STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Hillsborough West Regional Juvenile Detention Center Re-Review

Department of Juvenile Justice

(State Operated)

3948 West Martin Luther King Jr. Blvd.

Tampa, Florida 33614

Review Date(s): December 3-5, 2019

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:

Stephanie Lobzun, Office of Program Accountability, Lead Reviewer (Standard 5)
Brenda Comadore, Office of Program Accountability, Regional Monitor (Standard 5)
Melissa Johnson, Office of Program Accountability, Regional Supervisor, (Standard 5)
Paul Sheffer, Office of Program Accountability, Regional Monitor, (Standard 5)

BUREAU OF MONITORING AND QUALITY IMPROVEMENT
RE-REVIEW ADDENDUM

Program Name: Hillsborough Regional Juvenile Detention Center MQI Program Code: 294
Provider Name: State of Florida Contract Number: N/A
Location: Hillsborough County / Circuit 13 Number of Beds: 93
Review Date(s): December 3-5, 2019 Lead Reviewer Code: 140

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) Assessment and Performance Plan, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards.

Standard 5: Safety and Security
Detention Rating Profile

Indicator Ratings

		Original Review 5/17/19	Re-Review 12/5/19
Standard 5 - Safety and Security			
5.01	* Active Supervision of Youth	Satisfactory	Satisfactory
5.02	* Ten-Minute Checks	Limited	Satisfactory
5.03	Census Counts and Tracking	Satisfactory	Satisfactory
5.04	Logbook Maintenance	Satisfactory	Satisfactory
5.05	Logbook Reviews	Satisfactory	Satisfactory
5.06	Key Control	Limited	Satisfactory
5.07	Vehicles and Maintenance	Failed	Limited
5.08	Tool Inventory and Management	Failed	Satisfactory
5.09	Kitchen Tools	Failed	Satisfactory
5.10	* Youth Access & Use of Tools, Cleaning Items	Satisfactory	Satisfactory
5.11	Inventory of all Flammable, Toxic, Caustic, and Poisonous Items	Failed	Satisfactory
5.12	* Access to all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory	Satisfactory
5.13	Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory	Satisfactory
5.14	Confinement Under Twenty-Four Hours	Limited	Satisfactory
5.15	Confinement Over Twenty-Four Hours	Limited	Satisfactory
5.16	Continuity of Operations Planning (COOP) Drills	Limited	Satisfactory
5.17	Escape Drills	Satisfactory	Satisfactory
5.18	Fire Drills	Satisfactory	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).

Summary

Hillsborough West Regional Juvenile Detention Center is a state-owned detention facility, operated by the Department, located in Tampa, Florida. The center serves youth in Hillsborough county in Circuit 13. Male and female youth who are detained pending adjudication, disposition, or placement in a residential commitment program are housed in the ninety-three bed center. Youth are provided services which include youth orientation, behavior management, safety and emergency procedures, transportation, mental health, and healthcare services. The center's educational services are provided by the Hillsborough County School Board. The center's management team includes an acting superintendent, one assistant superintendent, one administrative assistant, ten juvenile justice detention officer (JJDO) supervisors, and fifty-eight JJDOs. Mental health and healthcare services are provided through the contracted provider, Maxim Health Services, Inc., who subcontracts with Camelot Community Care, Inc. to provide mental health services. There is a licensed clinical social worker who is assigned as the center's designated mental health clinician authority (DMHCA) and one non-licensed staff. Clinical services provided by the center include mental health and substance abuse evaluations, mental health treatment planning, individual, group and family therapy, mental health crisis intervention services, on-site psychiatric services, and availability for substance abuse services for youth with co-occurring disorders. Medical services are provided by Maxim Healthcare Services, Inc. to deliver comprehensive medical services to all youth at the center. The contract provides for a designated health authority (DHA) who is a licensed physician. The DHA has a designee who is an advanced registered nurse practitioner (ARNP) in addition to two additional licensed physicians to serve as back-up to the DHA. The medical clinic maintains nursing coverage from three registered nurses (RN) seven days a week from 6:00 a.m. to 9:00 p.m. Food services are provided by Department staff and include menus, meal planning, meal schedules, special diets, nutritional analysis, daily allowance, food preparation, health certifications, food product standards, sanitation, and cleaning. Staff are responsible for the custody and control of youth in their care, providing youth supervision twenty-four hours a day, seven days a week. The center has four living modules which are divided by male and female. There are fifty-seven security camera slots at the center, of which fifty-six were being used and all were operational. The one camera was taken out of operations due to construction on the building. The maintenance mechanic completes maintenance and repairs to the center's interior and exterior systems The maintenance mechanic is also responsible for overseeing the inventory and storage of chemicals and tools. The center uses hand-held electronic wands to record ten-minute checks while youth are in their rooms. At the time of the re-review, the center had thirteen vacancies, which included one juvenile justice detention officer supervisors (JJDOS), three juvenile justice detention officer II positions (JJDO II), seven juvenile justice detention officer I (JJDO I), one detention center superintendent and one food service workers.

Standard 5: Safety and Security

5.01 Active Supervision of Youth (Critical)

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures regarding supervision of youth. During the annual compliance review, observations were conducted and included active staff supervision of youth during their daily activities such as education, lunch, group, and line movement. All youth were accounted for and accompanied by center staff during all observations on each of the four days of the annual compliance review. All communication with the youth were positive and respectful. Youth were orderly and staff were properly positioned to address any concerns during line movement and other activities. Master control staff is responsible for the daily tracking of youth census, authorizing all movement of youth, and maintaining documentation of the census in the master control logbook which was confirmed through observations. Daily census tracking is also documented in each of the three module logbooks, in addition to the Department's Juvenile Justice Information System (JJIS). There is a white board stationed in master control, all three modules, and the intake office which also tracks the youth census. Seven staff interviews were completed and all staff reported counts of youth are conducted before and after each shift. Movement of youth is controlled by the staff in master control and if counts need to be reconciled, movement will be ceased until master control corrects the count with the staff.

During the re-review the program received **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place regarding the active supervision of youth in the center. During the re-review, staff were observed supervising the youth during class, on youth modules, during line movement from the boy's module two (B2) and boy's module three (B3) to intake for court transport, placement on transport, and a code blue with no concerns noted. During the re-review, observations confirmed interaction between staff and youth indicated active supervision was taking place and youth were always accounted for and accompanied by staff. Master control authorizes all movement of youth prior to the actual movement, and no movement occurs until cleared by master control. A review of the center's logbooks for the last two months confirmed youth counts are consistently conducted. The master control staff uses a white board system to track the center's daily census, which includes the center's current youth population, youth on precautionary observation, and youth in confinement. Interviews conducted with seven staff indicated staff stops all movement if a count had discrepancies and re-counts would be conducted until the issue was reconciled. Seven interviewed staff found four indicated the center does not have enough staff to provide for a safe and secure environment and three staff indicated sometimes the center has enough staff. One staff indicated the center has many vacancies, but they do with what they have. Another staff stated the center does what it takes to ensure safety and security of the youth through rolling lock downs. The third staff stated the center has a hard time keeping staff. The fourth staff indicated the center has too many hold overs because of being understaffed and after a twelve hour shift they are complacent, their body is tired, and starts to shut down. The fifth staff indicated the center sometimes provides a safe environment for staff and youth and sometimes not. They also stated the center is sometimes short-staffed which decreases safety and security. The sixth staff indicated staff make the center safe and secure. The seventh staff felt the center is safe and secure, even though they are short staffed, but they make the best of it.

5.02 Ten Minute Checks (Critical)

The program originally received a **Limited Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures in place to visually observe youth on standard supervision at least every ten minutes when youth are in their sleeping quarters to ensure the safety and security of each youth. There shall be no obstructions on the windows and staff must have a direct line of sight to each youth. If a staff is unable to visually see the youth, the staff opens the door with another staff to ensure the youth is present and safe. The program utilizes the Guard Wand system to record checks electronically during sleeping hours which requires staff to physically touch a button outside of each room door with a wand for each check. The Guard Wand system then generates reports for all ten-minute checks conducted utilizing the electronic wand system. When ten-minute checks are required during awake hours, the center utilizes Visual Observation Report (VOR) forms to manually document the ten-minute checks. Alpha dorm check reports were reviewed for six days on March 24, March 31, April 9, April 18, April 26, and May 5, 2019. The Guard Wand software was utilized and documented twenty-three rooms had late checks of three minutes on April 18, 2019. Bravo checks were reviewed for the same six days and there was one room with a late check of three minutes on April 18, 2019 and ten rooms with a late check of four minutes on April 26, 2019. The program has forty-seven cameras and all are operational according to an interview with master control and staff. This video is stored for sixty days. Video of the ten-minute checks corresponding to the reviewed Guard Wand reports were reviewed. The video for Alpha dorm found a staff did not visually check all rooms on March 31, 2019, missing rooms four through seven and eleven through thirteen. One staff did not visually check rooms on April 26, 2019 missing rooms three through six. In each instance, the staff did not pause at the room for visual checks as required by the center's policy. The video for the Bravo dorm appeared to show the staff on March 27, 2019 were not consistently pausing at doors three, four, six, and seven to check the rooms. Additional VORs were requested by the review team; however, the center did not provide them. During the annual compliance review, a VOR was observed on a confinement room door outside of the Alpha B1 unit and the checks were not documented in real time as they were documented every ten minutes.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place to 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 or rolling lock downs. Observations of the youth room windows indicated there were no obstructions on the windows and staff had a direct line of sight to each youth. If a staff was unable to visually see a youth the staff opens the door, with another staff, to ensure the youth is present and safe. The program uses the Guard Wand system to record checks electronically during sleeping hours, which requires staff to physically touch a button outside of each room door with a wand for each check. The Guard Wand system then generates reports for all ten-minute checks conducted using the electronic wand system. The center uses Visual Observation Report (VOR) forms to manually document ten-minute checks for youth in confinement.
During the re-review, the center had fifty-six of fifty-seven cameras operational, which was confirmed with interviews with master control and administrative staff. According to the acting superintendent, the camera over the sally port was down due to active construction on the outside of the facility. The center's digital video recording system has the capacity to store thirty days' worth of video.

During the re-review, a random selection of ten-minute checks was selected for the boys two module (B2), boys three module (B3) and girls one module (G1). The ten-minute-video check reports and dorm logbooks were reviewed for five days; November 7, November 16, November 18, November 29, and December 1, 2019. On November 16, 2019 video for dorm B3 showed two staff completing room checks, a sergeant and a trainee; the staff consistently pausing at doors to check the rooms, with no exceptions. On November 18, 2019 for dorm B2 showed staff completing room checks, consistently pausing at doors to check the rooms, with no exceptions. On November 29, 2019 video for dorm G1 showed three staff completing checks, two staff walking around and consistently pausing at doors to check the rooms and one staff with direct line of sight on four youth sleeping in the common area with no exceptions. On December 1, 2019 video for dorm B3 showed staff completing room checks and consistently pausing at doors to check the rooms, with no exceptions. Video of the ten-minute checks corresponded to the reviewed Guard Wand reports and the dorm logbooks with a difference of two to three minutes between the video time and the watch time of the person recording the checks in the dorm logbook. Seven interviewed staff were aware of the center's ten-minute check procedures. An interview with the acting superintendent indicated ten-minute checks are conducted through an electronic wand system and visual checks of the youth inside their rooms are conducted in increments not to exceed ten minutes. The acting superintendent further indicated officers look into the youth's room to ensure the youth is safe, alive and well, and then connects the wand to the sensor for time stamping purposes. The superintendent indicated the wand checks are then downloaded to the center's computer system for tracking.

5.03 Census, Counts, and Tracking

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures requiring staff to identify the number and location of youth at all times. The youth counts are called into master control at the beginning and end of each shift, following emergencies, prior to and following routine group movement, at population changes, and once randomly during each shift. Staff do not include youth which are not physically present. Logbooks were reviewed for the last six months and found counts were documented as required. Seven staff were interviewed regarding counts and tracking, each staff verified the center's policy. Counts were observed by a review team member and all were completed according to policy.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures addressing head counts which requires the tracking of all youth under the juvenile justice detention officer (JJDO) staff supervision. This supervision shall always be maintained. A review of the master control logbooks and module logbooks from the past six months found head counts were conducted and documented at the beginning and end of shift. Headcounts were also documented prior to and following group movement and following any emergencies to include drills and various codes. The logbooks also documented admissions, releases, and when youth were moved from one sleeping room to another. Observations conducted during the review found staff conducting physical headcounts prior to and after movements. The youth movements and headcounts were also reported to master control. The seven staff interviews confirmed formal headcounts are conducted at the beginning, the middle, and the end of each shift. Staff also reported there is a formal random count conducted during each shift. All seven staff knew the procedures to follow when the formal headcount was not correct. All seven staff reported emergency counts are conducted

when a youth is believed to be missing, when visibility is hindered, and after a major disturbance.

5.04 Logbook Maintenance

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to maintain a chronological record of activities in logbooks in master control and for each living area which were reviewed for the annual compliance review period. The logbooks are bound with numbered pages. Additionally, the center maintains shift reports which are password protected within the Department's Juvenile Justice Information System (JJIS) under the Facility Management System section. The logbooks include the date of entry and incident, time, names of staff and youth involved, a brief description of the incident, and the initials of the person making the entry. The entries are made in black or blue ink and white out is not used. If there is an error, one strike-through is made and the error is initialed by the staff correcting the error. Entries including medical, special needs, mental health alerts, or facility safety and security are highlighted. The master control logbook labeled January through March 2019 was not dated for pages ninety-one and 113. There were no strike throughs or initials for corrections on pages 116, 259, 271, and 278. There were no initials for overwrites on page 202 for the master control logbook labeled November 2018 through January 2019.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures addressing logbooks which requires staff to document all events occurring in the center. The detention center is required to maintain a logbook in master control and one for each living unit. A review of the master control and module logbooks from the past six months found the center uses permanent bound logbooks where each entry includes the date and time of event, the names of staff and youth involved, and a brief description of the event. The entries were signed by the person making the entry, written in ink, and were legible. Logbook documentation did not have any erasures or whiteout and errors were struck through with a single line and initialed by the person correcting the error. Late entry items were marked appropriately throughout the logbooks. Logbooks were observed with numbered pages with the date documented at the top of the page, with one exception. Two pages in the back of the July 4 through August 11, 2019 master control logbook did not have the date on top of the pages. Master control logbook entries included information related to emergency situations, incidents reported to the Florida Abuse Hotline and the Central Communications Center (CCC), and documentation of medical and mental health alerts, and presence of law enforcement. Twelve drills and seven youth confinement placements were documented in the logbooks with the following exceptions; two escape drills on November 2 and November 3, 2019 were not documented in the logbooks. Fire drills conducted on October 5, 2019 and November 3, 2019 were not documented in the logbook. Exceptions with confinement documentation found two confinements were documented in the module logbooks but not in the master control logbook as required. The master control log had a confinement where staff documented the time the youth was placed into confinement but was missing the time the youth was removed from confinement. One confinement had the time the youth was placed into confinement documented in the module logbook, however; the module logbook did not have the time the youth was removed from confinement. This confinement was not documented in the master control logbook as required. An interview with the acting superintendent indicated different management staff review the logbooks weekly and ensure staff are documenting all information and all incidents occurring on their module.

5.05 Logbook Reviews

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures for the superintendent or designee to review all logbooks weekly. A review of the logbooks found the superintendent or designee were completed as required. A review of master control logbooks and unit logbooks found the supervisor reviewed the master control and living unit logbooks when accepting responsibility of the center and documents recommendations where applicable. The staff assigned to a module reviews the logbook in their assigned module. The supervisor tours the living areas at least once during each shift and documents the visit. A review of the logs and supervisory notes found three Bravo rooms and two Alpha rooms were randomly checked. These checks were documented in the logbooks with directions for disposal of any contraband found and critiques of the findings. Documentation indicated the youth had pencils, pens, and extra towels.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures addressing logbook reviews. The process requires the lead officer accepting the shift must review the previous shift's entries and document the review in the logbook. A review of the master control logbooks and module logbooks from the past six months found the acting superintendent or designee reviewed the master control and living module logbooks at least weekly and reviews the entries for the last seventy-two hours. The logbooks had all required entries, including documentation by the juvenile justice detention officer after each shift.

5.06 Key Control

The program originally received a **Limited Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures regarding maintaining inventory and control of all center keys. Master control staff is designated to operate, distribute, and collect keys. Upon arrival to the center, contractors and visitors are to turn in personal keys to master control to be secured. Each individual receives a numbered chit token until their visit is completed for a return of personal keys. Staff are also to turn in personal keys placing them in secured lockers. During the first three days of the annual compliance review, several reviewers were not assigned numbered chit tokens for receipt of personal keys due to no more chit tokens were available for distribution. The center was notified of the issue and on the fourth day of the review the center's master control provided each review team member with a key to a security box to secure their keys. Incoming staff on a shift is assigned the same set of keys each time they are on a shift and the key distribution is documented in a key control logbook. The key control logbook logs the name of staff assigned a key, time the key was issued, and/or returned. A review of the center's key logbook confirmed this practice in tracking of keys. Observations were conducted on key storage areas to determine the level of security. All active center keys were stored in a locked cabinet located near master control. Restricted keys and emergency keys are located in a cabinet in master control. The cabinet for restricted keys was not secured and observed actively being open and closed on several occasions throughout the review without being locked by center staff. Administration was notified and revealed to the review team the cabinet is inoperable due to the lock being broken. Staff did not notify the supervisory staff in order for the cabinet to be repaired. A review of the center's key inventory was conducted to determine if a sample of twelve key rings on the inventory matched the actual key rings in use. Five individual cuff keys included a numbered tamper-resistant key ring; however, all cuff keys were not listed on the key inventory. A check of a supervisor key actively being used revealed sixteen keys; however, the inventory noted fifteen keys. Twelve sets of keys were observed, a total of four

keys were broken of which two were attached to the supervisor keys. Administration was notified of the findings and was corrected on-site with a work order request to the maintenance mechanic. Two of the broken keys identified were removed and labeled as key broken with a chit token notification. Administration confirmed the two broken keys on the assigned supervisor key set are not used as egress keys. A random check of three staff for personal keys was completed. Each staff had their assigned set of center keys. In the past six months, there was one report of lost keys on February 10, 2019 to Central Communications Center (CCC). During the annual compliance review, the CCC report remains open and under investigation. An informal interview with staff regarding the procedure for missing keys revealed the center is shut down, searches of youth are completed, movement is tracked, and a call to the CCC is completed within two hours. Seven staff were interviewed and each staff were knowledgeable of the program's key control process as it related to issuance of keys, tracking, and documenting use.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place regarding key control. Observations found all the center's active keys are housed inside two locked cabinets. They have a locked cabinet in master control for restricted keys, and another locked cabinet with juvenile justice detention officer (JJDO) keys in the supervisor area just outside master control. Observations during the re-review always found both key boxes to be locked. The restricted key cabinet contains the keys for teachers, mental health staff, medical staff, and kitchen staff. These staff members are required to turn in their personal keys to the master control worker, who will then provide them with a set of keys for their specific work area. The master control worker documents all key transfers on a key log they maintain. The center is in full compliance with the statewide key control policies for how the keys are to be maintained. The keys in the restricted key box all have a tamper resistant key ring which reflects who the keys are designated for. Each ring also has a numbered chit which identifies what ring it is, and how many keys are on the ring. The keys in the box have the following color-coded tamper resistant rings: administrative keys – black, medical/mental health keys – white, food services keys – green, and education keys – brown.
The keys for the staff in charge of care and custody are maintained in the locked box in the juvenile justice detention officer supervisor (JJDOS) area. The keys inside this box are color-coded as follows: supervisor keys – yellow and officer keys – blue. The box is always locked, unless the JJDOS is preparing to distribute keys for their shift. Observations and interviews reflected most staff place their personal keys in a locker within the non-secure area of the center before starting their shift. If not, they can have their keys placed inside the key box for safe keeping. Keys for all officers on the shift are brought to shift briefing and are distributed to staff by the JJDOS. The JJDOS documents who received what set of keys and the time of distribution. At the end of the shift, the JJDOS will collect keys from the staff who were on their shift and will document the return time on the key assignment log for the shift. A random review of key logs confirmed the practice, and no discrepancies were found in the reviewed documentation. Observations also found the emergency key ring, which has a red tamper resistant device holding the ring together as required by policy are stored in a small red locked box in the master control area. During the re-review, a check of the box found the locking mechanism was not functioning properly. The lockbolt was able to spin and would not stay in the locked position. Once the center was advised of the issue, the maintenance mechanic purchased a new box, and replaced the box the same day. During the re-review, the center provided a key inventory list for review. The list included the key ring numbers, number of keys on the ring, description of what keys are on each ring, and who may be assigned the ring. A review of ten randomly selected key rings found each ring had the appropriate color-coded tamper resistant device on the ring, in addition to the correct number of keys as were listed on

the provided list. The acting superintendent also provided a key log. The comprehensive key log reflected the capabilities of each key used within the center, and what rings each could be found on. Informal interviews were conducted with three staff. Each of these staff did not have their personal keys with them on the secure floor. Each staff indicated they secured their keys in a locker in the non-secure administrative area of the building prior to reporting for duty. A review of Central Communications Center (CCC) reports since the annual compliance review found no instances of lost or missing keys. During the facility tour, the maintenance mechanic's office was found unsecured. An inspection of the area found the maintenance mechanic's keys lying on the desk. After being brought to the attention of the maintenance mechanic, he indicated keys were left there for the regional maintenance staff to use while he had gone to the store to purchase supplies. The acting superintendent reported the incident was not a systemic practice and was not in line with the center's policy. The acting superintendent further indicated the correct practice would be for visiting maintenance mechanics to have their own set of keys assigned to them by the shift supervisor and the assignment would be documented and tracked on the key log. Retraining was completed with the maintenance mechanic while the annual compliance review team was on-site. No other instances like this were observed during the re-review. Seven interviewed staff were aware the center restricts keys for medical records, youth property area, kitchen area, and mental health records. Five of the seven staff were aware the center restricts keys to the youth case management records, while two staff were not sure if the case management record keys were restricted. All seven interviewed staff were able to articulate the program's daily process for tracking and securing keys.

5.07 Vehicles and Maintenance

The program originally received a **Failed Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to ensure vehicles transporting youth are properly maintained with documentation on the use and maintenance of each vehicle. The center has seven fifteen passenger vans used for youth transports. During the annual compliance review, preventative maintenance invoices were reviewed which revealed all vans were up-to-date with a required annual inspection. A security check was conducted of the vehicles when not in use and all were observed to be secure. All vehicles used to transport youth were equipped with the required safety equipment. All seven vehicles were inspected. One vehicle had severe tearing across the back of the backseat cover in the last row and half tearing of the back of the backseat cover on the row in front. Graffiti was written on the two back seat rows. One vehicle had a light fixture pulled out with hanging wires protruding from the ceiling of the vehicle. One vehicle had severe tearing on the corner of the backseat cover at the last row. Administration was notified of the findings and removed these three vehicles from active use until repaired. One vehicle's left rear door has a wire hinge sticking out of the door lock. The door was severely jammed and required numerous pulling and tugging to open. The van was removed from active duty. A review of the center's monthly and weekly checklist inspections of the vehicles for the past six months was completed. There were three vehicles missing three months of monthly inspections, one vehicle was missing five months, and three vehicles were missing one month each. Upon review of the weekly inspections, it was found one vehicle had a total of four weeks of weekly inspections missing. One vehicle had two weeks of weekly inspections missing and one vehicle had one week of weekly inspections missing. In addition, the weekly inspection documentation found the individual completing the inspection and/or supervisor reviewing the inspection was not consistently documented. A youth transport return was observed during the annual compliance review and reflected the vehicle was searched for contraband after use, in addition to the youth being searched upon entry to the center. A youth transport in which one youth and two staff were leaving the center was observed found both the youth and staff were

secured with seatbelts prior to leaving the center. The staff had a vehicle folder and assigned cell phone. The inspection of the vehicle prior to departure was not able to be observed.

During the re-review, the program received a **Limited Compliance rating** for the indicator. The center has facility observation procedures in place for vehicles and maintenance. The center was able to provide annual safety inspection invoices for all seven of their actively used vehicles. The center has seven vans, of which only six are used to transport youth. Random vehicle checks during the re-review found one of the vans with a side door unlocked. Once discovered, the center was able to lock the door immediately. Observations conducted on a transport found staff were ensuring youth wore seatbelts for the transport to court. Staff were also observed wearing their seatbelts when they left for the trip. Six of seven interviewed youth indicated they wear a seatbelt when they are transported, and one youth indicated they do not. Five available vans were inspected during the re-review. Each of the vans were found to contain emergency flares, jumper cables, a combination seatbelt cutter/window punch tool, a first aid kit, and a fire extinguisher. The seatbelts in all inspected vans were found to be in good working order. The center's policy requires the maintenance mechanic to complete weekly and monthly inspections on each vehicle. A review of documentation found the weekly and monthly inspections were completed for the past six-months, with no exceptions. Each of these inspections were completed using the appropriate inspection forms. The center's policy indicates inspections are to be completed by transporting staff prior to each transport. A review of van logbooks found staff were not documenting inspections in the van logbooks as required. The documentation in the van logbooks found very limited information to reflect pre-trip information was being completed. The only information logged in the van logbooks reflected an inspection was done, and it is unclear what the inspection covers. After return trips, transporting staff are required to document an inspection of the van for contraband and ensure no youth are left in the van. The following exceptions were found after conducting a random review of trips documented in the logbooks for three of the vans. Nine trips were reviewed for one van from November 1 through November 3, 2019 reflected inspections were not documented when leaving for two of the trips. Also, an inspection was not documented after returning from three of the trips. A review of ten trips was reviewed for van two from October 11 through October 17, 2019 reflected inspections were not documented when leaving for seven applicable trips. Also, an inspection was not documented after the return for seven trips. There were also no return trips documented after a transport on October 12, 2019. A review of six trips was conducted for the third van for November 15 through November 20, 2019 which reflected an inspection was not documented when leaving for five of the trips, and no inspection was documented when returning from any of the six trips.

5.08 Tool Inventory and Management

The program originally received a **Failed Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to address tool inventory and management. Tools are stored in a tool shed which is separate from the center and requires authorized key access to the secured area. An observation of the shed was completed and found the door was open and the shed unsupervised. The center has a shadow board displaying all the tools with a number corresponding for returning and securing purposes. The tools were marked with an identification code identifying the tool as property of the Department. During the observation, it was found two tools were broken, two tools beside each other were flipped with one another on the shadow board, and three tools were missing during the observation. However, the center was able to account for two of the tools after notification to administration. One tool was found on the table unmarked and not labeled which the center was not able to account for. Several ladders located

near the tool shed were in a secure area; however, were left unsecured leaning against the side of the building. The center removed the items and secured them within the shed. The center has a daily inventory list to track a perpetual inventory which was found to be completed daily; however, there was no daily tool inventory list completed for November 2018. The center did not utilize a sign-in and out log tracking the use and return of tools for duration of the annual compliance review period. The center completed a monthly tool inventory from November 2018 to April 2019; however, the April 2019 monthly inventory form was blank. The November 2018 inventory notes three tools were marked as not accounted for and there was no explanation provided if the tools were damaged, repaired, or replaced. Two broken tools were listed on the inventory for several months with no supporting documentation of notification for tools as damaged, needing to be repaired, or replaced. The one tool observed to be missing by the review team was accounted for on-site on the March of 2019 inventory checklist; however, there is no documentation what happened to the tool. The tools were identified as an electric tool sharpener valued under three hundred dollars. Each of the monthly inventories were signed off by required parties. The superintendent explained during an interview, if a tool was missing or damaged, notification will be submitted to administration by the maintenance mechanic and the item will be left on the inventory and shadow board until repaired or replaced.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures regarding tool inventory and management. The maintenance mechanic ensures all tools and equipment related to maintenance are properly maintained, stored, and inventoried. Inspections of all tools are conducted monthly, and the results of these inspections are submitted to the superintendent or designee for review. No discrepancies were found on the reviewed tool inventories. Tools are stored in a locked storage shed which is inside a secure area outside of the center's kitchen area. The area is locked when not in use, and no youth have access to any tool, nor the area. The maintenance area is off-limits to detention staff as well, with only the maintenance mechanic and center administration having authorized access to the area. The maintenance mechanic reported they did not have any broken or damaged tools since the annual compliance review. During an interview, the maintenance mechanic indicated any broken or defective tools would be removed for repair or replacement, immediately reported to the superintendent, and an incident report and work order would be completed. Immediately following tool repairs or replacement, the tools would be marked with the required designation and secured in the appropriate storage area. The center's tools were inspected during the re-review and all were found to be marked with an identification code identifying the tool as Department of Juvenile Justice property. There were no tools found which were not recorded on the center's inventory. Seven staff were interviewed about how the center handles damaged or missing tools. Three of the staff indicated they would notify their supervisor and one of the three staff further indicated they would notify the captain, superintendent, and maintenance mechanic. Two of the seven staff indicated they would complete an incident report, ensure all pieces of the broken tool are accounted for, and complete a work order. Two of the staff indicated they would stop youth movement and search the center for the missing item.

5.09 Kitchen Tools

The program originally received a **Failed Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures in place to ensure kitchen sharps, equipment, and other hazardous items are securely stored. The center's policy prohibits the use or access of any tools including kitchen sharps and equipment by youth. The center's kitchen sharps are secured on a shadow board inside a locked cabinet when not in use. During the annual compliance

review, a physical count of stored items was conducted to ensure inventory accuracy. The center has twelve kitchen sharps labeled by a number securely locked in a cabinet. One item stored in the cabinet was not listed on the inventory. The center's policy indicates kitchen staff are required to account for an itemized inventory of all kitchen sharps and equipment upon reporting to duty and prior to departure. The center did not provide supporting documentation of this practice for the last six months; therefore, the review team was unable to verify this practice. The center provided a daily sign-in and sign-out sheet of all sharps by kitchen staff. The inventory does not identify a.m. and p.m. time frames for majority of the sign-in and sign-out logged. In addition, the review team could not determine what sharps were used by staff due to staff signing out a knife by color or documenting the knife as a new knife and not the assigned number corresponding to each sharp listed on the sheet. The assistant superintendent was interviewed and was able to indicate the process of reporting missing or damaged kitchen tools by stating the Department of Juvenile Justice reporting procedures.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The program has facility operating procedures regarding the inventory of kitchen tools. The center has an inventory for the utensils used in the kitchen. The center was able to provide completed inventory sheets for the months of August through December 2019. All inventory was accounted for each month. An inspection of six of the utensils confirmed the inventory matched the inventory sheets. The center also maintains a sharps inventory and a daily usage log. The center had twelve listed sharps on the sharps inventory list and the reviewer was able to confirm all sharps on the center's inventory list were accounted for and observed in the sharps lock box. The daily sharps log for the months of August through November 2019 were reviewed and the logs documented the date each sharp was used, the food service worker who used the sharp and the time the sharp was checked out and the time it was checked back in. During the re-review, the center had a pizza cutter, which was found on the utensil inventory and the center was advised the pizza cutter is a sharp and should be maintained on the sharps inventory instead of the utensil inventory. The center moved the pizza cutter to the sharps lock box and added it to the sharps inventory as soon as it was identified. The center also had six thermometers located in the sharps lock box; however, they were being inventoried on the utensil inventory instead of the sharps inventory. The center moved the thermometers inventory to the sharps inventory log as soon as it was identified.

5.10 Youth Access & Use of Tools, Cleaning Items (Critical)

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures regarding youth access to tools and cleaning items. Informal interviews with center staff, kitchen staff, and the maintenance mechanic revealed youth do not have access to the areas where kitchen and class A tools are stored. Youth do not have permission to handle the tools. The center tools are secured in locked areas which are inaccessible to youth. During the annual compliance review, two youth were being observed cleaning the center main walkway, one youth was using a broom and another youth was using a mop. Both youth were actively supervised by the center's staff. Seven youth were interviewed one youth refused and walked out following the first question leaving six applicable youth interviews. Six youth and seven staff were interviewed and each reported youth do not have access to any tools.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The program has facility operating procedures noting youth may use cleaning items such as mops, brooms, buckets, and other common household items under direct supervision. The

center does not allow the youth to have access to kitchen tools or any item considered to be a sharp, such as a knife, saw, or axe. The youth were observed during the re-review using mops and brooms. An interview with seven youth indicated they can use mops, brooms and toilet brushes under the strict supervision of the detention officers. Seven interviewed staff indicated the youth can use mops, brooms, and scrub brushes under their supervision and when they have earned the privilege through the behavior management system.

5.11 Inventory of all Flammable, Toxic, Caustic, and Poisonous Items

The program originally received a **Failed Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to address the inventory of all flammable, toxic, caustic, and poisonous items with inclusion of a safety plan. All flammable, toxic, caustic, and poisonous items are stored in cabinets located in a secured area inaccessible to youth. Chemicals are stored in cabinets near and in the maintenance mechanic office, a paint shed, and a wooden box in a room within the center which has restricted access for only maintenance personnel, superintendent, and assistant superintendents. Upon arrival to the maintenance area, one cabinet storing chemicals was not secured with a lock. The tool shed which also stores chemicals was not locked and was unsupervised. The center corrected the reviewer findings with adding a lock to the cabinet before leaving the area. A review of the Safety Data Sheets (SDS) binder found a corresponding sheet for chemicals present in areas storing these items. The administrators have the responsibility to ensure all chemicals are inventoried and properly secured. A review of the past six months inventory of chemicals from November 2018 to May 2019, noted a perpetual and monthly inventory was completed for most of the chemicals located in the maintenance mechanic office and paint shed. The center does not currently have a sign-in and sign-out log of chemicals used. Several discrepancies were found on each of the reviewed inventories. An accurate beginning and ending total of chemicals on-site was unable to be confirmed for each month. The recorded information of chemicals added and removed from the inventory was recorded incorrectly and did not match from month to month. Are review of the inventories for November 2018 and March 2019, found one item being inventoried was not accounted for. In February 2019, three items inventoried were not accounted for. The inventory of nine chemicals in the shed, eight chemicals in the paint shed, and four chemicals located in a secured room in the center was compared to the actual items on-site. Eleven items did not match what was listed on the inventory as items were less or more than what was recorded. An observation of the chemicals stored in the paint shed found the center has six buckets of paint not listed on the inventory which are being stored on-site for a contractor who left them at the center. The chemical inventory list for the items stored in the room located in the center which stores items used daily by staff, does not have a monthly inventory nor does it have a sign-in, sign-out, or log of staff using these items from this area. The current chemical inventory log provided to the review team which documented items stored in the room was dated from May 2018.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures to address the inventory of flammable, toxic, caustic, and poisonous items. A review of the inventory of flammable, toxic, caustic, and poisonous items was found to be accurate. Cleaning chemicals are stored in a locked storage shed in the secure maintenance area outside of the kitchen. The flammable items are kept in two easily identifiable yellow flammable item cabinets which sit outside the tool shed. The center maintains Safety Data Sheets (SDS) for all flammable, toxic, caustic, and poisonous items in large binders. The SDS binders are maintained near the chemicals, and are accessible, if needed, for reference. Chemical inventory and storage are maintained by maintenance staff for

all flammable items, and access to these items are limited to the center's administration staff and the maintenance mechanic. The inventories for the cleaning chemicals stored in the other shed were maintained by the fiscal administrative assistant. The shed was well organized and free from clutter. The flammable cabinets and storage shed are both in a secure area and are inaccessible to youth.

5.12 Access to all Flammable, Toxic, Caustic, and Poisonous Items

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures in place prohibiting youth access and handling of flammable, toxic, caustic, and poisonous items. The center chemicals are secured in locked areas and are inaccessible to youth. During the annual compliance review, there were no observed incidents of chemicals being accessible to youth. Seven youth were interviewed. One youth refused and walked out following the first question, leaving six applicable youth interviews. Six youth and seven staff were interviewed. Each reported youth do not have access to any chemicals. Youth can utilize mops and brooms for cleaning purposes. Staff follow center procedures to pre-mix household chemical and spray for youth to wipe and clean the assigned area.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place regarding access to any flammable, toxic, caustic, and poisonous items. The policy prohibits youth from handling or having access to any flammable, toxic, caustic, and poisonous items. All flammable, toxic, caustic, and poisonous items are stored inside locked cabinets and in a locked storage shed inside the secure maintenance area behind the center's kitchen. Key access to the shed and storage cabinets are restricted to maintenance and administrative staff only. During the re-review, the flammable storage cabinets and storage shed were always observed locked. Six of the seven interviewed youth indicated they have assisted in cleaning while at the center. All six youth indicated staff will spray the chemical, and they will clean the area and wipe it off. The other youth indicated they have not assisted in cleaning while in the center but are aware the staff handle all chemicals. Seven interviewed staff confirmed youth are not allowed to clean with substances which are toxic, flammable, or poisonous.

5.13 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures addressing the disposal of flammable, toxic, caustic, and poisonous items. The center is contracted with a company to dispose of flammable, toxic, caustic, and poisonous items. In the past six months, the center has disposed chemicals, flammable items, and equipment as required in policy. The superintendent indicated there were no chemical spills since the last annual compliance. The food service kitchen area prepares food with ovens and steamers. The preparation of food which requires the use of grease is not utilized.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place regarding the disposal of all flammable, toxic, caustic, and poisonous items. The maintenance mechanic is responsible for diluting, handling, and disposing of all hazardous waste. An interview with the maintenance mechanic confirmed their knowledge of the procedures for disposal of all flammable, toxic, caustic, and

poisonous items. They also indicated most chemicals are completely used up, and do not require disposal. The maintenance staff further reported no chemicals required disposal since the annual compliance review.

5.14 Confinement Under Twenty-Four Hours

The program originally received a **Limited Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to use behavioral confinement as an immediate short-term response to volatile situations exhibited by a youth which substantially threatens the physical safety of themselves or others. Confinement room windows and cameras are free of obstruction and confinement rooms contain no non-fixed items. A review of the center's logbooks during the annual compliance review period, confirmed youth in confinement are provided living conditions similar to those in the general population. Twenty-five youth confinements under twenty-four hours were reviewed. Each confinement report documented confinement rooms are searched prior to placement. A confinement report is completed within one hour and submitted to the superintendent for a review of confinements within two hours for fairness and appropriateness. Youth are spoken with every three hours by a supervisor and the need for continued confinement is based on severity, history, or behavior is documented. A review is completed by the superintendent within forty-eight hours. Confinements are communicated to education for tracking school assignments. Ten of the twenty-five youth were continued in confinement without proper notation to justify the continued confinement. Many of the notations only documented the youth presenting as calm and confinement was continued or the youth was spoken with and confinement was continued at one or more entries.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures regarding confinements of youth under twenty-four hours. The center had 381 confinements during the re-review period and seven were selected for review. All seven confinements contained documentation the confinement room was searched prior to the placement of the youth in the room. All reviewed confinement reports were placed into the facility management system within one hour of the youth's confinement. Each of the seven reports contained a review by the juvenile justice detention officer supervisory within two hours for fairness and appropriateness. Five of the seven reviewed confinements contained supervisory reviews conducted with the youth every three hours. The sixth confinement had one of the supervisory reviews completed late by twenty minutes and the seventh confinement had one of the supervisory reviews completed an hour late. All seven confinements contained a superintendent/designee review within forty-eight hours of the confinement. One of the seven reviewed confinements required notification to the school board the youth was confined, and the center was able to provide the education roster for the date of the confinement where the school board indicated the youth was in confinement.

5.15 Confinement Over Twenty-Four Hours

The program originally received a **Limited Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures for confinement beyond twenty-four hours to be approved by the superintendent or designee, as well as every twenty-four hours afterwards. Five youth confinement reports were reviewed for confinements extending beyond twenty-four hours. Each of the reviewed reports indicated the supervisor evaluated the youth's status every three hours. Youth behavior and conversations were documented as evidence for the need to continue or terminate confinement. Each confinement room was searched prior to placement and a mental

health professional reviewed the status of the youth every twenty-four hours. Two of the five youth did not have documentation the regional director was notified and authorized permission for the youth's confinement to extend beyond twenty-four hours. Additionally, there was not supporting documentation for continued confinement prior to twenty-four hours for any of the five youth. The documentation indicated the youth's behavior was appropriate at the time; however, confinement continued. None of the youth were applicable for confinement exceeding three days.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures regarding confinements of youth over twenty-four hours. The center had twenty-four confinements during the review period and seven were selected for review of the indicator. All seven confinements contained documentation the confinement room was searched prior to the youth's placement in the room. All reviewed confinements were approved by the superintendent and the regional director. All seven confinements contained supervisory reviews with the youth every three hours, which documented the need for continued confinement. Four of the seven reviewed confinements required a mental health professional review with the youth and all applicable confinements contained a note by mental health indicating they met with the youth. None of the reviewed confinements exceeded three days.

5.16 Continuity of Operations Planning (COOP) Drills]

The program originally received a **Limited Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures for Continuity of Operations Planning (COOP) drills to be conducted and documented at a minimum of two times a year with one drill completed prior to the first day of June. This plan includes the potential relocation of the center's youth and staff while maintaining operations, safety, and security. The required drills include severe weather, major disturbances, hostage situations, chemical spills, flooding, or terrorist threats/acts. The program's Disaster Preparedness Plan was reviewed and the accompanying annexes. Seven staff were interviewed to determine the knowledge of these policies and each staff acknowledged severe weather and tornado drills were being conducted. The center had documentation of regularly checking their emergency checklist of items in an emergency; however, there was no documentation of COOP drills on emergency reporting drill forms. The COOP drill was documented in the master control logbook and seven staff interviews indicated they participated in a severe weather drill, fire drills, and escape drills.

During the re-review the program received **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place for the Continuity of Operations Planning (COOP). The comprehensive plan includes accompanying annexes, which ensure effective management in case of emergencies and disaster events. The center had documentation to support they were regularly checking their emergency checklist of items in case of an emergency. The center has conducted two COOP drills, one on August 7 and another on August 9, 2019 to ensure all staff had participated in a COOP drill. There was documentation of both drills in the center's master control logbook. The center provided training documentation to support sixty-one of its sixty-five staff received annual training in escape prevention. The remaining staff member still has until December 31, 2019 to complete escape training. Seven interviewed staff indicated they had participated in drills related to weather, major disturbances, suicide, escape, COOP, bomb, and fire drills. An interview with the acting superintendent indicated the center's comprehensive safety program is guided by the policies and procedures

put in place ensure the safety and security of the youth served, as well as the maintenance of the facility.

5.17 Escape Drills

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to develop, implement, and maintain escape prevention which incorporates the Department's policies regarding escape. The center conducts quarterly mock escape drills each shift which are documented on emergency drill forms as escape drills. Seven staff training records indicated all seven staff have been trained annually in escape prevention. The logbooks were reviewed for drill documentation. Seven staff interviews acknowledged escape drills were performed quarterly and training is provided and completed.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures to develop, implement and maintain escape prevention which incorporates the Department's policies regarding escape. The center conducts quarterly mock escape drills on each shift which are documented on emergency drill forms as escape drills. During the review period, a total of five drills were completed; October 16, 2019 on first and second shift, November 2, 2019 on third shift, November 3, 2019 on first shift, and November 17, 2019, on second shift. Two of the four drills were documented in the master control logbook and during the debriefing process the center acknowledged two of the drills were not documented in the logbook. All four drills indicated all staff present and assigned on the shift, participated in the drills. Seven interviewed staff confirmed escape drills are performed quarterly.

5.18 Fire Drills

The program originally received a **Satisfactory Compliance rating** for this indicator during the fiscal year 2018/2019 annual compliance review, conducted May 14 through May 17, 2019. The center has a policy and procedures to implement a fire prevention plan to conduct monthly fire drills and document the drills for each shift. Drills were being documented on the emergency drill forms as fire drills. A review of the past six months fire drills indicated all staff present and assigned on the shift participated in the drill. The drill procedures were approved by the local fire officials. Seven interviewed staff confirmed fire drills are performed monthly.

During the re-review the program received a **Satisfactory Compliance rating** for the indicator. The center has facility operating procedures in place outlining their fire evacuation and prevention plan. The center conducted five fire drills completed on four different dates; October 6, 2019 on first and second shift, November 2, 2019 on third shift, November 3, 2019 on first shift, and November 17, 2019, on second shift. All drills were being documented on the emergency drill forms and were categorized as fire drills. Two of the four drills were documented in the master control logbook, and during the debriefing process the center acknowledged the two remaining drills were not documented in the logbook. The drill documentation supported all staff on the shifts were present and participated in the drills. Seven interviewed staff confirmed the center conducts fire drills monthly.