored in a lockbox within the secured medication cart. The center had one youth on controlled medication during the review. There were no other records for youth who were on controlled medications in the last six months available for review. A review of the one youth's Medication Administration Record (MAR) and controlled medication inventory found inventories were documented for each shift and each time the controlled medication was administered. Two signatures were documented for each inventory with one exception, which was for the first shift inventory, which had one nurse's signature.

4.31 Medication Management – Medication Administration Record [Contract Provider]	Failed Compliance
<i>The standard Department Medication Administration Record (MAR) shall be maintained at the facility for each youth who has a current, valid medication order.</i>	

Seven records were reviewed. One youth did not have a Medication Administration Record (MAR) completed when the admission paperwork identified the youth was on a medication in which the center had in stock. An order was done electronically for the medication eight days after the youth's admission; although, it was not in the record and a MAR was not completed until the issue was identified by the reviewer during the annual compliance review. There were several lapses noted in the medication administration records for three youth, with an overall total of five lapses documented. Documentation of doses given was not consistent within the time boxes, and with the nurses, staff, and/or youth placing their initials within the appropriate boxes on the MAR form, which would typically indicate the different times for administration.

4.32 Medication Management – Medication Administration by Licensed Staff [Contract Provider]	Satisfactory Compliance
<i>Medication Administration shall occur as scheduled in a comprehensive, accurate, and organized manner in the facility, only by a licensed nurse.</i>	

Nursing staff administer almost all medication at the detention center. Only medical staff may administer or watch youth self-administer parenteral medication. During the time of the annual compliance review, there were no youth on parenteral medication. Observation of medication administration by the nursing staff indicated the medication was as scheduled in an organized manner and administered in accordance with the five rights of medication administration. Youth were escorted to the nurse by the direct care staff one at a time. The nurse questioned youth regarding side effects and allergies. Seven interviewed youth reported the nursing staff administer the medications.

4.33 Medication Management – Medication Provided by Non-Licensed Staff [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>Trained, non-healthcare staff may assist youth with self-administration of oral prescription medications or over-the-counter (OTC) medications, only when licensed nurses are not available on site. The nurse shall delegate the delivery, supervision, and oversight of youth during self-administration of medications.</i>	

The center maintains a list of detention staff who are trained and authorized to administer medication which is kept with the Medication Admission Record (MAR) binder. The trained detention staff administer medication on the weekends during the evening shift. Upon medication administration by detention staff, both staff and youth initial the MAR to signify medication was provided.

4.34 Medication Management – Psychotropic Medication Monitoring [Contract Provider]	Satisfactory Compliance
<i>The facility shall have a comprehensive process in place for the monitoring of psychotropic medications, to ensure youths' safety and as required by the Department.</i>	

Healthcare records for three youth who were taking psychotropic medication were reviewed. The three youth were on psychotropic medication at the time of their admission and continued taking their medication(s) once it was brought to the center by their parent/guardian. A psychiatric evaluation using the Department's Clinical Psychotropic Progress Note (CPPN) was completed on each youth within fourteen days of the youth's admission. Youth on psychotropic medication are reviewed by psychiatrist every thirty days. None of the youth were in the center for thirty days; although, the psychiatrist completed a psychotropic medication monitoring using the CPPN for the two youth.

4.35 Infection Control – Surveillance, Screening, and Management [Contract Provider]	Satisfactory Compliance
<i>The facility shall have implemented Infection Control procedures including prevention, containment, treatment, and reporting requirements related to infectious diseases, as per OSHA federal regulations and the Centers for Disease Control and Prevention (CDC) guidelines.</i>	

Infection control is addressed in the center's policy and procedure. The procedures address prevention, containment, treatment, and reporting requirements related to infectious diseases. The plan covers hand washing, childhood diseases, contagious illnesses, viral and bacterial diseases, Tuberculosis (TB), hepatitis, blood borne pathogens, pediculosis, scabies, methicillin-resistant staphylococcus aureus (MRSA), food borne illnesses, bio-terror, and chemical exposures. Hepatitis B immunizations are available to all staff and staff are informed of the availability of the immunization upon hire. Staff have access to protective equipment and many were observed with medical gloves. The program did not have any incidents related to infection control during the annual compliance review period.

4.36 Infection Control – Education [Contract Provider]	Satisfactory Compliance
<i>The facility's comprehensive Infection Control education plan shall include pre-service and in-service training for all staff, and youth infection control education, as per Centers for Disease Control and Prevention (CDC) guidelines.</i>	

Seven youth healthcare records were reviewed and all youth received training on infection control within seven days of admission during the medical intake process. The training was documented on each youth's Health Education Record. A review of seven staff training records documented eighty percent of the staff received in-service training on infection control in December 2017. The training was provided by the nursing staff.

4.37 Infection Control – Exposure Control Plan [Contract Provider]	Satisfactory Compliance
<i>The facility's exposure control plan shall meet the requirements of OSHA standards (29 CFR 1910), with maintenance and documentation of the plan, as per the requirements of the Department.</i>	

The detention center 's exposure control was recently updated and is written in accordance with requirements of Occupational Safety and Health Administration (OSHA). The plan is reviewed and signed annually by the superintendent. The plan lists the job classifications for staff at risk, the proper disposal of needles and other sharps, procedures for maintaining the work site, specified signs and labels to communicate hazards, the handling of contaminated laundry, post-exposure evaluation and follow-up with maintenance, and documentation.

4.38 Prenatal Care – Physical Care of Pregnant Youth [Contract Provider]	Satisfactory Compliance
<i>The facility shall provide prenatal care at recommended intervals. High-risk pregnant youth will be provided additional testing and services, as recommended.</i>	

The center reported four pregnant youth were admitted to the center. Only one youth stayed beyond twenty-four hours and remained at the center for eight days. A review of the youth healthcare record supported prenatal care began immediately upon admission and the youth was evaluated by the advanced registered nurse practitioner (ARNP). The Medication Administration Record (MAR) showed the youth received medical evaluation daily and nursing staff asked if the youth was experiencing medical concerns. The youth experienced medical concerns once; therefore, the designated health authority (DHA) was notified.

4.39 Prenatal Care – Nutrition and Education of Youth [Contract Provider]	Satisfactory Compliance
<i>The facility shall provide nutritious foods in sufficient quantities meeting the standards of the minimum daily allowances for pregnant youth. Each pregnant adolescent shall receive prenatal, postpartum, and parenting education including topics directly related to healthcare issues and medical risk for pregnant adolescents.</i>	

A review of seven healthcare records found one record was applicable for a youth receiving prenatal care. The record documented the youth was placed on a special diet and prenatal vitamins. The center has a prenatal education packet, which is reviewed with pregnant youth upon admission or discovery of pregnancy. The packet addresses topics related to healthcare issues and medical risk for pregnant adolescents, to include alcohol and drug use, smoking,

nutrition, Sexually Transmitted Infections (STIs), contraception, prenatal care, and basic child care.

4.40 Prenatal Staff Education [Contract Provider]

Satisfactory Compliance

All non-healthcare staff involved in the supervision or treatment of pregnant youth shall receive appropriate education.

The center has developed a training guide titled, "Pregnant Juveniles in Detention Facilities." The training guide covers various topics related to pregnancy, to include symptoms of complications and labor and the required staff response. Documentation supported the training was provided by the nursing staff in December 2017 on multiple health topics, including pregnancy for juveniles. A review of seven staff training records documented eighty percent of the staff received the in-service training.

Standard 5: Safety and Security

Overview

All staff at the center are responsible for the supervision of youth in a safe and secure environment. The superintendent and assistant superintendents are responsible for the oversight of all safety and security at the center. Staff use two-way radios to communicate general information, such as movements and counts, as well as call for assistance in emergency situations. The digital camera monitoring system records activities in all areas of operations. The shift supervisors conduct a shift briefing at the beginning of each shift to discuss the Department's Juvenile Justice Information System (JJIS) Alerts, other information regarding youth, shift assignments for officers, and to assign radios and detention center keys. Staff conducts ten-minute checks anytime a youth is in a sleeping room. Master control staff are responsible for documenting youth counts at the beginning and ending of each shift and various times throughout the day. Individual module activities are logged in the module logbooks, which are maintained by the officers assigned to the module for their shift. Security of tools and chemicals are typically the responsibility of the maintenance mechanic and are maintained in secure areas with no access to youth. The maintenance mechanic also tracks and schedules annual vehicle inspections, vehicle preventative maintenance, and detention center repairs requiring outside vendors. Food service personnel are responsible for the inventory and security of knives and other kitchen items.

5.01 Active Supervision of Youth (Critical)

Satisfactory Compliance

Staff are aware of the location of youth assigned to their supervision at all times. Staff monitor the movement of youth in their direct care from one location to another.

Youth are in sight of at least one Juvenile Justice Detention Officer (JJDO) at all times (with the exception of sleeping hours or time secured in rooms).

Officers are responsible for the care of youth at all times. At no time shall another youth be allowed to exercise control over or provide discipline or care of any type to another youth.

When a youth leaves the group or program area of the facility for any reason, all staff assigned to supervise the youth are informed.

Master Control authorizes all movement of youth prior to the actual movement, and no movement occurs until cleared by Master Control.

Staff moves youth from one area of the facility to another in accordance with Florida Administrative Code.

Staff and youth interactions were observed directly, via radio transmissions, and master control observations. Youth were observed in the presence of staff while conducting daily activities, at all times. Observation of youth activities included school, meals, breaks, and line movements. Prior to the movement of youth, staff informs master control, announces the staff-to-youth ratio, and wait for clearance to move the youth. A review of the center's module log books indicated staff were aware of when a youth moved in and/or out of their assigned area and aware of the

count changing. Seven staff were interviewed, and all seven were able to communicate when youth counts are conducted, at the beginning of the shift, at the end of the shift, mid-shift, and randomly. Six of the staff stated there is enough staff to provide for the safety and security of the youth and staff. One staff stated the high vacancy rate can impact the safety and security for youth and staff.

5.02 Ten-Minute Checks (Critical)	Satisfactory Compliance
<p><i>Staff shall visually observe youth on standard supervision at least every ten minutes while they are in their sleeping quarters, either during sleep time or at other times, such as during an illness or room restriction.</i></p> <p><i>Staff conducts observations in a manner ensuring the safety and security of each youth and documents real-time observation manually or electronically. Documentation must include the actual time of each visual observation and initials of the staff conducting the check; pre-printed times are not acceptable.</i></p> <p><i>There shall be no obstructions (e.g., clothing, memos, pictures) over windows and areas where direct line of sight is needed.</i></p> <p><i>If an officer, in the course of completing visual observation, is unable to see the youth or any part of the youth's body, the officer shall, with the assistance of another officer, open the door to verify the youth's presence.</i></p>	

Ten-minute checks are completed using the Guard 1 Electronic Wand System. Times are documented electronically. A review of random dates, times, and locations of checks reflected checks were routinely completed within ten minutes. A review of the video and the ten-minute check sheets were consistent with no exceptions. The confinement and sleeping rooms have clear windows with no obstructions. Seven staff were interviewed and all seven were aware room checks are completed every ten minutes.

5.03 Census, Counts, and Tracking	Satisfactory Compliance
<p><i>Officers must know the exact number and location of all youth under their supervision at all times. Census counts of youth shall be taken, called into Master Control, and documented, at a minimum:</i></p> <ul style="list-style-type: none"> • <i>At the beginning and end of each shift.</i> • <i>Following any emergency to include power outages, evacuation due to emergency drills, and any code called outside the secure walls. In the event a code is called in any location outside the main walls of a facility, it is critical all youth counts are reconciled prior to the movement of any group of youth.</i> • <i>Prior to and following routine group movement.</i> • <i>Any time a population change occurs.</i> • <i>Randomly, at least once on each shift.</i> <p><i>Staff should not include youth in the count who are not physically present with the staff person at the time of the count (e.g., court, clinic, confinement).</i></p>	

Master control and module logbooks were reviewed for the past six months as well as observation of youth counts completed during the annual compliance review period. The master control and modules log books documented the beginning, end, and mid shift counts

routinely over the past six months. Seven staff were interviewed and each was able to communicate when an emergency count shall be conducted.

5.04 Logbook Maintenance	Satisfactory Compliance
<p><i>The program maintains a chronological record of events, incidents, and activities in logbooks maintained at master control and in each living area in accordance with Florida Administrative Code. Each logbook is a bound book with numbered pages. If electronic logbook software is used by the facility, it is password-protected and configured to prevent entries from being deleted or altered after they are saved.</i></p> <p><i>At a minimum, each logbook entry includes the date and time of the event, the names of staff and youth involved, a brief description of the event, the initials of the person making the entry, and the date and time of the entry. Logbook entries are made in black or blue ink, with no erasures or whiteout areas. No logbook entries are obliterated or removed; errors are struck through with a single line and initialed by the person correcting the error.</i></p> <p><i>Log entries regarding Medical, Special Needs, and Mental Health alerts, or other issues impacting facility safety and security shall be highlighted.</i></p>	

Master control and module logbooks were reviewed for the past six months. All logbooks were in good condition. All logbooks contained incidents reported to the Central Communications Center (CCC), drills, population counts, population counts after the release of a youth, youth movements, admissions and releases, youth placed in confinement including the confinement beginning and ending times, and youth placed on precautionary observation including the initiated and ending times. The documentation in the master control logbook was a detailed picture of the activity on each shift and throughout the center. The logbook entries were documented in blue or black ink. All errors are struck through with a single line and dated by the person correcting the error. The logbooks were highlighted to indicate medical alerts, mental health alerts, and safety and security issues.

5.05 Logbook Reviews	Satisfactory Compliance
<p><i>The superintendent or designee reviews all logbooks on a weekly basis.</i></p> <p><i>The supervisor(s) reviews the facility logbook maintained at master control when he/she accepts responsibility for the facility.</i></p> <p><i>The Juvenile Justice Detention Officer (JJDO) Supervisor(s) reviews logbooks maintained in each living area daily.</i></p> <p><i>The JJDO(s) reviews the logbook maintained in his/her assigned living area when he/she accepts responsibility for the living area at shift change.</i></p>	

Master control and module logbooks were reviewed for the past six months. The documentation of signature was consistent and included short narratives indicating the juvenile justice detention officers, juvenile justice detention officer supervisors, and review of logbooks by administration. Review of logbooks were documented daily and weekly.

5.06 Key Control	Satisfactory Compliance
<p><i>Each facility is responsible for maintaining inventory and control of all facility keys.</i></p> <p><i>All keys shall be placed on a tamper-resistant key ring designed to inhibit the removal of keys.</i></p> <p><i>Emergency key rings shall be maintained separately from other facility keys, in master control, in a secure location designated by the Superintendent. These keys shall be notched or otherwise identifiable by touch.</i></p> <p><i>The key(s) on these rings shall provide egress through facility exterior doors providing access to evacuation areas.</i></p> <p><i>A key inventory shall be maintained by the Superintendent or designee at all times. (For the entire indicator statement, please reference the Monitoring and Quality Improvement FY 2016-2017 Detention indicators.)</i></p>	

The center has a policy and procedures for key control. The issuance of keys by master control was observed. Work orders were submitted for broken keys and completed within the same day. Direct care and provider staff were observed leaving their personal keys in master control before entering the secure floor. Direct care staff are issued keys during shift briefing. The master control staff inventory keys and document their review in the master control log book. There were no reports of lost keys within the last six months. The master key inventory and back up keys are maintained in one of the assistant superintendent's office. Seven staff were interviewed. All seven staff were able to describe and identify the restricted keys within the center as medical files, youth property area, mental health records, case management records, and the kitchen. All seven staff were able to describe the process of turning in personal keys and obtaining center keys for their work shift.

5.07 Vehicles and Maintenance	Satisfactory Compliance
<p><i>The program ensures any vehicle used by the program to transport youth is properly maintained, and maintains documentation on the use and maintenance of each vehicle.</i></p> <p><i>Youth and staff are not permitted to use tobacco products.</i></p> <p><i>Program vehicles are locked when not in use.</i></p>	

The center's vehicles were locked during the review. All center's vehicles are locked when not in use. The maintenance mechanic conducts daily and weekly vehicle inspections, exceeding the requirement. All vehicles were equipped with the proper number of seat belts, current, fire extinguisher, and first aid kit. A seat belt cutter, window punch, warning triangle, shop towel, biohazard bag, flashlight, and jumper cables are stored and secured in a zipped canvas bag. First aid kits are stored in master control and signed out when the vehicle is issued for use. Observation of a transport indicated the youth was searched prior to being transported. There is a consistent documentation of all vehicles are searched prior to leaving the center. A review of invoices indicated annual safety inspections are conducted by a local service center.

5.08 Tool Inventory and Management**Satisfactory Compliance***The program ensures all tools and equipment related to maintenance are properly maintained, stored, and inventoried.*

The center has a policy and procedures for tools. The tools are kept in a maintenance shed which is secured and inaccessible to youth. The center’s maintenance mechanic maintains their own personal tools with a tool inventory list for each tool. The maintenance mechanic did not have to replace any tools during the annual compliance review period. The inventory of tools is maintained by the maintenance staff and reviewed by the superintendent or designee monthly. The maintenance mechanic maintains a sign-in log for repair personnel and is responsible to escort repair personnel when in the center. There were no discrepancies noted between the tools and the tool inventory list. The Department’s tools were noted as being etched as property of the Department.

5.09 Kitchen Tools**Satisfactory Compliance***Kitchen knives and other hazardous kitchen sharps are stored in a locked cabinet, drawer, or toolbox containing an inventory list.**All storage areas, including cabinets and drawers, are secured when not in use.**Kitchen staff conducts an itemized inventory of all equipment, including kitchen knives and other hazardous kitchen implements, upon reporting for duty.**All equipment is accounted for prior to the departure of the kitchen staff. Any discrepancy must be reported to the Superintendent or designee.*

The center has a policy and procedures regarding kitchen tools. Observation of the kitchen tools were found tools were in a locked shadow board cabinet and a drawer. All items are secured when not in use. A separate inventory list exists for general kitchen tools and sharps. The kitchen staff conducts an itemized inventory of all equipment, including knives upon reporting to duty. All equipment is accounted for prior to the departure of kitchen staff. A daily inventory is conducted for both the kitchen knives and other hazardous kitchen sharps. A random check of kitchen tools was compared with the inventory list which was found to be consistent, with no exceptions. An interview with the kitchen manager indicated kitchen staff are aware of the policy and kitchen tools are used per the center’s policy.

5.10 Youth Access & Use of Tools, Cleaning Items (Critical)**Satisfactory Compliance***Youth are forbidden to use or access any tools, including kitchen or medical equipment.**Youth may use cleaning items such as mops, brooms, buckets, and other common household items under direct supervision.*

Youth are not permitted to use tools, including kitchen and medical equipment. Youth may use cleaning items such as mops and brooms, under the direct staff supervision. Youth were not observed using cleaning tools. Seven youth were interviewed and six youth stated they are only allowed to use a mop or broom to clean their individual rooms. One youth stated they were not allowed to use any tools, including mops and brooms. The six youth stated they are not allowed to use any cleaning agents. The one youth stated, if using a mop or broom to clean their

individual rooms, staff spray the cleaning agent and the youth will wipe the area sprayed with the cleaning agent. The water to mop is brought with the cleaning agent already added. Seven staff were interviewed and confirmed youth are only allowed to use a mop or broom, no other tools.

5.11 Inventory of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
<p><i>The Superintendent is responsible for the implementation of a safety plan addressing proper use, storage, and disposal of chemicals, including flammable, toxic, caustic, and poisonous items.</i></p> <p><i>All flammable, toxic, caustic, and poisonous items shall be inventoried and secured when not in use. The use of hazardous material shall be consistent with the manufacturers' instruction and all safety precautions shall be followed.</i></p> <p><i>All flammable, toxic, caustic, and poisonous items shall have the Material Safety Data Sheets (MSDS) on hand in the facility. Toxic or caustic materials shall not be allowed to enter into the facility unless an MSDS is on file in an MSDS logbook and posted near items. A master copy of the MSDS logbook shall be maintained in an accessible binder for all personnel to review at all times.</i></p> <p><i>No hazardous chemicals should be mixed, as this could result in an explosion or emission of toxic gas.</i></p>	

The center has a plan for handling toxic materials. All flammable, toxic, caustic, and poisonous items are stored in a separate building, away from the main building, in a secure area inaccessible to the youth. The center maintains an inventory of all flammable, toxic, caustic, and poisonous items. A random check of items was compared with the inventory which was found to be consistent, with no exceptions. A review of the safety data sheets (SDS) book, located in maintenance office, found a sheet for all chemicals present.

5.12 Access to all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
<p><i>Flammable, toxic, caustic, and poisonous fluids and other dangerous substances may only be drawn or acquired by authorized personnel.</i></p> <p><i>Youth shall not be permitted to use, handle, or clean-up dangerous or hazardous chemicals or respond to chemical spills. Youth shall not be permitted to clean, handle, or dispose of any other person's bio hazardous material, bodily fluids, or human waste.</i></p>	

Only authorized personnel are permitted access to flammable, toxic, caustic, and poisonous items. All flammable, toxic, caustic, and poisonous items are stored in a secure area inaccessible to youth. All items are labeled as required. Seven youth were interviewed and all seven stated they are not allowed to use cleaning agents. The youth stated, if using a mop or broom to clean their individual rooms, staff spray the cleaning agent and the youth will wipe the area sprayed with the cleaning agent. The water to mop is brought to the youth with the cleaning agent already added. Seven staff were interviewed and all seven staff confirmed youth are not allowed to with clean with substances which are toxic, flammable, or poisonous.

5.13 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
<i>The Maintenance Mechanic or other trained staff who have the safety equipment for diluting, handling, and disposing of hazardous waste and/or solid waste shall be responsible for disposing of hazardous items and toxic materials in accordance with Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 (amended 1-1-2004).</i>	

The center has a policy and procedures for the disposal of all flammable, toxic, caustic, and poisonous items. Flammable, toxic, caustic, and poisonous items are taken to the Alachua County Hazardous Waste Center. A review of the center’s facility operation procedures supported the disposal of flammable, toxic, caustic, and poisonous items in September 2018. The center has a grease trap for the kitchen which is serviced quarterly by a local company. The center does not use oil or grease. An interview with the maintenance mechanic confirmed flammable, toxic, caustic, and poisonous items and materials are disposed according to the center’s policy and procedures.

5.14 Confinement Under Twenty-Four Hours	Satisfactory Compliance
<i>Staff shall use behavioral confinement as an immediate, short term response strategy during volatile situations in which a youth’s sudden or unforeseen onset of behavior imminently and substantially threatens the physical safety of others or self.</i>	

Four confinement reports for under twenty-four hours were reviewed. All reports documented the room was searched prior to the youth being placed in the room; the rooms were clear of obstructions. All four reports were reviewed by a supervisor within two hours and additional reviews were all completed within three hours afterwards with one exception. One review was completed late, two and half hours past the required time. All administrative reviews were completed within forty-eight hours and clearly detailed the use of confinement was warranted based on the youth’s behavior. Seven staff were interviewed and all seven staff confirmed they are aware of what must be done when a youth is placed in confinement.

5.15 Confinement Over Twenty-Four Hours	Satisfactory Compliance
<p><i>Confinement beyond twenty-four hours must be approved by the Superintendent or designee.</i></p> <p><i>The Superintendent shall approve confinements extended beyond twenty-four hours and every twenty-four hours afterwards. Reasons for extended confinement must be clearly documented on the confinement report.</i></p> <p><i>The JJDOS(s) shall continue to evaluate and document the youth's status every three hours. Current youth behavior and/or conversation with the youth shall be documented on the confinement report as evidence for the need to continue or terminate confinement.</i></p> <p><i>If it is necessary to extend the confinement beyond twenty-four (24) hours, permission is needed from the Regional Director or designee. The Regional Director will notify the Assistant Secretary. This must be done every twenty-four (24) hours.</i></p> <p><i>The length of confinement shall not exceed three days unless the release of the youth into the general population would jeopardize the safety and security of the facility as documented by the Superintendent. No youth shall be held in confinement beyond three days without a confinement hearing, conducted by an employee of the Department who holds a management or supervisory position.</i></p>	

Four confinement reports for over twenty-four hours were reviewed. All rooms were searched prior to youth placement in confinement. The confinement was approved by the superintendent or designee in each case. Confinement was approved every twenty-four hours after placement and permission was obtained and granted by the regional director in each case. The need for continued confinement was based on the severity of rule violation, past disciplinary history or behavior while in confinement. There was no confinement over twenty-four hours which exceeded three days.

5.16 Continuity of Operations Planning (COOP) Drills	Satisfactory Compliance
<p><i>COOP drills shall be conducted and documented, at minimum, twice a year, with one drill being completed prior to the hurricane season, which begins June 1st.</i></p>	

The center has a comprehensive plan with annexes to address multiple types of disasters. The center had a weather drill completed before the beginning of the hurricane season on April 12, 2018. Reviewed documentation indicated the center conducted at least two drills per year. Drills are documented in the master control logbook. Seven staff were interviewed and all seven stated a variety of drills were completed within the last six months.

5.17 Escape Drills	Satisfactory Compliance
<p><i>The center shall develop, implement, and maintain an escape prevention plan incorporating the Department's established policies and procedure regarding escapes.</i></p> <p><i>The facility shall conduct and document quarterly mock escape drills.</i></p>	

The center's escape prevention plan is incorporated into the facility operating procedures. A review of the logbooks and escape drill forms found drills were conducted on a quarterly basis

on all three shifts. Seven staff were interviewed and all seven staff indicated escape drills were conducted within the last seven months.

5.18 Fire Drills	Satisfactory Compliance
<i>Management has implemented a disaster preparedness plan and fire prevention plan.</i> <i>Monthly fire drills (with procedures being approved by local fire officials) are documented and conducted under varied conditions and on each shift.</i>	

The emergency drill reporting form is utilized to document fire drills. All drills were documented in the master control log. A review of the fire drills in the master control log book and emergency drill form showed drills were consistently completed monthly on each shift. The center's egress plans are documented throughout the center indicating primary and secondary egress points. Seven youth were interviewed and all seven stated they knew what to do in the event of a fire. Seven staff were interviewed and all seven stated fire drills are conducted monthly at the center.

Program Name: Alachua Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Alachua County / Circuit 8
Review Date(s): September 11-14, 2018

MQI Program Code: 089
Contract Number: n/a
Number of Beds: 48
Lead Reviewer Code: 143

Overall Rating Summary

The following limited and/or failed indicators require immediate corrective action.

Limited Ratings	Failed Ratings
4.11 DHA/Designee Admission Notification	4.04 Parental Notification
4.14 Comprehensive Physical Assessment	4.29 Medication and Sharps Inventory
4.17 Sexually Transmitted Infection Screening	4.31 Medication Administration Record
4.26 Medication Management - Verification	
4.27 Medication Management - Orders/Prescriptions	