

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Duval Regional Juvenile Detention Center
Department of Juvenile Justice
(State-Operated)
1241 East 8th Street
Jacksonville, Florida 32206

Review Date(s): August 14-17, 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:

Gwen Nelson, Office of Program Accountability, Lead Reviewer (Standard 1)

Renette Crosby, Office of Education, Government Operation Consultant II, (Standard 2, Indicator 2.14)

Shirley Edmond, Alachua Regional Juvenile Detention Center, Assistant Superintendent (Standard 2)

Teresa Edwards, Union Juvenile Residential Center, Administrative Assistant (Staff/Youth Interviews)

Warren Garrison, Office of Program Accountability, Operation Review Specialist (Standard 3)

Lea Herring, Office of Program Accountability, Operation Review Specialist (Standard 5)

Katina Horner, Office of Program Accountability, Operation Review Specialist (Standard 4)

Program Name: Duval Regional Juvenile Detention Center
 Provider Name: Department of Juvenile Justice
 Location: Duval County / Circuit 4
 Review Date(s): August 14-17, 2018

MQI Program Code: 131
 Contract Number: N/A
 Number of Beds: 100
 Lead Reviewer Code: 130

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

Documents Reviewed

- | | | |
|--|---|--|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input checked="" type="checkbox"/> CCC Reports
<input 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 checked="" type="checkbox"/> Escape Notification/Logs
<input checked="" type="checkbox"/> Exposure Control Plan
<input checked="" type="checkbox"/> Fire Drill Log
<input type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan
<input 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 checked="" 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
5 # Personnel Records
5 # Training Records/CORE
5 # Youth Records (Closed)
7 # Youth Records (Open)
_____ # Other: _____ |
|--|---|--|

Surveys

- | | | |
|-----------|-----------------------|----------------------|
| 7 # Youth | 5 # Direct Care Staff | _____ # Other: _____ |
|-----------|-----------------------|----------------------|

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" type="checkbox"/> Facility and Grounds
<input checked="" type="checkbox"/> First Aid Kit(s)
<input type="checkbox"/> Group
<input 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 checked="" type="checkbox"/> Recreation
<input checked="" type="checkbox"/> Searches
<input checked="" type="checkbox"/> Security Video Tapes
<input checked="" 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 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	Satisfactory
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	Satisfactory
4.12	Healthcare Admission Rescreening	Satisfactory
4.13	Health Related History	Satisfactory
4.14	Comprehensive Physical Assessment	Satisfactory
4.15	Female-Specific Screening/Examination	Satisfactory
4.16	Tuberculosis Screening	Satisfactory
4.17	Sexually Transmitted Infection Screening	Satisfactory
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	Satisfactory
4.27	Medication Management - Orders/Prescriptions	Satisfactory
4.28	Medication Management - Storage	Satisfactory
4.29	Medication and Sharps Inventory	Satisfactory
4.30	Medication Management - Controlled Medications	Satisfactory
4.31	Medication Administration Record	Satisfactory
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

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Standard 1: Management Accountability

Overview

The Duval Regional Juvenile Detention Center (DRJDC) is located in Circuit 4, Jacksonville, Florida. The center has a bed capacity of 100 youth. On the first day of the annual compliance review, the youth population was sixty-three. The center serves youth from Duval, Clay, and Nassau counties. The center had eleven juvenile justice detention officer (JJDO) vacancies listed on the employee roster. The center's management team consists of the superintendent, two assistant superintendents, nine JJDO supervisors, the designated mental health clinician authority (DMHCA), medical clinical director, and a food service manager.

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 policy and procedures for completing initial background screenings. Eighteen new staff members were hired since the last annual review. All new staff members were background screened prior to having contact with the youth population. None of the new hires required an exemption. All the direct care staff completed the pre-employment assessment tool and a passing score was documented in the employee records. The program completed the Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) and sent the form to the Department's Background Screening Unit (BSU) on January 8, 2018.

1.02 Five-Year Rescreening

Satisfactory Compliance

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.

The center has a written policy and procedures to address five-year rescreening for all staff, volunteers, mentors, and interns, with the due date of a rescreening based on the original date of hire or volunteering. Ten employees and eight volunteers required a five-year rescreening. A rescreening was completed on each applicable employee on or prior to the anniversary date of hire and completed for all applicable volunteers prior to the anniversary of initial date of services. Each rescreening was completed no more than twelve months prior to the anniversary date.

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>	

The center has a policy and procedures for employees and volunteers detailing the code of conduct when interacting and communicating with youth. The center is state-operated, and staff are trained on the Department's code of conduct. The Department's code of conduct prohibits any form of abuse, profanity, threats, harassment, intimidation, horseplay, or personal relationships with youth. Seven personnel records were reviewed, which showed all staff signed a form indicating they received and reviewed the staff code of conduct. Three personnel records were reviewed for disciplinary actions for violations of the code of conduct. Two staff members received verbal and written reprimands for poor attendance and poor performance. One staff had a program violation substantiated for use of force. This staff member received a written reprimand and was later terminated. Based on documentation in personnel records, management addressed all violations immediately. Seven youth were interviewed and six reported they felt safe in the center. One youth reported not feeling safe because staff does not appear to care about them. Two youth reported they have never been stopped from calling the Central Communications Center (CCC) or contacting the Florida Abuse Hotline. Five youth said they never needed to call the CCC or the Florida Abuse Hotline. Three youth said they have never heard staff use profanity. One youth indicated hearing staff use profanity once, two youth said they heard staff use profanity occasionally, and one youth indicated hearing staff use profanity often. Five staff members were interviewed. One staff member indicated never hearing staff using profanity, one staff member indicated hearing staff use profanity once, and three staff members said they heard staff use profanity occasionally. Four of the five staff members indicated they have never seen a coworker use threats, intimidation, and/or humiliation when interacting with youth. The center's staff indicated the working conditions at the center is good.

1.04 Incident Reporting (CCC) (Critical)**Satisfactory Compliance**

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.

The center has a written policy and procedures to address incident reporting. The center had thirty-three reportable incidents (one escape, two violations of rules, one improper supervision, six Protective Action Response (PAR) incidents with restraints resulting in injuries, thirteen medical transports, two youth-on-youth batteries, one computer misuse, one hostile work/improper supervision, one media attention, two use of force incidents, one failure to report, one staff arrest, and one Prison Rape Elimination Act (PREA) for the review period. A review of five incidents indicated the calls were reported within the required two-hour time frame or within two hours of the staff becoming aware of the incident. Four of the incidents were documented in the center logbooks. The remaining incident was reported anonymously to the Florida Abuse Hotline. No internal incidents or grievances were identified as needing to be called into the Central Communications Center (CCC) or the Florida Abuse Hotline. Two of the seven interviewed youth reported they have never been stopped from calling the CCC or contacting the Florida Abuse Hotline. The other five youth said they never needed to call the CCC or the Florida Abuse Hotline. The superintendent interview indicated knowledge of the incident reporting process.

1.05 Protective Action Response (PAR)**Satisfactory Compliance**

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.

The center has a written policy and procedures to address Protective Action Response (PAR). A review of five PAR reports dating from March 2018 through August 2018 found all the reports were completed by the end of the workday. The reports included statements from all staff involved. The PAR incidents did not result in injuries to the youth. None of the youth involved in a PAR incident alleged abuse. All reports included a review by a PAR certified instructor and/or supervisory staff. A post-PAR interview was conducted within thirty minutes after each incident. A review of the PAR incident report by the superintendent or designee was conducted within seventy-two hours of each incident. None of the five reviewed PARs required a PAR medical review. None of the PARs required the use mechanical restraints.

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.

The center has a written policy and procedures in place for pre-service and/or certification requirements for newly-hired staff, including attendance of the Department's Juvenile Justice Academy, within 180 days of their hire date. The center's training plan and documentation verified new staff completed a minimum of 120 hours, within 180 days of hire, in accordance

with Florida Administrative Code. A review of seven newly hired staff training records indicated the new staff completed pre-service requirements prior to contact with any youth. Each staff was Protective Action Response (PAR) certified within ninety days of hire as well as certified in first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillator (AED). Two of the seven newly hired staff completed the Department's Juvenile Justice Academy in August 2018. Five newly hired staff members are on a waiting list. All pre-service trainings were recorded in the Department's Learning Management System (SkillPro). Five staff interviews indicated the staff felt adequately trained to perform their assigned job.

1.07 In-Service Training	Satisfactory Compliance
<p><i>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.</i></p> <p><i>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.</i></p>	

The center provides twenty-four hours of in-service training, including mandatory topics specified in the Florida Administrative Code, each calendar year. The center maintains an approved annual in-service training calendar for all staff. Five in-service staff training records were reviewed, and each staff had a current first aid, cardiopulmonary resuscitation (CPR), and automated external defibrillator (AED) certification. The five staff training records indicated the staff completed the required twenty-four-hour annual in-service training. The staff received the annual eight-hour Protective Action Response (PAR) update training as required by PAR Rule, Chapter 63H-1. The staff also completed professionalism, ethics, and suicide prevention training. Two of the five staff training records reviewed were applicable for the mandatory supervisor training. One supervisor had twelve hours and the other supervisor had thirteen-and-a-half hours of management/supervisory training. Five interviewed staff indicated they received appropriate and adequate training to perform their jobs. All in-service trainings were recorded in the Department's Learning Management System (SkillPro).

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.

The center has a policy and procedures for entering alerts in the Juvenile Justice Information System (JJIS). All responses and updates are completed by the appropriate medical, mental health, and supervisory staff in JJIS. The JJIS alert report is reviewed by administration and supervisors to ensure alerts are correctly documented in JJIS. On August 7, 2018, the center had a total of 126 open alerts. Nine youth alerts were reviewed. The alerts were documented in JJIS appropriately. The alerts were downgraded, updated, or discontinued by medical, mental health, or administration staff. The center has a written policy and procedures to address sharing alert information. The center utilizes an internal alert system in addition to the alert system through the center Facility Management System (FMS) in the Department's Juvenile Justice Information (JJIS).

Standard 2: Assessment and Performance Plan

Overview

During the initial screening process, the juvenile probation officers (JPO) located in the Juvenile Assessment Center (JAC) complete the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse and referral form. The JPOs also initiate the Suicide Risk Screening Instrument (SRSI). Juvenile justice detention officers (JJDO) complete the admission wizard and the detention section of the SRSI. Youth personal property is collected, inventoried, and stored in a secure location. Youth orientation is completed within twenty-four hours of admission. During the intake process, the rules, daily schedule, grievance process, reporting abuse allegations, and mental health, substance abuse, and medical services are explained to the youth. The release process is initiated by the JJDOs, who are also responsible for completing the release wizard.

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.

Seven youth records were reviewed. A Juvenile Justice Information System (JJIS) Admission Wizard was completed and contained required admission elements for all seven youth. All records contained an arrest affidavit, Detention Risk Assessment instrument (DRAI), and a Suicide Risk Screening Instrument (SRSI). Each admission wizard documented a youth search by an officer of the same sex. Each admission wizard also documented medical, mental health, and substance abuse screenings. An intake phone call was documented for each youth along with an admission meal. This process was observed and completed in accordance with the center's operating procedures (FOP) and the Florida Administrative Code. The interaction between the youth and staff was professional and appropriate. The youth was asked if he felt safe and comfortable during the admission process and he said "yes".

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> 	

Seven youth records were reviewed. Orientation was completed within twenty-four hours of admission in all seven cases. The center's orientation packet included all required elements. All youth signed an orientation acknowledgement form and a copy was maintained in each youth's record. Youth also watch a video presentation during the orientation process. This process was observed, finding the tone set by the staff was professional and positive. Six of seven youth interviewed said they received orientation during the admission process.

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>	

Seven youth records were reviewed. The center has a policy and procedures outlining the classification process. Each youth was classified to provide the highest level of safety and security. This was evident in all seven records reviewed, as the required elements were present on each youth's Juvenile Justice Information System (JJIS) Admission Wizard and the Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) form. Youth were assigned to a room based on their classification and applicable alerts were entered in the JJIS. Six youth were applicable for reclassification due to a change in status or behavior, which was

accomplished. None of the youth sampled required a single room for being a sexual victim or committing a sexual offence; however, the procedures addresses this process.

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>	

Seven youth records were reviewed. The center’s policy and procedures address classification of gang members. Two youth were applicable for gang affiliation and alerts were placed in the Juvenile Justice Information System (JJIS) as required. The superintendent is informed of how to identify and address local gangs from training at gang conferences and communication with the Department’s circuit gang representative and law enforcement.

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’s policy and procedures outline the process of communicating with the Department’s circuit gang representative and law enforcement agencies for suspected gang activity. One youth was applicable for this requirement. A referral for the suspected gang member was sent through email to the Department’s circuit gang representative.

2.06 Admission of Youth Personal Property	Satisfactory Compliance
<p><i>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.</i></p>	

Seven youth records were reviewed. During admission each youth’s personal property is inventoried to ensure proper return to the parent/guardian upon release. A personal property receipt form signed by the youth and staff was present in each youth’s record. None of the youth were admitted with money or valuables. All personal property of youth is stored in individual property bags in a secured room along with a completed inventory form. Each youth record contained a letter of acknowledgement, signifying an understanding unclaimed property is deemed abandoned and subject to disposal. Five of seven youth interviewed said staff checked their personal property upon admission and had them sign a personal property form.

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 stores the personal property of youth in a secure manner. The center has a drop safe to store any personal property of value. The drop safe is under constant video surveillance. The center's policy and procedures prohibit any staff from youth's unclaimed property. There were no reports made to the Central Communication Center (CCC) during the past six months related to youth property. The superintendent was interviewed and able to outline the policy and procedures as stated above.

2.08 Release**Satisfactory Compliance**

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.

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.

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.

Questions concerning release are presented and addressed by the Superintendent, or designee, prior to release.

The releasing officer shall verify the identification of the youth.

The center has a policy in place, which outlines the Department's requirements. Five closed records were reviewed for release requirements. The on-duty supervisor reviewed all paperwork and verified each youth's identification prior to release. The youth is then allowed to change into his/her own clothes. A photocopy of the parent/guardian identification was verified prior to release and placed in the youth's record in all five cases. Both the youth and the youth's parents/guardians were reminded of any future court dates and all parties signed the release forms. The date of admission and the date of termination in each youth's record matched the information in the Juvenile Justice Information System (JJIS) in all five cases. There were no unauthorized releases reported to the Central Communication Center (CCC) during the past six months.

2.09 Release of Youth Personal Property**Satisfactory Compliance**

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.

Five closed records were reviewed. Each record contained a property form signed by the youth and the parent/guardian on the day of release. The center has a policy and procedures in place outlining this requirement. The superintendent was interviewed and was able to verbalize the

procedures for personal property upon release along with the procedure for unclaimed property held more than thirty days.

2.10 Release of Medication, Aftercare Instructions	Satisfactory Compliance
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<i>The program ensures there are provisions in place to ensure prescribed medication, along with medical instructions, accompanies detained youth upon release.</i>

The center has a policy and procedures in place to ensure prescribed medication and instructions are provided to the youth and their parents/guardians upon release. Five closed records were reviewed and four were applicable for release of medication. Each record contained a medication receipt, transfer, and disposition form signed by the approved receiving party on the appropriate date of discharge. A copy of the identification of the receiving party was also present in all four records.

2.11 Review of Youth in Secure and Home Detention	Satisfactory Compliance
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<i>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.</i>
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The center has a policy and procedures in place related to review of youth in secure and home detention. Detention reviews for current youth on the census are held weekly at 10:00 a.m. and conducted by the detention review officer (DRO). Other participants include the superintendent and/or assistant superintendent (when possible), medical, mental health, officers, education, probation, and, when applicable, commitment staff and the Department of Children & Families (DCF). Participants share information for each youth's case, checking for problem court orders, detainment beyond twenty-one days, youth pending residential placement, termination of home detention, and medical and mental health needs. Any other issues related to the youth's status on home or secure detention is discussed at this time. Detention review meeting documentation was reviewed for the past six months and weekly participation was consistent. The census, sign-in sheet, tasks for follow-up, and minutes are entered into the Facility Management System (FMS). This process was observed and conducted appropriately. The superintendent was interviewed and was able to verbalize the center's process for detention reviews.

2.12 Daily Activity Schedule	Satisfactory Compliance
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<i>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.</i>
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The center has a policy and procedures in place for daily constructive activities for youth. The daily activity schedule includes personal hygiene, meal times, visitation, education, recreation, physical activities, gender-specific programming, restorative justice programming, life and social skills, and indoor activities promoting education and problem-solving skills. Documentation indicated groups on restorative justice and gender-specific topics are being completed. Logbook entries and observations confirm daily activities are being conducted. The daily activity schedule is posted in each living unit. Six of the seven youth interviewed said the center has a daily activity schedule. Two of five staff interviewed said the center does offer gender-specific programming as part of the daily schedule for youth.

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>	

The center has a policy and procedures in place for daily constructive activities for youth. Logbook entries and observations confirm the daily schedule is followed. Any significant changes made to the daily schedule were documented on the shift report. Six of seven youth interviewed said the center follows the daily activity schedule. All five interviewed staff stated the daily activity schedule for youth 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>	

The center has a written policy and procedures to address educational access. The center provides education and career related programs for all youth through the Duval County School Board. Each youth attends class for thirty hours a week. Classes are offered over twelve months. The center offers opportunities in educational programming and career training to each youth. A review of the center’s daily activity schedule and master control logbooks confirmed the school schedule is adhered to with minimal interference. Members of the review team observed youth in class at the assigned times delineated on the daily schedule. An interview with the school personnel confirmed youth attend school six hours a day, thirty hours a week. Teachers have ten planning days each year. Seven youth were interviewed and six indicated the center offers educational (school or career/technical instruction) classes and youth attend school Monday through Friday.

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

The center has a written policy and procedures to address career education. The center’s education programming includes communication, interpersonal, and decision-making skills. The center provides career education to each youth in secure detention. The center provides Type 1-Life skills group, activities, and instruction. An interview with Duval County School Board personnel indicated in addition to the educational component offered, the center provides programming in career search, mock job interviews, and vocational interest surveys to each youth. Education services also includes budgeting and money management.

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 written policy and procedures to address the behavior management system. The center's behavior management system (BMS) contains three levels. The behavior management system incorporates loss of privileges, individual supervision, and confinement as consequences for inappropriate behavior. The youth can advance levels based on good behavior. The behavior management system is posted in each living area. The behavior management system is explained during the orientation process. Seven youth were interviewed on behavior management system. Two youth rated the system as poor, three youth rated the system as good, and two youth rated the system as very good. Three youth stated consequences were fair, three youth said they never received consequences, and one youth said the consequences were not fair. Five staff were interviewed. Four staff stated the behavior management system is effective. The five interviewed staff indicated they speak to the youth about consequences imposed, give youth an opportunity to explain their behavior, and speak with youth about alternative acceptable behaviors. Five staff stated youth's points and levels can be taken as consequences.

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 has a written policy and procedures to address unauthorized use of punishment. The center's policy prohibits group punishment. Consequences are based on each individual youth's behavior. The center's policy prohibits staff allowing a youth to punish another youth. Staff cannot deprive a youth of his/her meals, snacks, clothing, sleep, education, exercise, visitation, or health/mental health services. Seven youth were interviewed regarding receiving consequences for inappropriate behavior. One youth stated points are taken away. One youth stated levels are taken away. Two youth stated they never had no consequences. One youth stated school was taken away. Seven youth stated they are not allowed to punish other youth.

Four youth stated they were sent to their room for punishment. The four youth who stated they were sent to their room for punishment also stated the door was shut and locked. Seven youth stated they have not seen handcuffs or leg irons used for out of control youth to prevent them from hurting themselves or others.

Five staff were interviewed. All staff stated consequences do not include the loss of meals, snacks, sleep, or school for inappropriate behavior. Five staff were asked if they ever seen a co-worker take meals, snacks, clothing, education, or medical care from a youth because they were acting out and all responded no. Five staff were asked if they ever observed any staff encouraging youth to beat up another youth and all responded no.

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 a written policy and procedures to address youth grievances. Youth are provided information on the grievance process upon admission to the center. Each youth is provided a copy of the orientation brochure at admission. The brochure includes the grievance policy and procedures. Review team observations found grievance forms are located and available to the youth throughout the center. A review of the Facility Management System (FMS) indicated there were two grievances filed in the last six months. The grievances were resolved and responses to all phases were within the specified time frames outlined in the center’s formal grievance process. Seven youth were interviewed regarding the grievance process. One youth rated the center’s grievance process as very poor and six youth stated they never filed a grievance.

2.19 Trauma-Informed Care**Satisfactory Compliance**

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.

Trauma-informed practice has many characteristics, which include the following:

- *A recognition of the high prevalence of trauma*
- *Assessment for traumatic histories and symptoms*
- *Recognition of culture and practices that may be re-traumatizing*
- *Collaboration of caregivers*
- *Training of staff to improve trauma knowledge and sensitivity*
- *Increased staff understanding of the function of behavior (rage, self-injury, etc.) as an expression of trauma*
- *Use of objective and neutral language (avoids labeling of youth)*

The center has a written policy and procedures to address trauma informed care. Staff complete trauma informed care training in the Department's Learning Management System (SkillPro) annually. The center has two soft rooms decorated and painted in soothing colors, which are used for trauma informed care practices, counseling, and de-escalation of symptoms of trauma. Upon admission, all youth are screened using the vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) tool.

Standard 3: Mental Health and Substance Abuse Services

Overview

The center contracts with Maxim Healthcare Services, Inc., who subcontracts with Camelot Community Care, Inc. to provide mental health and substance abuse services to all youth under their care. All services surround the safety and security of the youth. Youth entering the program receive a mental health assessment. The center utilizes a Psychiatrist and two mental health staff at a minimum one being licensed. Mental health staff at the center provide all mental health services. Mental Health staff review and complete suicide screenings and mental health assessments. The screening and assessments determines the appropriate mental health services to provide to each youth at the center.

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 single licensed mental health professional who is the designated mental health clinician authority (DMHCA). The DMHCA holds a clear and active license until March 31, 2019, according to the Department of Health. The DMHCA is on-site forty hours a week and on-call during the weekends. The agreement with Camelot Community Care details all services to be provided. The contract addresses the roles and responsibilities of the DMHCA. The DMHCA provides regional oversight for mental health and substance abuse services staff. An interview conducted with the DMCHA provided feedback on a detailed process for obtaining assessments, suicide risk screenings, treatment, and specific mental health services provided.

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 center utilizes a psychiatrist licensed pursuant to Chapter 458, F.S., who is board certified in Child and Adolescent Psychiatry. The designated mental health clinician authority (DMHCA) holds a clear and active license. The DMHCA is a licensed mental health counselor under Chapter 491. All licenses were verified by the Department of Health.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider]

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 center contracts with one non-licensed mental health professional. The staff is supervised by the licensed professional. The staff has a master’s-level degree from an accredited university in the field of social work. The non-licensed staff provides substance abuse services while under the direct supervision of the licensed mental health counselor (LMHC). This staff is employed by Camelot Community Care.

The non-licensed mental health clinical staff person conducts Assessments of Suicide Risk (ASR). This staff has received twenty hours of training and supervision in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training included the administration of the five ASRs. Training was documented on the Department’s Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk (Form MHSA 022). The LMHC documented one hour a week of on-site face-to-face interaction with the non-licensed mental health staff.

The subcontract with Camelot Community Care notes the process for the LMHC to provide direct supervision to the non-licensed staff and for reviewing and signing the comprehensive substance abuse evaluations, assessments, evaluations, and treatment plans prepared by the non-licensed staff. Clinical supervision logs determined appropriate on-site supervision.

3.04 Mental Health and Substance Abuse Admission Screening [Detention Staff/Contract Provider]

Satisfactory Compliance

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.

Detention center superintendent has established procedures for a thorough review of preliminary screening conducted by the Office of Probation and Community Intervention.

The center has a policy and procedures detailing mental health and substance abuse admission screenings. The needs of the youth are identified through a comprehensive screening process. A review of seven youth records indicated six youth required further assessments based on the suicide category of the Massachusetts Youth Screening Instrument (MAYSI-2) and/or Positive Achievement Change Tool (PACT). All six youth were placed on suicide precautions and the results of the MAYSI-2 and PACT were reported to the mental health staff.

The Suicide Risk Screening Instrument (SRSI) was administered to each youth and reviewed by detention staff. Entries on the SRSI included screening results. Six youth had “yes” responses and were placed on suicide precautions and a referral was completed.

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 program has policy and procedures to address mental health and substance abuse evaluations. Seven youth records were reviewed. Six youth records revealed elevated scales requiring an evaluation and one did not. Four youth received an evaluation through a community provider within thirty days. The remaining two youth had not been in the center more than thirty days; therefore, an evaluation was not due. The comprehensive evaluation was forwarded to the detention for each of the four applicable youth. Each evaluation was comparable to the Department's approved instrument.

3.06 Mental Health and Substance Abuse Treatment [Detention Staff/Contract Provider]	Satisfactory Compliance
<i>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.</i> <i>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.</i>	

Six of the seven youth records determined need for mental health treatment. Three of the youth refused services according to documentation. The remaining three records were assigned a treatment team and were signed by all appropriate parties. Treatment was provided by the non-licensed mental health staff working under the licensed mental health staff. The same three youth records receiving mental health services were also provided substance abuse services by a non-licensed staff working under the licensed mental staff. Each of the seven records noted a signed Authority for Evaluation (AET). Each of the three youth receiving services had a signed substance abuse consent and release form. All treatment notes were completed on the Department's Mental Health/Substance Abuse (Form 018).

Sign in sheets for group therapy did not contain more than ten youth. The designated mental health clinician authority (DMHCA) interview indicated services include mental health, substance abuse and suicide prevention.

Five of the seven interviewed youth rated the mental health and substance abuse services as good and very good. Two youth reported they don't receive mental health services due to not requiring the services.

3.07 Treatment and Discharge Planning [Contract Provider]	Satisfactory Compliance
<p><i>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.</i></p> <p><i>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.</i></p>	

The superintendent and designated mental health clinician authority (DMHCA) addresses in the facility operational procedures a process for the development and review of mental health and substance abuse treatment. Seven youth records were reviewed. One of the seven youth did not require services and three youth refused. An initial treatment plan was developed for the three remaining youth. Each plan was developed within seven days of treatment. Each of the three youth were receiving psychotropic medication. Each youth received an initial diagnostic psychiatric interview within seven days. Plans were completed on the proper form and signed by the appropriate parties within the specified time frame. The medication frequency of monitoring by psychiatrist was documented on the proper form.

3.08 Psychiatric Services [Contract Provider] (Critical)	Satisfactory Compliance
<p><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></p>	

Seven youth records were reviewed. Three youth were applicable. Records noted services are provided by the psychiatrist. The center utilizes a psychiatrist licensed pursuant to Chapter 458, F.S., who is board certified in Child and Adolescent Psychiatry. Each applicable record noted a diagnostic psychiatric interview within fourteen days of the youth's admission to the center. Interviews included all proper elements. An in-depth psychiatric evaluation was conducted within thirty days of intake. The evaluations were documented on the Clinical Psychotropic Progress Note (CPPN). All appropriate information was documented. Each record had consent for psychotropic medication. Each youth had documentation of monitoring for Tardive Dyskinesia, as indicated by the psychiatrist. The collaborative agreement establishes and maintain protocols detailing how the nurse practitioner will provide health care services.

3.09 Suicide Prevention Plan [Detention Staff] (Critical)	Satisfactory Compliance
<p><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></p>	

The program has a suicide prevention plan. The suicide prevention plan utilized at the center safely assess and protect the youth by using the least restrictive means. The plan details the suicide prevention procedures. The plan includes all the required elements including, identification and assessment, staff training, suicide precautions, levels of supervision, referral,

communication, notification, documentation, immediate staff response and review process. The plan was in accordance with Rule 63N-1., Florida Administrative Code.

3.10 Suicide Prevention Services [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
<p><i>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.</i></p> <p><i>Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation or Secure Observation), and a minimum of constant supervision.</i></p> <p><i>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.</i></p>	

Seven youth records were reviewed. Six of those youth had suicide risk factors based on assessments. One youth did not. The six applicable youth were placed on precautionary observation. Each youth was documented to be able to participate in select activities. A health status check was completed for each youth. None of the youth had documentation of misbehaving. Each youth had an Assessment of Suicide Risk (ASR). One of the six applicable youth needed a follow up ASR. This youth had documentation of receiving a follow-up ASR. A review of the center’s operating procedures for serious suicide attempt determined it includes all proper steps. Each ASR was completed in real time. The ASRs were completed on the proper form. The ASR was administered by a non-licensed staff and reviewed by the licensed staff. The ASR was complete within twenty-four hours. A review of logbooks to determine the center documented the beginning and ending times for each youth.

Each youth was transitioned to a lower level of supervision. In each record the non-licensed mental health staff consulted with both the superintendent and licensed staff, and documented the actual date and time. Each youth received an ASR within eight hours.

Five staff were interviewed, and each stated they would notify mental health staff, search the youth’s room, maintain constant sight and sound, and document youth supervision in the event a youth expresses suicidal thoughts. Seven interviewed youth reported not being placed on suicide watch; however, documentation determined it was six of the seven youth.

3.11 Suicide Precaution Observation Logs [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
<p><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></p>	

Seven youth records were reviewed. Six youth were applicable for a suicide precaution observation log. One youth was not applicable. Logs documented staff observations every thirty minutes. No “warning” signs were noted to be applicable. Logs were signed by the mental health clinical staff and the shift supervisor daily.

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>	

Seven pre-service and five in-service staff had documentation of staff receiving the required suicide prevention training. Mock drills were held for both shifts each quarter. Mock drills contained all the required elements. Five staff interviews documented participation in suicide mock drills. All five staff accurately provided information on where the knife of life is maintained at the center.

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 provided documentation of mental health crisis intervention services. The center utilizes this plan to respond to youth in crisis in the least restrictive means possible. The plan included appropriate details of the crisis intervention procedures. A review of the mental health crisis intervention plan determined the plan includes: notification and alert system, means of referral, including youth self-referral, communication, supervision, and documentation and review.

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>	

A review of the mental health emergency services plan includes all the proper procedures. All youth determined to be an imminent danger are applicable. The center's emergency care plan is in accordance with the Department's Rule 63N-1.011 and Rule 63N-1.0112, Florida Administrative Code. The plan includes: training, review, documentation, transport, response, communication, supervision, and authorization.

3.15 Crisis Assessments [Contract Provider] (Critical)	Satisfactory Compliance
<p><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></p>	

The center had a sample size of one youth requiring a crisis assessment during the review period. The assessment contained all the appropriate requirements: reason for assessment, mental status examination and interview, determination of danger to self and others, initial clinical impression, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notification to parent/guardian of follow-up treatment. The assessment was documented on the Department's Crisis Assessment (Form MHSA 023). The assessment was completed by the licensed mental health professional. A review of the policy outlines the process to address crisis assessments. An alert was completed in the Department's Juvenile Justice Information System (JJIS).

3.16 Baker and Marchman Acts [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
<p><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></p>	

The center had a sample size of one youth requiring a Baker Act during the review period. Mental health staff initiated the Baker Act. Documentation included notifications to the youth's parent/guardian and assigned juvenile probation officer (JPO). Upon arrival back to the center, the youth was placed on constant supervision. A Mental Status Examination (MSE) was conducted by the licensed mental health staff. A suicide risk alert was completed in the Department's Juvenile Justice Information System (JJIS). The level of supervision was not lowered until the youth was properly transitioned and an appropriate follow-up assessment of suicide risk was conducted. Mental health staff consulted with the superintendent. The center's policy addresses what procedures to follow was clear.

Standard 4: Health Services

Overview

All medical services at the detention center are completed by the contracted provider Correct Care Solutions (CCS). The contract includes a medical doctor, an advanced registered nurse practitioner (ARNP), a registered nurse (RN), three licensed practical nurses (LPN), and a medical records clerk. All individual healthcare records are maintained and secured in the medical clinic at the detention center.

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.

Duval Regional Juvenile Detention Center (DRJDC) contracts with Correct Care Solutions (CCS) to provide medical services to all youth. The contracted physician serves as the designated health authority (DHA). The DHA is a medical doctor with specialty training in internal medicine. The DHA holds a clear unrestricted license and meets all requirements for independent and unsupervised practice in Florida. There is no record of discipline filed with the Department of Health (DOH) against the DHA. Sign-in logs document the DHA has been on site once a week during the past six months. Correct Care Solutions (CCS) also contracts with an advanced registered nurse practitioner (ARNP) to provide medical services to all youth. The DHA collaborates with the ARNP, who also holds an unrestricted license to practice in Florida. The ARNP's academic/clinical specialty is in family health. The ARNP is on-site twenty hours a week. The DHA has a current Collaborative Practice Protocol in place with the ARNP. The ARNP provides medical services on-site, but does not perform administrative duties, as these are reserved for the DHA. The ARNP covers medical services when the DHA has a scheduled absence or is on vacation. The DHA is responsible for communicating with center staff regarding the medical needs of youth. The DHA is available by phone and electronically twenty-four hours a day, seven days a week for acute medical concerns, emergency care, and/or coordination of off-site care. An interview with the DHA confirmed the practice above.

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.

The designated health authority (DHA) and superintendent both signed and dated all treatment protocols and facility operating procedures (FOP) on July 25, 2018, completing the annual review requirement. All nurses signed and dated a cover page acknowledging all healthcare FOPs. The nursing protocols were also reviewed, signed, and dated by the DHA, superintendent, and nurses. Healthcare protocols for non-healthcare staff were also reviewed by the DHA, superintendent, and nurses. All newly employed healthcare personnel receive a comprehensive clinical orientation to Department healthcare policies and procedures, which is given by a registered nurse (RN).

4.03 Authority for Evaluation and Treatment [Detention Staff/Contract Provider]

Satisfactory Compliance

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.

All seven reviewed individual healthcare records (IHCR) contained a current Authority for Evaluation and Treatment (AET). One youth was in the custody of the Department of Children and Families (DCF) and the case worker signed a Limited Consent for Evaluation and Treatment form. The remaining six AETs were signed by the parent/guardian and witnessed by a Department of Juvenile Justice (DJJ) representative. Four of the seven AETs were legible copies and marked accordingly, while the remaining three were originals. All AET's were completed prior to the youth receiving any medical care.

4.04 Parental Notification [Contract Provider]

Satisfactory Compliance

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.

Seven records were reviewed for parental notifications, of which three were applicable for parental notifications. The nurses used Department required forms when completing parental notifications. Three records documented parental notifications for over-the-counter (OTC) medications not covered by the Authority for Evaluation and Treatment (AET). All three records documented verbal attempts and successful contacts with the parent/guardian by telephone. Documentation indicated telephone call attempts and conversations were witnessed by another staff member. When verbal consent was received, it was witnessed by another staff member and documented in the chronological progress note section of the record. A signature and date by the two staff who witnessed the consent was documented in all three cases. As follow up, written parental notification was completed following all three telephone consents.

4.05 Notification – Clinical Psychotropic Progress Note (CPPN) [Contract Provider]

Satisfactory Compliance

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.

Three of seven records reviewed were applicable for parental notification prior to beginning new psychotropic medication. Initial consent was completed by the psychiatrist and witnessed by a nurse. All three records documented the Department's Clinical Psychiatric Progress Note (CPPN) form being sent to the parent/guardian by certified mail. Notifications were filed in the mental health section of the record. The chronological progress notes documented the parent/guardian gave verbal consent for the initiation of psychotropic medication.

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>	

Seven records were reviewed and contained a Department of Health (DOH) verified immunization record, meeting state and Department requirements. Verification of immunizations was completed within thirty days 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>	

All seven youth were screened upon admission for any healthcare concerns. Each youth record contained a Healthcare Admission Screening Form completed on the day of admission by the juvenile detention officer (JDO). The date on the Admission Wizard matched the date of the youth's current admission in all seven cases. All seven screenings were reviewed by a licensed practical nurse (LPN) or higher within twenty-four hours of admission.

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 has an alert system in place to inform staff of youth with chronic medical conditions. Seven records were reviewed for documentation medical alerts. Each of the seven youth were on some type of alert. The center's internal alert system corresponded with entries made in the youth's record as well as in the Department's Juvenile Justice Information System (JJIS). The center discusses alerts during shift briefings and staff have access to pull a hard copy from JJIS.

Five staff were interviewed and all five reported they are informed of medical alerts through alert forms, logbooks, shift meetings, and the alert board. Two staff made additional comments stating they are informed through JJIS and e-mail. The superintendent completed an interview questionnaire and confirmed the alert process as mentioned above.

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>	

Seven records were reviewed for youth orientation. All youth received a healthcare orientation within twenty-four hours of admission. All orientations were documented by a nurse on the Department's Health Education Record form. All required topics were covered along with additional subjects related to healthcare.

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

Seven records were reviewed. None of the youth required emergency care at the time of admission; therefore, another record was reviewed, which was the only available record for the emergency care requirement. The designated health authority (DHA) was notified within thirty minutes. The DHA was notified when youth were admitted with chronic conditions in four applicable cases on the day of admission. The DHA and/or psychiatrist was notified when an order was necessary to continue, discontinue, or hold prescribed medications in two applicable cases. Notification to the DHA is documented on the admission progress note. The center's policy and procedures require notification be made to the DHA upon admission for all youth admitted with emergency needs, psychotropic medication, and chronic conditions.

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>	

Seven records were reviewed and one was applicable for Healthcare Admission Rescreening due to a physical custody change or being re-admitted. A new screening form was completed by a nurse upon the youth's return from custody at another detention center. There were no other examples available.

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>	

Seven records were reviewed. Six of seven records contained a Department Health Related History (HRH) form, updated by a licensed nurse within seven days of admission. The remaining youth did not have a signed Authority for Evaluation and Treatment (AET) upon admission. The AET was signed eight days after admission and the HRH was completed after the AET was signed. The advanced registered nurse practitioner (ARNP) signed and dated the HRH in all seven cases. The ARNP also documented her review of the HRH on the Comprehensive Physical Assessment (CPA). The review of the HRH was completed prior to or at the same time as the CPA in all seven cases.

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

Seven records were reviewed and six of seven had a current Comprehensive Physical Assessment (CPA) during the time of admission. When the remaining youth was admitted, the last CPA was dated November 15, 2015, and it was a medical grade two, expiring on November 15, 2016. This youth received a new CPA when the parent/guardian signed the Authorization for Evaluation and Treatment (AET). Six of seven current CPAs were reviewed by the ARNP within seven calendar days of admission. The remaining youth was not admitted with a signed AET. The youth's signed AET was received eight days after admission and a new CPA was completed after the signed AET was received. All fields except genital examination were completed, as required. The genital examination was refused by all youth and each youth signed the section to indicate their refusal. The Problem List was updated in all seven cases. The center has a policy and procedures in place related to any part of the CPA not being completed.

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

Seven records for female youth were reviewed. The three applicable youth received a qualitative urine pregnancy screening test and the results were documented on the admission progress note. All three youth refused consent for a gynecological examination. Seven youth were interviewed, one said they have not received prenatal, obstetrical, or gynecological service and six said these services were not needed.

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

Seven records were reviewed. All records contained at least one verified tuberculin skin test (TST) documented on the Comprehensive Physical Assessment (CPA) and the Infection and Communicable Disease (ICD) form. None of the seven youth showed symptoms of active Tuberculosis (TB).

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

All sexually active youth are clinically screened and or evaluated for sexually transmitted infections (STI). Seven records were reviewed and four youth required further evaluation. The four youth were referred to the designated health authority (DHA) or advanced registered nurse practitioner (ARNP) and testing was ordered. The testing results were filed in the lab section of the record and noted on the Infectious and Communicable Disease (ICD) form in all four applicable cases.

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

Three youth consented to human immunodeficiency virus (HIV) testing. All three youth received pre/post-test counseling, which was documented on their health education record. All three test results were filed in a confidential manner in a sealed envelope marked confidential in the lab section of the three applicable records. Testing is provided by an outside provider who holds a current 500/501 certification, which expires on March 28, 2019. Medical staff maintain a log of youth who want to be tested. All seven youth interviewed said they could ask for a HIV test.

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

The center provides sick call daily from 8:00 a.m. to 10:00 a.m. Sick calls are generated using the Facility Management System (FMS). Documentation supported a licensed nurse conducts sick call, when on site. Six of seven youth requested to be seen for sick call. One youth presented with a similar sick call complaint three or more times within a two-week period and was referred for evaluation as required. No youth complained of any severe pain which staff was unfamiliar. When interviewed, six youth said they can be seen within one day of submitting a sick call request and the remaining youth said he/she could be seen immediately.

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

All sick call requests are completed by a licensed practical nurse (LPN) or higher. When sick call requests were completed by an LPN, they were reviewed by a registered nurse (RN) or higher. All sick call forms were documented in accordance with Department requirements. All twenty-two sick call encounters reviewed were documented on the Department's Sick Call Referral Log form and the youth's corresponding Sick Call Index. A sick call form was also filed in reverse chronological order in the progress note section of each applicable youth's record. All sick call requests are responded to in a timely manner. The sick call practice was observed and conducted in an appropriate manner with the verbal consent of the youth. The youth was satisfied with the care provided. Six of seven youth interviewed said a nurse or staff completes sick calls. The remaining youth said they had not put in a sick call request. Five staff were interviewed. Four staff said the nurse completes sick calls and one said staff completes sick calls.

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.*

Seven records were reviewed, which included five youth who had been placed in confinement. During confinement the nursing staff checked each youth for healthcare needs at least once a day. The daily nurse's visit is documented in Facility Management System (FMS) and in the

progress notes section of the youth's record. The youth had timely access to medical care and were questioned daily for sick call/health complaints. Most of the youth in restricted housing are escorted to receive their scheduled medication, depending on the aggression of youth. If the youth is aggressive, the medication is taken to the youth by a nurse.

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 comprehensive process in place to provide episodic care and first aid to youth. Emergency medical and dental care is available to all youth twenty-four hours a day, seven days a week. The program has access to contact emergency medical services (EMS) whenever needed. While there is policy, procedures, and protocols in place for non-healthcare staff, episodic care is not normally provided by direct care staff, and there were no examples of this practice since the last annual review. Episodic care conducted by healthcare staff is documented in the progress notes and includes all required elements. There is an on-site tracking log for all episodic care events. The Episodic Care Log for the past six months was reviewed and compared with all on/off-site events from the records sampled. Eight of nine cases were documented on the Episodic Care Log.

There are twenty-five first aid kits located throughout the center and in the vehicles used to transport youth. The first aid kits are in designated areas and stocked with contents approved by the designated health authority (DHA). First aid kits are monitored monthly by the nursing staff and replenished as needed. First aid kits were randomly selected and inspected for expired items and there were no expired contents present.

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 policies and procedures in place outlining the emergency care process. All staff have the right and ability to call 9-1-1 anytime a youth needs immediate emergency care. Nursing staff all have current licenses, cardiopulmonary resuscitation (CPR) certifications, and automated external defibrillator (AED) certifications. All non-healthcare staff sampled also had current certifications and training in first aid, CPR, and AED. There are five AEDs in the center, two in medical, one in alpha dorm, one in hotel dorm, and one on post II. All pads and batteries were current and working properly. Procedures for the AEDs are either attached to the AED itself or in the emergency box on the wall. The AEDs went through a properly performed self-test and all units were ready for use. The AED batteries expire in July 2021. The AED pads expire in June 2019. Emergency medical drills were performed monthly on each shift since the last review. A list of emergency telephone and cell phones numbers, including the number of the statewide Poison Information Center, is posted in areas accessible to staff on all shifts in master control, medical, and the kitchen. A qualified trained registered nurse (RN) trained other healthcare staff and non-healthcare staff on the use of the EpiPen auto injector. Five staff were interviewed and all five said they can call 9-1-1 if necessary.

4.24 Off-Site Care/Referrals [Contract Provider]	Satisfactory Compliance
<i>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.</i>	

The center uses the Department’s Summary of Off-Site Care form for all medical and emergency care completed by an outside provider. Three of seven reviewed youth required off-site medical care. All corresponding discharge documents were filed in the record and reviewed by the designated health authority (DHA) and/or the advanced registered nurse practitioner (ARNP) in all three cases. All follow-up instructions were tracked, and each youth received appropriate and timely follow-up care as needed.

4.25 Chronic Conditions/Periodic Evaluations [Contract Provider]	Satisfactory Compliance
<i>The facility shall ensure youth who have chronic conditions receive regularly scheduled evaluations and necessary follow-up.</i>	

Four of seven youth reviewed had identified chronic conditions. All four youth were included on the center’s chronic condition list. Each youth received an initial evaluation after admission and was placed on a periodic evaluation schedule even though youth are not normally detained for more than ninety days. Periodic evaluations are completed prior to renewal of any prescription medication. Documentation of chronic condition evaluations was present in the progress notes section of each applicable youth’s record.

4.26 Medication Management – Verification [Contract Provider]	Satisfactory Compliance
<i>A youth’s medication regimen shall be ascertained upon admission to the facility.</i>	

Seven youth records were reviewed for medication verification upon admission. One record was applicable. Youth are normally detained after arrest and are rarely admitted with their medication. There were no other examples available for this requirement. In the one applicable record, there was documentation of prescription verification in the progress notes and the Department’s Medication Receipt, Transfer & Disposition form was signed. The designated health authority (DHA) and psychiatrist were contacted to obtain an order to resume or discontinue the specified medications.

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

One youth was applicable and was admitted with medication. There were no other examples available for review. All the youth’s medications had a current, valid order and were given as prescribed. Once verified, with approval from the designated health authority (DHA) and/or psychiatrist, an order was written to continue the youth’s medication at the time of admission as prescribed using the Department’s Practitioner Order form. The medication regimen was also documented in the youth’s progress notes and on the youth’s initial Medication Administration Record (MAR).

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

The center maintains storage of all medications and sharps such as needles, syringes, scissors, and suture removal kits in a secure manner. All non-controlled prescription and over-the-counter (OTC) medications are securely stored in locations inaccessible to youth. The working supplies of OTC and prescribed non-controlled medications are kept inside a locked medication cart. The bulk supply of OTCs is secured inside a medical supply closet. Separate storage of different forms of medication is appropriately maintained in the medication cart, in the storage closets, and inside the refrigerator. The refrigerated medications are stored separately from food. All sharps are secured in a locked cabinet inside a locked room, and the refrigerator is also kept in this room. The center’s policy outlines an adequate process for the destruction and disposal of expired and/or discontinued medications.

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

The center’s policy and procedures align with the Department’s requirements for the inventory of medication and sharps. A perpetual and weekly inventory is completed for all sharps along with the working and bulk stock of over-the-counter (OTC) medications. A perpetual daily running inventory of prescribed medication is also maintained. There is a procedure in place for dealing with inventory discrepancies. The center completed inventories for all sharps during the past six months and there were no discrepancies indicated. A random inventory of three sharps was performed in the presence of the monitor and matched the count completed. There was a randomly selected sample of three prescriptions, three bulk OTCs, and three working stock OTCs with a nurse in the presence of a monitor. The count for each matched the inventory without any discrepancies.

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

All controlled substances are inventoried, stored, and documented as required by the Department and the Board of Pharmacy. All controlled substances are maintained in a separate storage area inside the medication cart and are secured behind two locks. A shift-to-shift inventory count of each controlled medication is performed and documented on the youth’s individualized Controlled Medication Inventory Record by two nurses, or a nurse and a juvenile justice detention officer supervisor (JJDOS) if another nurse is not on duty. This process ensures strict control and accountability of the running balance for each controlled medication is maintained. The number of pills remaining after each administration is documented on the youth’s individualized Controlled Medication Inventory Record. The lockbox where the narcotics are maintained was observed to be secure and adequate. None of the youth had been detained for six months. All current controlled medication inventories were reviewed and found to be accurate. A count for three youth who were prescribed controlled medication was completed by two nurses in the presence of a monitor. The counts matched each youth’s individualized Controlled Medication Inventory Record.

4.31 Medication Management – Medication Administration Record [Contract Provider]	Satisfactory 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>	

The center uses the standard Department Medication Administration Record (MAR), which contains all required elements. Pictures of the youth were added to the MARs. Youth are normally detained after arrest and are rarely admitted with their medication. One youth was taking medication at the time of admission and there were no other examples available for this requirement. The youth’s initial MAR matched the medication list and the youth received the medication as ordered. Start and stop dates were clearly indicated on the MAR. Staff and youth initial each administered dose of medication. There were no lapses indicated and side effects were monitored weekly.

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>	

Medication administration at the center is the sole responsibility of the licensed nurses during medication pass. This practice was observed. The working space was clean and organized. None of the medications were pre-poured and the nurse maintained control of the medication at all times. Youth are escorted to the clinic by direct care staff for medication administration. There is a structured process in place for the youth to approach the nurse individually. The nurse completes the verification process, which include the five rights of medication administration, the correct Medication Administration Record (MAR), and allergy and alert status. After administration, the youth’s mouth is checked by the nurse to ensure the medication was swallowed. There were no youth receiving parenteral medications. There is a policy in place indicating parenteral medication is only administered by a licensed healthcare staff. If a youth refused medication, the youth must sign a refusal form. Refusals are also clearly documented on the MAR. Seven youth were interviewed and five said a nurse gives them their medication and two said they do not take medication.

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>	

When licensed nurses are not on-site to administer medication, trained supervisors deliver and assist the youth with self-administration. The non-healthcare staff training is facilitated by a licensed nurse. The policy and procedures and protocols indicate non-healthcare staff must follow all medication administration requirements including the five rights, confirm they have the correct Medication Administration Record (MAR), side effects, and allergies. Both the youth and the staff member must initial the dosage was given. Refusals must be clearly documented on the MAR and refusal form.

Seven youth were interviewed and five said a nurse gives them their medication and two said they do not take medication. Five staff were interviewed. Four staff said they do not give any medication to youth and the remaining staff said they provided medication to the youth.

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>	

One youth was admitted with prescribed psychotropic medication and there were no other examples available. The designated health authority (DHA) and designated mental health clinician authority (DHMCA) were notified as required. The youth continued to receive the medication as ordered until the psychiatrist conducted an initial diagnostic interview with the youth, which was completed within fourteen days of admission. The youth’s psychotropic medication prescribed prior to admission was monitored by the Psychiatrist. Psychiatric referrals were made for three other youth after admission. All three youth were referred for a mental health evaluation, which was completed within the required twenty-four hour time frame. Psychotropic medication was prescribed in all three cases and a psychiatric evaluation was completed within the fourteen-day time frame using the Department’s Clinical Psychotropic Progress Note (CPPN) form. The center does not have any standing, emergency treatment, or as needed orders for psychotropic medication. Monthly testing and CPPN reviews are completed for all youth on psychotropic medication.

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>	

The center has infection control procedures in place, which include prevention, treatment, and reporting requirements for all required disease categories. The infection control procedures are accessible to all staff. The plan includes documentation of universal precautions to be followed by staff. The center makes provisions to ensure Hepatitis B immunizations are available to all staff. There is a process in place for needle stick post-exposure evaluation in place. The superintendent maintains a separate file for youth and staff who have experienced center or occupational exposure. This file is maintained for ten years. The center has not had three or more cases of reportable infectious disease or any incidents involving contagious disease requiring quarantining or hospitalization of at least ten percent of the total youth or staff population or six individuals since the last annual review.

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>	

Staff are trained on the center’s exposure control plan when hired and annually afterwards. All seven youth Information Health Care Record (IHCR) were reviewed and each youth received infection control training within seven days of admission as required. The youth training was documented on each youth’s Health Education Record (HER) form and maintained in their

record. Staff training records were reviewed for thirteen staff and each received infection control training.

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 center's exposure control plan is written in accordance with Occupational Safety and Health Administration (OSHA) standards as required. The plan is signed and reviewed by the superintendent annually. The exposure control plan includes risk assessment and methods of compliance. The center has a comprehensive policy and procedures related to exposure control.

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>	

Two additional youth records were reviewed for this requirement, as there were no other examples available. Prenatal care began immediately upon determination of pregnancy in both cases. The recommended intervals for prenatal care was followed for both youth. Each youth was scheduled to be seen every thirty days if they remained at the center. Both youth were monitored daily for complications. One youth was detained twice and in between stays delivered the child. This youth received post-birth psychological and physical care and a plan was in place. The center has a policy and procedures in place for care of pregnant youth.

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>	

Two applicable youth records were reviewed for this requirement; there were no other examples available. Nursing staff provide routine monitoring of nutritional and weight status of pregnant youth during pregnancy and after. Both pregnant youth received education on required topics related to pregnancy and parenting skills. The center has a policy and procedures in place related to education plans for pregnant youth.

4.40 Prenatal Staff Education [Contract Provider]	Satisfactory Compliance
<i>All non-healthcare staff involved in the supervision or treatment of pregnant youth shall receive appropriate education.</i>	

A licensed nurse provides all in-service training on youth's healthcare annually to all non-healthcare staff who supervise or are involved in the treatment of a pregnant youth. The training includes monitoring, observation, and emergency care for pregnant youth. Training records indicated staff were trained annually on the healthcare of a pregnant youth.

Standard 5: Safety and Security

Overview

Duval Regional Juvenile Detention Center is a 100 bed, hardware secure center which provides supervision of youth twenty-four hours a day, seven days a week. Certified detention officers and officers in-training maintain safety and security at the center and are responsible for active supervision of the youth during all activities. Officers in master control room authorize all youth movement, document behavior issues, conduct head counts, and any other pertinent issues which occur during the day-to-day operations of the center. A master control logbook is utilized for all documentation. The master control operator also maintains the center's key inventory. The issuance of keys and radios is documented for each shift and includes the date and time of issue, name of staff issuing and receiving the key and radios, and the time the keys and radios are returned. Various drills are conducted by supervisory staff. Staff participated in escape, fire, continuity of operations plan (COOP), which included disaster preparedness planning, and medical and mental health drills during the annual compliance review period. Maintenance and administration staff are primarily responsible for the inventory and security of maintenance tools at the center.

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 were observed during daily activities such as school, meals, line movement, youth dorms, and during youth transport. Staff were observed providing active supervision for youth throughout the week of review. The juvenile justice detention officers (JJDO) are assigned to youth of a dorm in the detention center. The JJDOs are not allowed to let the youth out of their sight or the co-assigned detention officer, unless relieved of their post. Observations of staff revealed staff would radio master control when moving youth with the number of youth, number of officers, and destination of movement. The master control operator authorized all youth movement and documented youth movement and head counts within the master control logbook. Youth at recreation was not observed during the week and during the youth survey,

one youth reported they would like to have recreational time back. In interviewing the staff, four staff responded there was enough staff to provide for the safety and security of the youth and staff. One staff responded no to the question and explained the center was short-handed, stating more staff needed to be hired and trained properly, and staff work with what they have.

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>	

There are only two shifts of twelve hours, the night shift was the only shift reviewed for ten-minute checks. The center utilizes the electronic wand system to document ten-minute checks of youth rooms on the dorms. Video footage can only be stored for a thirty-day period. The dates and times of the night were randomly selected for the thirty-day time frame reviewed. Five ten-minute check sheets were pulled over the last month for the review for each youth dorm, which included several hours of ten-minute checks. Each dorm sheet included late checks varying from five to ten minutes. Hotel dorm had an hour lapse of checks for the night reviewed, with another thirty-minute check right after. Alpha dorm also had a thirty-minute check for the night reviewed. Charlie dorm had an hour lapse and a twenty-five-minute lapse within two hours of each other. The subsequent video recordings for coinciding times were reviewed for each youth dorm, and staff could be seen conducting checks properly. Even though there were several lapses in checks, there were only three hours of lapse checks out of approximately forty hours reviewed. Additionally, the checks themselves were conducted correctly. The staff were observed utilizing an electronic wand and were stopping at each youth's window and looking inside while making checks on the youth. Observations of youth rooms were conducted and revealed no obstructions or window coverings were on the door windows of the youth's room. All interviewed staff responded ten-minute checks are conducted when a youth is placed in their room.

5.03 Census, Counts, and Tracking**Satisfactory Compliance**

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:

- *At the beginning and end of each shift.*
- *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.*
- *Prior to and following routine group movement.*
- *Any time a population change occurs.*
- *Randomly, at least once on each shift.*

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).

Logbooks are utilized at the center to document tracking, youth census, and counts. Six logbooks were reviewed for the past six months. Reviewed logbooks included master control, female dorm (Hotel), and four male dorms (Alpha, Bravo, Charlie, Delta). Master control also maintains a dry erase board with the current center census count and the dorms have a board with the dorm census. All logbooks reviewed showed counts were being conducted on a consistent basis. Logbook documentation also included admissions and releases, disturbances, and events. Counts were consistently conducted at the beginning and end of each shift and at random periods during the shifts. All youth and staff movements were authorized by master control. The review team observed counts being completed on the radio. All five interviewed staff reported emergency counts were conducted in events such as a youth believed to be missing, when visibility is hindered, and after a disturbance.

5.04 Logbook Maintenance**Satisfactory Compliance**

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.

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.

Log entries regarding Medical, Special Needs, and Mental Health alerts, or other issues impacting facility safety and security shall be highlighted.

Six logbooks were reviewed for the past six months, which included logbooks for master control, female dorm (Hotel), and four male dorms (Alpha, Bravo, Charlie, Delta). Each logbook was bound, with sequential pages. Entries were made in ink with no erasures or whiteout areas and no logbook pages were removed. All reviewed logbooks contained examples of all the required documentation. Admissions and releases, behavior disturbances, youth beginning and ending

confinement, and population counts were noted throughout each shift in all logbooks reviewed. In the master control logbook, there were some inconsistencies with notating dates at the top of the page, and staff entries being initialed for each logbook entry. Administrative staff indicated they would provide re-instruction to those who work master control. Entries for emergency situations, contacts made to Central Communications Center (CCC), drills, and receipt of medical and mental health alerts were also inconsistent. Population counts, and youth movement were included throughout the logbooks, as required.

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>	

Logbooks are to be reviewed for master control, female dorm, and male dorms by the center supervisors, superintendent, or assistant superintendent. In all logbooks reviewed there was documentation of the superintendent or the assistant superintendent reviewing the logbook, and the supervisor’s review at each shift. The superintendent or assistant superintendent’s weekly logbook reviews were inconsistently logged in all logbooks. The youth dorm logbooks had consistent documentation of all supervisory reviews at every shift. There was documentation the juvenile justice detention officers (JJDOs) review logbooks maintained in their assigned living area when they accept responsibility for the living area.

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>	

Center keys were maintained in a secure metal storage box on the wall within master control and in the supervisor’s office. The “administrative” staff, which include maintenance staff, nursing staff, mental health staff, shift supervisors, superintendent, and assistant superintendent check keys out in master control. The shift supervisor checks out detention officer keys to the

officers working the shift at the shift briefing. Both key boxes are stored in an area inaccessible to youth. All keys were maintained on a tamper resistant key ring. All administrative keys are identified as the number on the metal chit, which also corresponds with the number of keys on the key ring. The keys checked out by the supervisor have the same number of keys with the same accesses to staff and have a number on the metal chit used in assigning the staff a set of keys. Emergency keys were maintained in master control. Both key inventory sheets were compared to the keys which were checked out, with no issues observed. Once the shift is completed, staff are responsible for returning the keys back in to either master control or their supervisor. Staff personal keys were placed in the staff lockers in a non-secure area and visitors turned their personal keys into master control. Five staff reviewed had received training in key control. Five interviewed staff reported keys were restricted for medical records, mental health records, kitchen, and case management records. Observations found each staff at the center always carried their issued keys. No youth were observed handling center keys and no keys were observed leaving the center or the center grounds. In the event staff mistakenly departed the center with keys, the staff shall contact the shift supervisor immediately upon first knowledge of the keys in their possession. The staff is required to return the key ring to the center within two hours of realizing the keys are in their possession. The master control operator reported no lost or missing keys for the previous six months. It was reported a key had been damaged and the supervisor was notified, and a damage key form was completed. This practice corresponds with the center's operating procedures which were reviewed.

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 has nine vehicles which are utilized for transportation. Each vehicle is secured when not in use. All vehicles had the appropriate number of seat belts, which were found to be functional. One transport was observed. Prior to the transport, the van was searched before youth were placed in the vehicle. All transported youth were searched before transport. The vehicle was equipped with a fire extinguisher, first aid kit, window punch, knife for life, seat belt cutter, and flashlight. Documentation support vehicles were searched before and after transporting youth. Each officer conducting transport of youth are given a cell phone, vehicle logbook, and vehicle maintenance log notebook. The officers logged mileage and any noted service alerts in the maintenance log and the officers noted destination, number of youth and officers, youth and officer positioning, and any other notable incidents in the vehicle logbook. All youth and staff were observed wearing their seatbelts. Invoices from the automotive shop were reviewed and confirmed each vehicle received an annual safety inspection.

5.08 Tool Inventory and Management	Satisfactory Compliance
<p><i>The program ensures all tools and equipment related to maintenance are properly maintained, stored, and inventoried.</i></p>	

The center has a written policy and procedures for tool inventory and tool management. The procedure indicated the center will maintain a perpetual inventory of all tools and the center followed the perpetual inventory procedure. Tool storage at the center was organized, neat, and

clean. A review of the maintenance tool inventory log found an inventory was conducted monthly and signed by the maintenance staff, along with the detention superintendent. There were no tools missing from inventory. All tools were marked to identify the tool as the Department's property. The maintenance room, where the tools are stored is securely locked behind two locked doors and in an area not accessible to youth. The maintenance staff indicated no incidents of lost or stolen tools during the review period, which was confirmed when reviewing the Central Communication Center (CCC) reports.

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

The center has a written policy and procedures for the inventory of all kitchen tools. Kitchen storage at the center was organized, neat, and clean. The policy included guidelines addressing the storage of kitchen knives or other hazardous sharps. These items at the center are stored in a locked drawer, which contains the tool inventory. The kitchen manager reported daily inventory, which was documented on the inventory form. All kitchen tools and sharps were accounted for on the daily inventory form. The kitchen manager also confirmed no youth are to have access in the kitchen area. In the event a tool is believed to be missing, the kitchen manager would report any discrepancies with inventory to the superintendent or designee.

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

Youth are not permitted to access any maintenance tools, including kitchen tools and medical equipment. Youth are only permitted to use cleaning items such as brooms and mops under direct staff supervision. Youth were not observed utilizing any tools or cleaning items during the annual compliance review. All seven interviewed youth reported they only use mops and brooms. All five staff reported mops and brooms are used by youth and three also included a scrub brush.

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 written policy and procedures addressing toxic materials, which indicated all poisonous, flammable, and toxic materials shall be inventoried and secured when not in use. Observations of these items found all toxic, caustic, and flammable materials were securely stored and inaccessible to youth. All items are kept in a secure shed behind either three locked doors coming from inside the center or behind a locked fence, all inaccessible to youth. The storage area at the center is organized, neat, and clean. The center maintenance staff have been responsible for maintaining inventory of toxic, caustic, and flammable materials, which are reviewed and signed off by the superintendent and assistant superintendent. The center has a Safety Data Sheets (SDS) binder in the shed where the chemicals and toxic materials are secured. Inventories of the stored toxic items were reviewed and matched the physical inventory.

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>	

All flammable, toxic, caustic, and poisonous items were observed to be securely stored in an area inaccessible to youth. The center superintendent, maintenance personnel, and supervisors are the only staff with access to flammable, toxic, caustic, and poisonous items. Youth were not observed utilizing any tools or cleaning items during the annual compliance review. All five interviewed staff reported no youth could clean with toxic, flammable, or poisonous substances. Seven youth were interviewed about what cleaning agents they can use. Two youth reported they do not use cleaning agents. All five youth who indicated cleaning agents were used explained staff sprayed the cleaner.

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>	

Interviews with the center maintenance staff revealed toxic and caustic chemicals are disposed of through the local fire department. The maintenance personnel explained the item is submitted to the fire department and documents are completed. The maintenance staff reported the kitchen no longer uses grease, which the kitchen manager confirmed. The center maintenance staff reported no spills during the annual compliance review period. A review of the Central Communications Center (CCC) incident reports over the six months prior to the review confirmed no center spills.

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>	

Six confinement reports under twenty-four hours were reviewed. In each instance, the center staff conducted the confinement in accordance with the policy and procedures in place. The room was searched prior to the youth being placed in confinement and reviews were conducted by the on-duty supervisor. The center superintendent or designee reviewed each confinement in a timely manner. Observations determined confinement room windows and cameras were free of obstructions, and no rooms possessed potential safety hazards. Interviews with staff determined rooms used for confinement are searched and items impacting the safety and security to an individual youth are removed prior to the placement of any youth. Interviews with a shift supervisor and the master control operator indicated youth on confinement were offered education, showers, meals, clothing, large muscle exercise, bedding, and hygiene items as needed and as security permits. The procedure for placing a youth in confinement includes a verification of the level of supervision, documentation of conducting visual observations, youth at risk of suicide being provided constant sight and sound, and the confinement report reviewed by the juvenile justice detention officer supervisor (JJDOS) within two hours of the confinement. In each of the six confinements under twenty-four hours reviewed, the supervisor documented the continued need for confinement every three hours and the required procedures were followed.

5.15 Confinement Over Twenty-Four Hours**Satisfactory Compliance**

Confinement beyond twenty-four hours must be approved by the Superintendent or designee.

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.

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.

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.

Six confinement reports beyond twenty-four hours were reviewed. The center superintendent received approval to go beyond twenty-four hours from the regional office in each applicable instance. Supervisor and administrative reviews were conducted in a timely manner for five of the six reports. One report contained a ten-hour lapse in supervisory reviews. The superintendent was able to produce one supervisory review where the AM/PM function was not documented correctly, along with the supervisor's shift report showing the supervisor was not at the center during one of the entries. This updated finding left a six-hour lapse in supervisory reviews for the one record. Additionally, the center provided the room checks for the youth reviewed and supervisory reviews done for other youth on confinement during the lapse. This provided verification the youth was watched and reviewed, but not correctly documented for this record. The juvenile justice detention officers (JJDOs) consistently documented the three-hour evaluation and conversation with the youth. There was also justification in the document to keep the youth in confinement. There were no instances of a confinement lasting longer than three days.

5.16 Continuity of Operations Planning (COOP) Drills**Satisfactory Compliance**

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.

The center has a written policy with procedures regarding the Continuity of Operations Plan (COOP) with a detailed approach to effectively manage emergencies and disaster events including the relocation of youth and staff while maintaining operations, safety, and security. The center is required to conduct two COOP drills annually. The center documents all drills on an emergency drill reporting form and then marks which drill is conducted. Both COOP drills were conducted in March and June of 2018 for each shift. The drills were not documented in the master control logbook.

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

The center has a written policy with procedures regarding escape drills. Center escape drills include the required procedures and reporting practices if an escape were to take place. The center is required to conduct two escape drills annually. Escape drills were reviewed, and the center conducted more than the required two drills for escape, with drills conducted for both shifts during this time frame. Escape drills were not documented in the master control logbook. Four of the five interviewed staff reported they had participated in an escape drill.

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 center has a fire evacuation and prevention plan. The center's fire drills were reviewed for the past six months. All shifts completed monthly fire drills. The master control logbook included all fire drills conducted. Four of the seven interviewed youth reported they have been instructed on what to do in the event of a fire. All five interviewed staff reported they had a fire drill take place in the last month.

Program Name: Duval Regional Detention Center
Provider Name: Department of Juvenile Justice
Location: Duval County / Circuit 4
Review Date(s): August 14-17, 2018

MQI Program Code: 131
Contract Number: N/A
Number of Beds: 100
Lead Reviewer Code: 130

Overall Rating Summary

Overall Rating Summary
All indicators have been rated Satisfactory and no corrective action is needed at this time.