STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Marion Regional Juvenile Detention Center

Department of Juvenile Justice

(State-Operated)

3040 NW 10th Street

Ocala, Florida 34476

Review Date(s): July 10-13, 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:

Amy Tyson, Office of Program Accountability, Lead Reviewer (Standard 1)
Andrea Akins, Volusia Regional Juvenile Detention Center, Assistant Superintendent (Standard 5)
Lissette Godfrey, North Region Detention Services, Government Operations Consultant II (Standard 2)
Jillian Lewandowski, Office of Program Accountability, Regional Monitor (Standard 4)
Jennifer Schad, Office of Program Accountability, Regional Monitor (Standard 3)

Program Name: Marion Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Marion County / Circuit 5
Review Date(s): July 10-13, 2018

MQI Program Code: 094
Contract Number: NA
Number of Beds: 42
Lead Reviewer Code: 157

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

- ☒ Program Director
- ☒ DJJ Monitor
- ☒ DHA or designee
- ☒ 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

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

Surveys

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

Observations During Review

- ☒ Admissions
- ☒ Confinement
- ☒ Facility and Grounds
- ☒ First Aid Kit(s)
- ☒ Group
- ☒ Meals
- ☒ Medical Clinic
- ☒ Medication Administration
- ☒ Posting of Abuse Hotline
- ☒ Program Activities
- ☒ Recreation
- ☒ Searches
- ☒ Security Video Tapes
- ☒ Sick Call
- ☒ Social Skill Modeling by Staff
- ☒ Staff Interactions with Youth
- ☒ Staff Supervision of Youth
- ☒ Tool Inventory and Storage
- ☒ Toxic Item Inventory and Storage
- ☐ Transition/Exit Conferences
- ☒ Treatment Team Meetings
- ☐ Use of Mechanical Restraints
- ☒ 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	Non-Applicable
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	Limited
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	Satisfactory
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	Limited
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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Strengths and Innovative Approaches

- The center utilizes a game room as a bonus incentive for level three youth to enjoy movies and games.

- The facility recognizes officers for going above the call of duty with employee of the month awards. Additionally, staff are provided a free snack during their birth month.

- Sergeants and detention officers participate in a staff focus group, safety council boards, and can be nominated for regional employee of the month.

Standard 1: Management Accountability

Overview

The Marion Regional Juvenile Detention Center is a forty-two bed, secure detention center. The center serves Circuit 5, which includes Marion, Citrus, Hernando, Sumter, and Lake Counties. The youth at the center are pending disposition, transfer to another facility, or placement in a commitment program. At the time of the annual compliance review, there were thirteen vacancies. The center recently was given six new juvenile justice detention officer positions, which contributed to the vacancy rate which included seven juvenile justice detention officer positions. These additional positions were provided due to the detention center receiving responsibility for pre-disposition Marion County youth. The Department's Juvenile Justice Information System (JJIS) is used to track all youth alerts. These alerts are reviewed with staff during shift briefings and with department heads during detention reviews. The detention center uses the Facility Management System (FMS) for completion of grievances, confinement reports, incident reports, detention review documents, shift reports, facility inspections, and Protective Action Response (PAR) reports.

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.	

An initial background screening was required for twenty new employees and eight new contracted employees. All initial background screenings were completed prior to staff hire dates. None of the individuals hired required an exemption prior to working with youth. There were sixteen direct care staff hired since the last annual compliance review and each had a completed pre-employment assessment tool. Of the sixteen direct care staff, fifteen received passing scores. The center requested to hire the individual who did not receive passing scores and provided additional training. This request was granted by the Assistant Secretary of Detention Services. The Annual Affidavit of Compliance with Level Two Screening Standards was completed and sent to the Background Screening Unit on January 17, 2018, meeting the annual requirement.

1.02 Five-Year Rescreening	Satisfactory Compliance
Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.	

Six staff and four contracted employees were eligible for a five-year rescreening. The five-year rescreening was completed on, or prior, to the anniversary date of the initial staff hire for nine individuals. Each was completed no more than twelve months prior to the anniversary date. One staff member has been on medical leave and not at the center to complete paperwork in order to submit a background rescreening by the anniversary date. The paperwork was received during the annual compliance review to be submitted to the Department's Background Screening Unit.

1.03 Staff Code of Conduct	Satisfactory Compliance

Program staff adheres to a code of conduct prohibiting any form of abuse, profanity, threats, harassment, intimidation, "horseplay", or personal relationships with youth.

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.

Officers shall not verbally abuse, demean or otherwise humiliate any youth, and shall not use profanity in the performance of their job.

Officers shall not engage in or allow horseplay, either verbal or physical with and/or between any youth.

Officers shall not engage in personal relationships nor discuss personal information related to themselves or other officers with any youth.

Management takes immediate action to investigate or address all allegations or violations of the code of conduct.

Seven staff records were reviewed regarding staff code of conduct. Each contained a signed code of conduct. None of the records contained commendations for staff. The superintendent stated the employee code of conduct provides a set of rules and responsibilities of, or proper practices for, all staff to follow when interacting with others. If physical abuse, threats, or profanity towards youth is used, immediate corrective action will be taken and may include additional training, formal counseling, formal discipline, up to and including dismissal.
Seven staff were interviewed and each indicated when a youth requests to report abuse to the abuse hotline, they can make the phone call. Of the seven staff interviewed, three reported they never heard a staff use profanity to a youth, two reported once, and two reported occasionally. None of the staff interviewed indicated hearing a staff member using threats, intimidation, or humiliation when interacting with youth. Five of the staff interviewed indicated working conditions for the past year have been good, one reported fair, and one stated very good. Seven youth were interviewed and all stated they had never been stopped from reporting abuse. All seven also stated staff are respectful when speaking to them. Three indicated they have never heard staff use profanity, three indicated once, and one indicated occasionally. Each of the youth reported never hearing a staff use threats, intimidation, or humiliation when speaking with youth. All seven youth also reported feeling safe at this detention center. The superintendent also reported all youth are allowed to contact the Florida Abuse Hotline upon request, as long as their behavior at the time does not jeopardize safety and security. If the youth's behavior is an immediate threat, they will be allowed to call as soon it is safe to do so. They will be allowed a private area to make the report.

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.

There were twenty-three incidents reported to the Central Communications Center (CCC) in the past six months, of which five were reviewed. Each incident was reported within two hours and

documented in the logbook. The superintendent stated whenever a reportable incident occurs, the program shall notify the CCC within two hours of the incident, or within two hours of becoming aware of the incident.

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 had ninety-four Protective Action Response (PAR) incidents in the past six months, of which nine were reviewed. For each of the PAR reports reviewed, the report was completed by the end of the staff member's work day. Seven of nine included statements from all staff involved. Two of the incidents did not include statements from all staff involved; however, this was corrected during the annual compliance review and staff members added their statements. None of the incidents involved the use of mechanical restraints, nor did the PAR result in serious injury to youth or staff. None of the youth alleged abuse. All nine reports were reviewed and processed within seventy-two hours and were reviewed by a supervisor or PAR instructor to determine if the use of force was consistent with policy. The superintendent or designee reviewed the report, after all other reviews, and made comments, if appropriate within seventy-two hours. Typically, this review occurred within twenty-four hours. The superintendent made comments or corrections, if necessary. The post-PAR interview included the youth to determine if the youth had any physical complaints or visible injuries within thirty minutes after the incident. The findings were filed in the youth's individual health care record. The reports were all completed in the Department's Facility Management System. The superintendent stated all PAR incidents are reviewed by administration. Video reviews and written statements are reviewed as incidents occur to ensure PAR was used in accordance with the PAR policy. PAR reports are tracked monthly by the superintendent and viewed by headquarters via the SharePoint/FMS systems. Each of the seven staff interviewed reported they attempt to talk to the youth prior to using physical restraints or mechanical restraints. The statewide PAR average for the last quarter was 8.74; Marion Regional Detention Center's PAR rate is 11.27.

1.06 Pre-Service/Certification Requirements (Critical)	Satisfactory Compliance
Detention staff are trained in accordance with Florida Administrative Code. Detention staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.	

Seven staff training records were reviewed for pre-service training. Six of the staff were certified within 180-days of hire; the remaining staff was granted an extension due to an injury. Six of seven staff completed Protective Action Response training, the other staff did not due to injury. All seven staff completed cardiopulmonary resuscitation and first aid training, mental health services training, substance abuse services, suicide prevention, safety, security, and supervision, Prison Rape Elimination Act, human trafficking, and detention facility operations training prior to contact with youth. Additionally, the staff completed the following trainings: essential skills, orientation, information security awareness, legal, gang awareness, interpersonal communication skills, detainee behavior, and consequences. All trainings were documented in the Department's Learning Management System, SkillPro.

1.07 In-Service Training	Satisfactory Compliance
All detention staff completes twenty-four hours of in-service training, including mandatory topics specified in Florida Administrative Code, each calendar year, effective the year after pre-service/certification training. *Supervisory staff completes eight hours of training (as part of the twenty-four hours of in-service training) in the areas specified in Florida Administrative Code.*	

Seven records were reviewed for in-service training, including three supervisors. Each staff member completed between fifty-nine and 102 hours of training. All seven staff members completed eight hours of Protective Action Response update, cardiopulmonary resuscitation and first aid training, and professionalism and ethics. Five of the seven reviewed staff records contained documentation indicating the staff completed the required six hours of suicide prevention training; the remaining two completed less than six hours. Each of the reviewed supervisor training records included at least eight hours of supervisory training. The program has an annual in-service training calendar which is updated as changes occur. All in-service training was documented in the Department's Learning Management System (SkillPro) for five of seven staff reviewed.

The superintendent stated she has received the following management training: human resources, introduction to hiring, retaining and including individuals with disabilities, human trafficking, labor law/discipline. She further stated detention officer trainees must successfully complete the Juvenile Justice Detention Officer Training Plan within 180 days of their hire date to become certified, unless an extension has been approved. Detention staff must complete twenty-four hours of annual in-service training beginning the calendar year after the staff has completed certification training. In addition to the twenty-four hours of in-service training requirements, supervisory staff shall complete eight hours of management training each calendar year. Staff must complete the mandatory training topics each year.

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.

Alerts were reviewed for seven youth in the Department's Juvenile Justice Information System (JJIS). The youth alerts were verified prior to entering them into JJIS. Two youth had alerts closed by the appropriate mental health staff. One youth did not have a required alert entered. This youth entered the center on June 5, 2018 and the alert was entered during the annual compliance review on July 11, 2018. All seven interviewed staff stated alerts are reviewed at shift briefing and additionally indicated they carry the alerts with them. During detention reviews, youth alerts are reviewed with administration, medical, and mental health. Seven staff were interviewed and all seven stated they are informed of alerts regarding youth through shift briefings and they are provided an alert form. Six staff indicated they are informed of issues within the center through shift briefings, two stated meeting, and five additionally stated through emails. A shift briefing was observed during the annual compliance review to confirm alerts were reviewed and provided to staff.

Standard 2: Assessment and Performance Plan

Overview

Juvenile Probation Officers (JPO) complete the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse referral form during the screening process. The Suicide Risk Screening Instrument is also initiated by the JPO during this screening. After the youth is admitted to the center, the juvenile justice detention officer (JJDO) completes their portion of the SRSI. JJDOs are also responsible for completing the Admission Wizard. Orientation is completed within twenty-four hours of a youth's admission and begins at intake. JJDOs are responsible for completing the Release Wizard when a youth is released from the center.

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. Documentation in all seven records indicated each of the youth were frisked, electronically searched and stripped searched, provided a meal, and provided admission phone call upon admission to the center. Orientation was completed within the twenty-four-hour time frame. During the admission process, each youth was presented information regarding the Prison Rape Elimination Act (PREA) through watching a video. The admission wizard documented the arrest affidavit/custody orders were reviewed, and the Detention Risk Assessment Instruments (DRAI) and Suicide Risk Screening Instruments (SRSI) were completed for five of the seven youth records reviewed. During the annual compliance review, the admission of one youth was observed. The juvenile justice detention officer (JJDO) completed the admission process. The youth received a phone call, and breakfast was provided.

2.02 Orientation	Satisfactory Compliance

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:

1. *Facility rules and regulations;*
2. *Grievance procedures;*
3. *Visitation;*
4. *Telephone calls;*
5. *Available medical, mental health and substance abuse services and how to access them;*
6. *How to access the Florida Abuse Hotline;*
7. *Expectations for behavior and related consequences;*
8. *Possible new law violations for destruction of property; and*
9. *Youth rights.*

Seven youth records were reviewed. Each record indicated orientation was completed within the twenty-four-hour time frame. The orientation checklist documentation included rules and regulations, youth rights, visitation, telephone calls, grievance procedures, access to medical and mental health services, and accessing the Florida Abuse Hotline. There was a copy of each form in all reviewed records. Seven youth were interviewed as to whether an orientation was explained upon admission. Six youth responded “yes” and one youth responded “no.”

2.03 Classification	Satisfactory Compliance

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:

1. *Physical characteristics (e.g. sex, height and weight);*
2. *Age and level of aggressiveness;*
3. *Special needs (mental illness, developmental disabilities, and physical disabilities);*
4. *History of violent behavior;*
5. *Gang affiliation;*
6. *Criminal behavior;*
7. *History of sexual offenses;*
8. *Vulnerability to victimization; and*
9. *Suicide risk identified or suspected.*

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.

The center has a written policy and procedures in place regarding the classification process. The youth are classified to provide the highest level of safety and security. The admission wizard provides basic demographics, gang affiliation, suicide risk special needs and sex offenses. Seven youth records were reviewed. Each record contained completed assessments regarding vulnerability to victimization and/or sexually aggressive behavior (VSAB) as well as suicide risk screenings. In all seven records, the VSAB form was signed by the admission officer.

2.04 Classification of Gang Members	Satisfactory Compliance
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. *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.*	

The center has a written policy and procedures in place regarding the classification of gang members. Seven youth records were reviewed for gang classification; however, none of the selected youth were classified as gang members. The center has not had any youth classified as a gang member since the last annual compliance review. If a youth is identified as a suspected gang member, an alert will be entered into the Department's Juvenile Justice Information System (JJIS) and the circuit gang representative is emailed the corresponding information and local law enforcement is notified. Updates will be entered into JJIS should the youth be confirmed as a gang member.

2.05 Notification of Juvenile Probation Officer Circuit Gang Representative	Satisfactory Compliance
Each center shall identify the Juvenile Probation Officer designated as the Circuit Gang Representative to communicate suspected gang activity. *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.* *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."*	

The center has a written policy and procedures in place to address notification of the circuit's juvenile probation officer (JPO) gang representative to communicate suspected gang activity. Local law enforcement and the youth's JPO are notified by email when a youth is suspected of gang affiliation.

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

Personal property is taken from the youth and maintained in a secure area upon admission to the center. Seven reviewed youth records included personal property forms. Each record contained the signed property receipt documenting the youth's property at admission. None of the reviewed records contained documentation indicating the youth had any valuable property. Each record contained a letter signed by the youth acknowledging the center's policy on property left at the center for more than thirty days after the youth is released. If the youth has any valuable items, these items are placed in a clear, tamper-proof bag labeled with the youth's name, admission date, and Department identification number, along with a list of itemized property signed by both youth and staff. The property coordinator monitors the storage of personal property to ensure compliance. Valuable property is placed in a drop safe during intake

and transferred to administration; the drop safe is under video surveillance at all times. The youth's clothing is stored in intake in a green mesh bag. Any property not picked up within thirty days will be considered abandoned. Seven youth were interviewed and each reported when they arrived at the center staff checked their personal property and had them sign a form stating the personal property was correct.

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.	

Seven youth records were reviewed for the process of storing youth's personal property. Each record contained the property receipt documenting the youth's property at admission. Youth valuables are kept in the administrative area under video surveillance There have been no incidents reported to the Central Communications Center (CCC) in the past six months related to the improper release of youth property.

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.*	

Three closed records were reviewed. Two of the three records contained a photocopy of the parent/guardian's identification card. One record did not have a photo copy of the parent/guardian's identification card due to the youth being released to the Department of Children and Families. All records contained a signed property sheet and signed release forms. The release documentation was signed by the shift supervisor. During the annual compliance review, the release of one youth was observed. A copy of the parent/guardian's identification card was made prior to the youth's release. The property of the youth was pulled from the administrative area, the inventory matched the itemized inventory form. The property bag was signed by the youth, parent/guardian, and the shift supervisor. There were no unauthorized releases during the annual compliance review period.

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.	

Three closed records were reviewed. All three records contained a signed letter of acknowledgement of unclaimed property. None of the youth released had any valuable property. Each of the records contained a copy of the Property Receipt form indicating the youth's personal property was returned to them upon release. According to the center's policy and procedures, any property not picked up within thirty days will be considered abandoned. After thirty days, a Notice of Impending Disposal of Property shall be mailed to the youth's last known address. If the youth is on supervision, it is also acceptable to have the juvenile probation officer (JPO) sign for and deliver property to the youth. If the property is not picked up, the superintendent or captain will ensure all money and property are counted and inventoried. One money order shall be sent to the regional fiscal manager. The regional fiscal manager will then forward the money order to the headquarters designee. A record must exist for any property disposed of or cash forwarded to headquarters. The center donates unclaimed property to the Marion County Sheriff's Department.

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

Two of the three closed youth records were applicable for and reviewed regarding release of medication and aftercare instructions. Due to one youth being released to the Department of Children and Families the documentation did not include a copy of the individual's driver's license. There was a medication receipt, transfer, and disposition form in each reviewed youth record. The form included the name of the medication and quantity of each medication.

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

The center's detention review specialist conducts weekly secure and home detention meetings. The meetings are attended by the chief or assistant chief probation office, juvenile probation officer supervisors from five counties, Department of Children and Families representative, lead teacher, nurse, and mental health therapist. The detention review specialist verifies court dates, youth who have had a detention status longer than the statutory timeframe, youth pending placement in a residential commitment program, and youth on home detention. A detention review was observed. Each youth in secure detention and home detention was discussed. A review of the Facility Management System reflected documentation for the past six months of detention review meetings. The meeting minutes included a list of participants and reviewed information regarding secure and home detention. The superintendent reported, the detention review specialist conducts weekly meetings which are attended by the assistant detention superintendent, chief of probation or assistant chief, juvenile probation officer supervisors from five counties, Department of Children and Families, lead teacher, nurse, and mental health therapist. The following information is discussed during the meetings: questionable court

orders, youth in detention longer than the statutory time limits, youth pending placement in a residential commitment program, runaways from out of state which require follow up action, youth that are citizens of foreign countries to ensure consular notification and follow up action, and youth with any medical or mental health issues.

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

The detention center has a daily activity schedule, which is designed to ensure the youth are involved in constructive activities. The daily schedule includes hygiene, meals, education, visitation, recreation and activities. Seven staff were interviewed and six staff indicated the center offers gender-specific programs such as nail painting, hair styling, and crafts. The center offers restorative justice activities through letter writing, life skills, and problem solving. Seven youth interviewed all reported the daily schedule is followed.

2.13 Adherence to Daily Schedule	Satisfactory Compliance
Facility staff shall adhere to the daily activity schedules. Documentation of all activities shall be made in all applicable logs. *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.* *Any cancellation of visitation shall be approved by the superintendent.*	

The daily schedule listed all daily activities. Observations showed youth participation in daily scheduled events. A review of the log books showed movement for hygiene, medication pass, breakfast, school, lunch, afterschool snack, recreation time, showers, and dinner. All seven staff and seven youth interviewed stated the daily activity schedule is followed.

2.14 Educational Access	Satisfactory Compliance
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.	

The center provides educational services to the youth on a year-round basis. The Marion County School Board is responsible for educational programing at the center. School is conducted Monday through Friday from 8:30 a.m. until 3:05 p.m. The school formulates class work to meet the youth's current educational level of curriculum. Class meets the required 300 minutes of daily instruction. All seven interviewed youth indicated they attend school Monday through Friday while in the center.

2.15 Career Education	Satisfactory Compliance
Staff shall develop and implement a career education competency development program.	

The center provides Type 1 educational programming. Youth participate in interpersonal life skills, career planning, life skills, and resume writing.

2.16 Behavior Management System	Satisfactory Compliance

The program provides a system of rewards, privileges, and consequences to encourage youth to fulfill the program's expectations.

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.

The behavioral norms and expectations for youth shall be posted in all living areas and shall clearly specify appropriate and inappropriate behaviors.

The behavior management system is designed as a system of positive behavior. The center uses a three-level system for rewarding positive behavior. As the youth's level progresses, he or she may earn extra privileges as identified in the facility operating procedures. All youth enter on level two and are promoted or demoted after three days of appropriate behavior. All youth receive their basic rights, at a minimum. Youth on level two and three receive additional privileges based on their behavior, such as additional phone time, special visits community service hours, and game room privileges. Individual supervision is an intervention technique affording the youth the opportunity to avoid more restrictive consequences and allows staff to mentor positive and appropriate behaviors. In the event a youth on level one, two, or three does not respond appropriately to an officer's verbal intervention, a youth may be placed on individual supervision with approval by the juvenile justice detention officer supervisor on shift. The BMS was observed being used. The BMS, including the appropriate and inappropriate behaviors, rules, norms, and expectations was observed posted in all living areas. Seven staff were interviewed all responded they believe the BMS is effective, staff speak with youth to discuss the consequences being imposed, youth are given an opportunity to explain their behavior, and staff speak with youth about alternative acceptable behaviors. All of the staff also responded supervisors provide feedback regarding the implementation of the BMS. Seven youth were interviewed. One reported the BMS is fair and the remaining six reported it as good. Of those interviewed, four reported they had received consequences and those consequences were fair.

2.17 Unauthorized Use of Punishment (Critical)	Satisfactory Compliance

The center's behavior management system restricts certain types of penalties on youth who demonstrate negative behaviors.

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.

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.

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.

The center has written policy and procedures to address unauthorized use of punishment. The youth are provided with a list of youth rights during orientation; the rights include the prohibition of corporal punishment. There was no evidence of unauthorized use of punishment observed

during the annual compliance review. Seven youth records were reviewed and each contained a signed copy of youth rights. Seven staff interviewed indicated no unauthorized use of punishment is allowed at the detention center.

2.18 Grievances	Satisfactory Compliance

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:

1. *Informal phase, wherein the JJDO attempts to resolve the complaint or condition with the youth using effective communication skills;*
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*
3. *Appeal phase, wherein the youth may appeal the outcome of the formal phase to the superintendent or designee.*

The center has written policy and procedure to address the youth's rights to file a grievance. There are postings and grievance forms easily assessible to youth. The process contains an informal phase where staff try to resolve the issue, a formal phase where the youth writes a grievance and it is forwarded to the supervisor to be handled prior to the end of shift or within twenty-four hours, and an appeal phase where the grievance is forwarded to the superintendent for resolution within seventy-two hours excluding weekend and holidays. Grievance forms are signed by the youth and maintained in a grievance binder for one year. All grievance forms are filed in the Department's Facility Management System (FMS). Seven youth were interviewed and they all stated they have never filed a grievance. All seven staff interviewed knew the center's grievance process.

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 policy and procedures addressing trauma-informed care practices. It requires staff training on this issue. Trauma-informed care practices are implemented through presenting a softer approach to the facility, through various paintings, adding a soft room, pajamas, and slippers for the female youth. Staff training records were reviewed and each received training in trauma-informed care.

Standard 3: Mental Health and Substance Abuse Services

Overview

The center has a contract with Maxim Healthcare Services, Inc. to provide mental health and substance abuse services for youth in the center. Maxim contracts with Camelot Community Care locally to provide the services. The center has a licensed mental health counselor (LMHC) serving as the designated mental health clinician authority (DMHCA). The DMHCA is on-site forty hours weekly and is on-call twenty-four hours a day, seven days a week when not at the center. There is an additional LMHC on-site twenty hours a week, which includes weekends. At the time of the annual compliance review, there was a part-time therapist vacancy. There are no non-licensed mental health professionals on staff at this time. The center's psychiatrist is on-site weekly to conduct psychiatric evaluations and medication management. When not on-site, the psychiatrist is available by phone for consultation. The mental health staff conduct assessments of suicide risk, develop treatment plans, and provide counseling services.

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 licensed mental health professional who serves as the designated mental health clinician authority (DMHCA). The DMHCA is a licensed mental health counselor (LMHC) with a clear and active license. The DMHCA is on-site forty hours a week and is on-call as needed. The DMHCA started in the position June 20, 2018. A copy of the contract and DMHCA's license was reviewed. An interview with the DMHCA indicated she is responsible for the daily oversight of the center to ensure services are being provided. Services provided include assessments of suicide, development of treatment plans, individual counseling sessions, group counseling sessions, discharge summaries, psychosocial evaluations, and crisis evaluations. The DMHCA is also responsible to attend weekly detention reviews and chair weekly mini-treatment team meetings. The DMHCA has on-going communication with center administration.

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's clinical staff includes a psychiatrist and two licensed mental health professionals. The psychiatrist has a clear and active license with a specialty in child and adolescent psychiatry. The contract requires the psychiatrist to be on-site two hours a week. A review of sign-in sheets, since the contract started on April 1, 2018, found one exception to the psychiatrist being on-site week. For the week of May 27, 2018, there were no youth scheduled to see the psychiatrist; therefore, the psychiatrist did not visit the center. The designated mental

health clinician authority (DMHCA) is a licensed mental health counselor (LHMC) who is on-site forty hours a week. The center has a part-time LMHC who is on-site twenty hours a week. Both LMHCs have clear and active licenses. The contract requires clinical staff on-site seven days a week. The clinical staff are scheduled to provide the required coverage. At the time of the annual compliance review, there was one part-time clinical therapist position vacant.

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

There were no non-licensed clinical staff at the center during the annual compliance review period; therefore, this indicator rates as non-applicable

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 regarding mental health and substance abuse admission screenings. The policy was reviewed and approved by the current designated mental health clinician authority and superintendent July 6, 2018. Seven youth mental health records were reviewed. All seven records had screening documents completed by probation staff at intake to include Positive Achievement Change Tool (PACT), Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2), and Suicide Risk Screening Instrument (SRSI). Six of the youth records had a chronological note indicating the screening documents where reviewed by the clinical staff. One youth record did not have a chronological note indicating the screening documents were reviewed. All seven records had the SRSI and MAYSI-2 completed in the Department's Juvenile Justice Information System (JJIS). Each youth record had documentation the mental health staff completed the required sections of the SRSI at intake. For any youth with a positive response on the SRSI, with any hits on the PACT, or with any hits on the MAYSI-2, the youth was referred for an Assessment of Suicide Risk (ASR). Six youth who required an ASR had documentation of a referral and an ASR completed by licensed staff in the record.

3.05 Mental Health and Substance Abuse Evaluation [Detention Staff/Contract Provider]	Satisfactory Compliance
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.	

The center has a policy and procedures regarding mental health and substance abuse evaluations. The policy was reviewed and approved by the current designated mental health clinician authority and superintendent July 6, 2018. Seven youth mental health records were

reviewed. Three youth were applicable for a comprehensive mental health evaluation. One youth had an updated comprehensive evaluation completed by the detention provider within thirty days of the youth's admission. One youth had a comprehensive assessment completed by a licensed mental health professional with the community provider. It was completed and received by the center within thirty days of the youth's admission. One youth had a comprehensive assessment completed by a non-licensed person with the community provider. A new comprehensive evaluation was not completed.

3.06 Mental Health and Substance Abuse Treatment [Detention Staff/Contract Provider]	**Satisfactory Compliance**
Mental health and substance abuse treatment planning in departmental facilities focuses on providing mental health and/or substance abuse interventions which will reduce or alleviate the youth's symptoms of mental disorder or substance abuse impairment and enable youth to function adequately in the juvenile justice setting. *Each youth determined to need mental health treatment, including treatment with psychotropic medication, or substance abuse treatment while in a detention center, must be assigned to a mini-treatment team.*	

The center has a policy and procedures regarding mental health and substance abuse treatment. The policy was reviewed and approved by the current designated mental health clinician authority (DMHCA) and superintendent July 6, 2018. Seven youth mental health records were reviewed. Three youth were applicable for treatment services. Of the three youth applicable for treatment services, all three were assigned to a treatment team, had proper consent for treatment, and had treatment notes documented on the Department's MHSA 018 form. All three youth participated in group and individual counseling according to the frequency of their individual treatment plans. Each youth record contained a signed Authority for Evaluation and Treatment (AET). Additional consent forms for substance abuse treatment was found in the one applicable record. A review of group counseling sign-in sheets confirmed groups for mental health is limited to ten or fewer youth and groups for substance abuse is limited to fifteen or fewer youth. An interview with the DMHCA indicated she is responsible for the daily oversight of the center to include the development of treatment plans, individual counseling sessions, and group counseling sessions. The DMHCA is also responsible to attend weekly detention reviews and chair weekly mini-treatment team meetings. Seven interviewed youth were asked to rate the mental health and substance abuse services they are receiving. Five youth rated the services as good, one rated the services as fair, and one stated he was not receiving services.

3.07 Treatment and Discharge Planning [Contract Provider]	Satisfactory Compliance
The superintendent and DMHCA or mental health and substance abuse clinical staff are responsible for ensuring the development and review of an initial and/or individualized mental health/substance abuse treatment plan for each youth receiving mental health and/or substance abuse treatment in the facility. *All youth who receive mental health and/or substance abuse treatment while in a detention facility shall have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.*	

The center has a policy and procedures regarding mental health and substance abuse treatment and discharge planning. The policy was reviewed and approved by the current designated mental health clinician authority and superintendent July 6, 2018. Seven youth mental health records were reviewed. Three youth were applicable for treatment services. Of the three youth applicable for treatment services, all three youth had an initial treatment plan completed within seven days of the initiation of treatment, developed on the Department's MHSA 015 form. Each initial treatment plan documented the reason for the referral for treatment, an initial diagnosis, initial treatment methods, initial treatment goals, and psychiatric services. Each initial treatment plan included the licensed mental health professional, youth, and other treatment team signatures. All three youth had an individualized treatment plan developed by the youth's thirty-first day of admission. All three were signed by a licensed mental health professional, the youth, and other treatment team members. All three individualized treatment plans included a diagnosis, symptoms, treatment goals, strengths, and psychiatric services. Each youth record had progress notes documenting the youth was receiving treatment services, as stipulated on the treatment plan. Two of the three youth were applicable for a thirty-day review and had the completed treatment plan review in their record. Each treatment plan review was signed by the licensed mental health professional and youth. A weekly mini-treatment team meeting was observed as scheduled. Each treatment plan included services provided by the psychiatrist. Three closed youth mental health records were reviewed. Each youth record had a mental health substance abuse discharge summary. There was documentation each summary was provided to the youth, parent/guardian, and juvenile probation officer (JPO).

3.08 Psychiatric Services [Contract Provider] (Critical)	Satisfactory Compliance
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.	

Seven youth mental health records were reviewed. Three youth were applicable for psychiatric services. The initial psychiatric interviews and evaluations included the reason for the referrals, history, mental status examinations, diagnosis, treatment recommendations, prescribed medications, explanation of need for medications, and frequency of medication management. All three youth were seen within fourteen days of admission. The evaluations were signed by the evaluator and included the Clinical Psychotropic Progress Note (CPPN) page three. Each in-depth psychiatric evaluation included the reason for the referral, history, mental status examination, influencing factors, diagnosis, treatment recommendations, and prescribed medication. The psychiatric reviews were thorough, complete, and included all required

information. The CPPNs were completed in their entirety and attempts of parent/guardian notifications were documented.

3.09 Suicide Prevention Plan [Detention Staff] (Critical)	Satisfactory Compliance
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.	

The center has a written plan detailing suicide prevention procedures. The plan includes the identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and review process. The plan was reviewed and approved by the superintendent and designated mental health clinician authority on July 6, 2018.

3.10 Suicide Prevention Services [Detention Staff/Contract Provider] (Critical)	Satisfactory Compliance
Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings as having suicide risk factors or identified through assessment as a potential suicide risk. *Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation or Secure Observation), and a minimum of constant supervision.* *All youths identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations must be placed on Suicide Precautions and receive an assessment of suicide risk.*	

Seven youth mental health records were reviewed for precautionary observation (PO). Six youth were placed on PO at admission screening. One youth was placed on PO due to staff observations and youth self-report. Each PO incident had an alert entered into the Department's Juvenile Justice Information System (JJIS). Six youth were referred for an Assessment of Suicide Risk (ASR). One youth was Baker Acted. As a result of the ASR, five of the six youth were placed on standard supervision. One youth was placed on close supervision. For each of the youth, the superintendent or designee was notified of the PO status and conferred with regarding the return to standard supervision or close supervision. Each ASR was completed by a licensed mental health professional. One of the six youth was placed in secure observation due to aggressive and erratic behavior and the youth was Baker Acted. Placement into secure observation was authorized by the superintendent and designated mental health authority; the secure room was designated in writing. The health status checklist was completed for the youth in secure observation. The youth was removed from the center within three hours to a Baker Act facility. The superintendent has an established review process for every serious suicide attempt or serious self-inflicted injury and a mortality review for a completed suicide. The center's suicide prevention plan includes the review process. The review process includes circumstances surrounding the event, facility procedures relevant to the incident, all relevant training received by involved staff, pertinent medical and mental health services involving the victim, possible precipitating factors, and recommendations. Seven youth were interviewed regarding whether or not they had been placed on suicide watch at this center. Only one youth stated he was placed on suicide watch and stated he was watched by staff the entire time. Seven staff were interviewed and all seven were able to explain what to do in the event a youth expresses suicidal thoughts. A review of the master control logbook for entries of PO starting

and ending times found two exceptions. Two instances were not noted in the master control logbook (one youth placed on PO and one youth removed from PO).

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

Seven youth mental health records were reviewed for precautionary observation (PO) logs. All seven records had documentation the PO logs were maintained for the duration the youth were placed on suicide precautions. The PO logs clearly document safe housing requirements. The documented times of staff observations did not exceed thirty minutes. The PO logs were reviewed and signed by each shift supervisor. The PO logs were reviewed and signed by a licensed mental health professional. Four youth were informally interviewed regarding staff presence while on PO. All four youth stated they were continually in sight of staff while on PO including during applicable sleeping times.

3.12 Suicide Prevention Training [Detention Staff] (Critical)	Limited Compliance
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.	

Seven in-service staff training records were reviewed. Five staff had the required six hours of training. One staff was missing two hours of training and one staff was missing four hours of training. Seven pre-service training records were reviewed. All seven staff had the required six hours of training. Seven staff were interviewed as to the locations of the suicide response kits. All seven staff stated the kits are located in sub-control. In addition, four staff stated one is in master control and one staff stated a kit is in the intake office. Suicide response kits were observed to be in master control and the three sub-controls. The required contents were observed in the kits. The past two quarters were reviewed for mock suicide drills. Each shift had at least one drill a quarter, meeting the requirement. Thirty-nine staff were applicable for participation in the drills. Three staff were not documented as participating in at least one drill over the past two quarters. There was no documented participation by any medical staff. All of the drills conducted have been completed as a written exercise in a shift briefing type setting and not “mock.” The drills noted in writing the actions to be taken to include contacting 9-1-1, obtaining the suicide response kit, and when to use cardiopulmonary resuscitation (CPR). The drill exercises are reviewed by the superintendent or designee and a mental health staff.

3.13 Mental Health Crisis Intervention Services [Detention Staff] (Critical)	Satisfactory Compliance
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.	

The center has a written mental health crisis intervention plan which details crisis intervention procedures. The crisis intervention plan includes a notification and alert system, means of referral including self-referral, communication, supervision, documentation, and review. The plan was reviewed and approved by the superintendent and designated mental health clinician authority on July 6, 2018.

3.14 Emergency Care Plan [Detention Staff] (Critical)	Satisfactory Compliance
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.	

The center has a mental health and substance abuse emergency care plan which includes immediate staff response, notifications, communication, supervision, authorization to transport for mental health or substance abuse services, documentation, training, and review. The plan includes transportation for Baker Act or Marchman Act to a specified local receiving facility. The plan was reviewed and approved by the superintendent and designated mental health clinician authority on July 6, 2018. The plan is located in the superintendent's office, the health clinic, and the mental health office. The plan is accessible to all staff electronically.

3.15 Crisis Assessments [Contract Provider] (Critical)	Satisfactory Compliance
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.	

The center has a policy and procedures regarding crisis assessments. The center has not had any crisis assessments since the last annual review. An interview with the designated mental health clinician authority indicated the center would use the Department's MHSA 023 form for a crisis assessment.

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

The center has had one Baker Act since the last annual compliance review. The center has not had any Marchman Acts since the last annual compliance review. The Baker Acted youth was placed on suicide precautions upon his return to the center. A referral was completed for a mental status exam. The mental status exam was completed by a licensed mental health professional. The youth was maintained on constant supervision and then transitioned to close supervision before being placed on standard supervision. The youth's supervision level was not loweredd until an assessment was completed by a licensed mental health professional and consultation with the superintendent or designee.

Standard 4: Health Services

Overview

The Department contracts with Maxim Healthcare Services, Inc. for medical services provided at Marion Regional Juvenile Detention Center. The contract began on April 1, 2018. Nursing staff at the center includes a full-time registered nurse (RN), who serves as the clinical manager, three part-time licensed practical nurses (LPN), and two full-time licensed practical nurses, who provide forty hours of coverage during weekdays and sixteen hours of coverage on weekends. Medical staffing also includes a full-time medical records clerk, an advanced registered nurse practitioner (ARNP), who is on-site twenty hours a week, and a medical doctor (MD), who serves as the designated health authority (DHA). The DHA is on-site at least one hour each week. Nursing staff are responsible for review of initial screenings, completion or review of the Health Related History (HRH), providing orientation to healthcare services for new admissions, sick call, medication administration, making referrals, and maintaining inventories for medications and sharps. The ARNP completes comprehensive physical assessments and provides care for youth referred by nursing staff. The DHA is responsible for the oversight of all healthcare services at the detention center.

The detention center has a modified institutional class II type B pharmacy permit, which is valid until February 28, 2019. A consultant pharmacist visits the program monthly to review medications. The center utilizes Diamond Pharmacy Services and Walgreens as a back-up pharmacy to obtain medications. Human Immunodeficiency Virus (HIV) education, testing, and pre- and post-test counseling is provided on-site, by the local Health Department, who comes on-site. Youth are taken off-site for immunizations, when needed.

4.01 Designated Health Authority/Designee [Contract Provider] (Critical)	Satisfactory Compliance
The Designated Health Authority (DHA) is clinically responsible for the medical care of all youth at the facility.	

The center has a licensed medical doctor who serves as the designated health authority (DHA). The DHA's specialty training is in family medicine. The DHA has a clear and active license in the State of Florida with a license expiration date of January 31, 2020. The DHA started on June 13, 2018 and has been on-site at least one hour each week since the date of hire. The center has an advanced registered nurse practitioner (ARNP) who has a specialty certification in pediatrics. The ARNP is on-site sixteen hours each week. The ARNP has a clear and active license in the State of Florida with an expiration date of April 30, 2019. A Collaborative Practice Protocol Agreement was signed by the ARNP on July 5, 2018 and the DHA on July 6, 2018. The Collaborative Practice Protocol Agreement indicates the functions of the ARNP may be performed under the general supervision of the DHA.

An interview with the DHA confirmed their role at the center to include providing on-site care once each week, perform comprehensive physical assessments, review and sign policy and procedures, and conduct acute visits once per week. The DHA is on-call and is available by phone twenty-four hours a day, seven days a week. In the event of vacation or scheduled absences, the DHA contacts the provider, Maxim Healthcare Services, Inc. to indicate the need for coverage and the provider is to arrange for a substitute provider. The physician's hours, ARNP's hours, and the medical staff's hours are posted on the door of the clinic.

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 center's medical policies and procedures were signed by the designated health authority (DHA) and the superintendent on July 9, 2018. During the annual compliance review, the superintendent received updated statewide facility operating procedures, which includes the medical policy and procedures. Juvenile justice detention officer non-health care protocols to be utilized by detention centers when nursing staff are not on-site were reviewed and signed by the DHA on July 6, 2018. All newly employed healthcare personnel receive a comprehensive clinical orientation to the Department's healthcare policies and procedures, provided by a registered nurse. Orientation paperwork documentation confirmed this practice. Nursing staff review, sign, and date a cover page for all facility operating procedures and protocols.

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.	

Seven individual healthcare records (IHCR) were reviewed for a completed and valid Authority for Evaluation and Treatment (AET). One IHCR contained an original signed AET, six contained a legible copy of the AET with the word "Copy" stamped on it, and the remaining record contained a court order signed by a Circuit Judge. Each AET was obtained by the center prior to providing medical services.

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 individual healthcare records were reviewed for documentation of parental notification. Three records were applicable for parental notification due to a discontinuation of medication, an initiation of a new medication, or for off-site emergency care. One record contained documentation the parent/guardian was contacted due to the need for off-site emergency care; however, the medical staff were awaiting a return call. The two remaining records contained documentation the parent/guardian was notified by phone and gave consent for initiating or discontinuing medications; however, there was not a written Parental Notification returned and signed by the parent/guardian. All verbal consents were witnessed by another staff. An interview with the registered nurse who serves as the clinical director indicated the parent/guardian is called at the time of intake and treatment. Notifications are sent to the parent/guardian to be signed and returned. According to the clinical director, notifications to the parent are made when a youth has a change of status, accident, or injury.

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.	

Seven individual healthcare records were reviewed for parent/guardian notification and consent for the prescription of new medications, discontinuances, or psychotropic medication adjustments. Three of the seven records were applicable for requiring notifications for the initiation and/or discontinuance of psychotropic medications. Three of the applicable records contained a notification mailed to the parent/guardian; however, none of the records contained documentation the Acknowledgment of Receipt of CPPN or Practitioner Form was returned by the parent/guardian. Verbal consent from the parent/guardian was witnessed by another staff member and documented in each applicable record. None of the applicable records involved a youth in the care/custody of the Department of Children and Families.

4.06 Immunizations [Contract Provider]	Satisfactory Compliance
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).	

The center has a policy and procedures addressing the administration of required and ordered vaccinations. The center has thirty days to obtain the consent for and administer necessary vaccinations. According to the provider's contract, staff are to verify immunizations and administer immunizations, if indicated. An interview with the nursing staff confirmed they verify a youth's immunization history and status through documentation in the Florida Immunizations Records and will make arrangements with the local health department for youth to obtain needed immunizations off-site. Seven individual healthcare records were reviewed for the verification of youth's immunization history and status. Six of the seven individual healthcare records contained documentation of the youth's immunization history. The remaining record contained a note indicating the youth's immunization record was not found. The youth only remained in the custody at the detention center for five days. None of the records contained religious exemption from immunizations.

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

Seven individual healthcare records were reviewed for medical and mental health screening forms. The Medical and Mental Health Admission Screening form located in the Department's Juvenile Justice Information System (JJIS) was utilized in each of the reviewed records and the dates on the admission wizard matched the youth's current admission date. Each youth was screened by a juvenile justice detention officer upon admission for healthcare concerns. Five healthcare admission screening forms were reviewed by nursing staff within twenty-four hours. One healthcare admission screening form was signed by nursing staff three days after the youth's admission. One healthcare admission screening form was initialed by the nurse, but was not dated. An interview with the superintendent confirmed a facility entry screening is completed

at the time of admission for each youth by the intake officer. If the admission screening is completed by direct care staff, a licensed nurse is to review the entry screening within twenty-four hours of the youth's admission into the center.

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

The center has a policy and procedures addressing medical alerts to ensure an alert system is in place for any mental health, medical, or security issues which may affect the safety and security of the youth in the center. The policy and procedures details placing a youth on a medical alert, examples of conditions to warrant placement of a youth on a medical alert, and exclusions from the medical alert system. Seven individual healthcare records were reviewed and three records were applicable for youth with a condition and/or medical issue warranting placement on the medical alert system. Each of the three youth had medical alerts in the Department's Juvenile Justice Information System (JJIS) to address any chronic medical conditions, injuries, or medication side effects. In one of the applicable records, it was determined a developmental disability alert was needed in JJIS; however, was not included in the alert system. This required alert was entered into JJIS during the annual compliance review. Nursing staff are to verify all alerts in the medical alert system are accurate and up-to-date. Seven interviewed staff reported they receive alerts during shift briefing and each keep a copy of the alerts during their shift. All of the interviewed staff reported the center has a good system regarding the communication of information. An interview with the superintendent confirmed an alert system is in place to alert staff of mental health, medical or security issues which may affect the security and safety of the youth. Nursing staff verify medical alerts on a daily basis and staff receive a copy of the alerts during daily briefing and a copy of updates during their shifts.

4.09 Suicide Risk Screening Instrument [Contract Provider]	Satisfactory Compliance
A Suicide Risk Screening Instrument shall be completed within twenty-four hours of admission and filed in the Individual Health Care Record.	

The Suicide Risk Screening Instruments were 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
All youth are to be oriented to the general process of healthcare delivery services at the facility.	

The center has a policy and procedures which address youth orientation and access to healthcare services. Seven youth healthcare records were reviewed and each Health Education Form contained documentation of orientation to healthcare topics to include access to medical care, emergency versus episodic care, medication process, the right to refuse care, the Prison Rape Elimination Act (PREA), and the role of the health care providers. The access and use of sick call was included on each youth's orientation checklist located in the youth management record. The Health Education Forms addressed additional topics which included the prevention of accidents, alcohol and substance abuse, sexually transmitted disease prevention, smoking

cessation, prevention of communicable diseases, cardiovascular health, physical fitness, and HIV/AIDS general information. Additional topics included nutrition basics, dental hygiene, personal hygiene, breast/testicular self-exam, family planning, anxiety reduction, coping with depression, coping with anger, and immunizations. Two records contained the additional topic of the transmission and precaution of the Zika virus.

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

The center has a policy and procedures addressing routine notification of the designated health authority (DHA) for all youth admitted to the facility with chronic health conditions or youth in need of emergency care. Notification of the DHA is to be completed no more than twelve hours after admission, and not to exceed 12:00 p.m. the following day. One of the seven records reviewed was applicable for notification of the DHA due to a chronic condition; therefore, two additional records were reviewed. None of the youth were in need of emergency care at the time of admission. Each youth was identified as possessing a chronic condition and documentation indicated the DHA was notified of the youth's admission. Each youth was referred to the DHA.

4.12 Healthcare Admission Rescreening [Contract Provider]	Satisfactory Compliance
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.	

Seven individual healthcare records were reviewed for healthcare admission rescreening and only one record was applicable; therefore, two additional records were reviewed. Three applicable individual healthcare records were reviewed and each record reflected the youth had a change in physical custody since the youth's initial arrival. Each youth had a Medical/ Mental Health Screening form completed by a juvenile justice detention officer for each admission. Each screening form was reviewed and signed by a licensed practical nurse or higher within twenty-four hours.

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

The center has a policy and procedures which details the process for conducting or reviewing admission history. The Health-Related History (HRH) form is to be completed no later than seven days following the youth's date of admission. Seven youth healthcare records were reviewed and each contained a HRH completed within seven days of admission. Of the seven HRHs, four were new assessments, and three were updated assessments. One HRH was completed by the advanced registered nurse practitioner (ARNP), and the remaining six HRHs were completed by a licensed nurse. Five HRHs were reviewed by the ARNP. One individual healthcare record contained a Comprehensive Physical Assessment (CPA) completed at a previous detention center; however, the individual healthcare record did not contain any documentation the assessment was updated or reviewed by the designated health authority (DHA) or the ARNP in order to confirm if the HRH was reviewed. The remaining record did not contain a CPA to confirm the HRH was reviewed by designated health authority or the ARNP.

Of the five records with completed CPAs, each documented the HRH was conducted and dated prior to or at the same time as the CPA.

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

Seven individual healthcare records were reviewed for a completed Comprehensive Physical Assessment (CPA). Each youth admitted into the custody of the Department is to have a completed CPA within seven days of admission. Six individual healthcare records were applicable, as the seventh youth was only in secure detention for five days. Six individual healthcare records contained a current CPA; however, one CPA was completed at a prior detention center and was not documented as being updated or reviewed by this center upon admission. All six CPAs were completed, reviewed, signed, and dated by an advanced registered nurse practitioner or a medical doctor. Four of the CPAs were completed within seven days of admission, with one CPA being reviewed six days late, and one being completed three days late. Each of the six CPAs were completed to include the youth's medical grade, body mass index, visual acuity field, Tanner stage, scalp/head, cardiovascular, medical grade, and Tuberculosis Skin Test; however, one record indicated a portion of the exam was deferred, one CPA indicated, "by patient" for part of the exam, and the remaining four records contained documentation the youth refused part of the exam. Of the six refusals, only one record contained documentation of the youth signing a refusal form for part of the CPA exam. Based on the information from the CPA, the Department's Problem List was updated, as needed.

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

Seven individual healthcare records reviewed were not applicable for female-specific screenings or examinations; therefore, three closed records were reviewed. All three records reflected documentation of consent for a qualitative urine pregnancy screening test. Two of the three youth were pregnant. One youth was scheduled for an off-site examination; however, was released from the center prior the appointment. The remaining two youth were also released prior to obtaining an examination. Three youth were interviewed and each stated they have not received pre-natal, obstetrical or gynecological care, but could seek services if needed. An interview with the registered nurse indicated female youth can obtain a gynecological exam if medically necessary.

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

The center has a policy and procedures to address the screening of all youth for latent and active tuberculosis. All youth are to be screened for tuberculosis and have one verified Tuberculin Skin Test (TST) documented in the individual healthcare record. Seven individual healthcare records reviewed contained at least one verified TST test completed within the past twelve months. Each healthcare admission wizard contained a Tier I tuberculosis screening. Documentation reflected none of the youth required further evaluation, presented with

symptoms of tuberculosis or had a positive TST. An interview with the registered nurse indicated youth are given a TST within three days and a chest x-ray if the youth refuses the TST.

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

The center has a policy and procedures to ensure all youth are evaluated and treated for sexually transmitted infections (STI). Seven individual healthcare records were reviewed and each record contained documentation the youth were clinically screened and evaluated for STIs. All STI forms were signed by the physician or designee. The physician or designee indicates if further testing is needed. One youth was applicable for an additional evaluation if the youth requested the test to be completed, as documented by the medical doctor on the screening form. An interview with the clinical manager indicated there are various methods to screen youth for different sexually transmitted infections to include urine tests on-site or the local health department for other testing.

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.	

The center has a policy and procedures which outlines all youth at risk of human immunodeficiency virus (HIV) will be offered counseling, testing, and referrals for medical treatment. The Health Department comes on-site to provide pre-counseling, HIV testing, and post-counseling. Seven individual healthcare records were reviewed, and each youth was offered counseling and testing; however, only three youth provided consent for HIV testing. The three individual healthcare records contained a consent form signed by the youth. Two of the applicable records contained documentation on the health education record indicating the youth received pre-test counseling; however, the remaining record did not contain documentation of pre-test counseling. Two of the individual healthcare records contained a sealed envelope marked “confidential” in the youth’s record with the youth’s test results. One individual healthcare record contained a sealed envelope with the youth’s test results; however, HIV test results were documented on the Infectious and Communicable Disease form and the results were not filed in a confidential manner. A review of the Department’s Juvenile Justice Information System alerts and the problem list revealed information about the youth’s HIV status was not included.

An interview with the clinical director and regional clinical director revealed the Health Department has not been back on-site to provide post-test counseling. The clinical director reported when a youth agrees to HIV testing, a signature is required for testing and the Marion County Health Department councils and tests the youth. The process is documented on the HIV log. Seven youth were interviewed and each youth indicated they can ask for a HIV/AIDS test, if needed.

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 has a policy and procedures to ensure all youth are able to make a sick call and have complaints treated through the sick call system. Sick calls are triaged and screened for urgency. Sick call is conducted twice a day, seven days a week. Sick call is conducted by a licensed practical nurse (LPN) under the direction of a registered nurse (RN), advanced registered nurse practitioner, or medical doctor. If a RN is not on-site during the sick call, the LPN is to notify the RN by phone. Sick call is also conducted by a RN, as needed. Seven individual healthcare records were reviewed and six records were applicable for sick call requests. Each of the records contained a completed sick call request form, which included all of the required elements to include subjective, objective, assessment, and plan (SOAP). None of the records indicated a youth presented with a similar sick call complaint three or more times within a two-week period or complained of any severe pain which staff were unfamiliar. All sick calls reviewed were documented on the sick call index. The center has a policy and procedures for non-licensed supervisory staff to review sick calls for issues requiring immediate issues when a licensed staff member is not on-site.

Seven youth were interviewed to determine how quickly they could be seen by medical staff once a sick call request is made. Four youth reported they are seen within one day and the three youth reported they are seen immediately. Seven youth were interviewed to determine who conducts sick call. Five youth indicated the nurse conducts sick call, while two reported they have not had a sick call. Seven staff were interviewed and each indicated the nurse conducts sick call. One staff member also indicated the doctor performs sick call, and one stated staff conducts sick call.

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

Seven individual healthcare records were reviewed and six records were applicable for sick call requests. A total of nine sick call requests were reviewed. One sick call request was completed by a registered nurse and the remaining sick calls were completed by a licensed practical nurse with a registered nurse documenting a review of the sick call within twenty-four hours. One youth brought to the clinic for sick call refused the exam and all of the required elements to include subjective, objective, assessment, and plan (SOAP). Documentation indicated two of the sick call logs were signed by the youth and the remaining seven were not signed by the youth. One of the missing signatures occurred when the youth was in confinement and the medical staff indicated they would not provide the youth with a writing utensil to sign documentation for safety reasons. All of the sick calls were documented on the sick call referral log generated from the Department's Juvenile Justice Information System (JJIS).

One sick call was observed during the annual compliance review with the verbal consent of the youth. The youth also signed indicating they provided verbal consent for the regional monitor to observe the sick call. The youth was seen in the medical clinic with no other youth present for the examination. The licensed practical nurse conducted an exam, and rendered treatment. Upon the completion and resolution of the sick call, the youth signed the sick call log.

4.21 Restricted Housing [Contract Provider]	Satisfactory Compliance
All youth in Restricted Housing/Confinement shall have timely access to medical care, as required by the Department.	

The center has a policy and procedures regarding restricted housing included in the sick call policy. Three individual healthcare records were applicable for review of restricted housing. One additional record applicable for restricted housing was reviewed as a nursing staff check was observed during the annual compliance review. Documentation reflected nursing staff conducted a daily visit with the youth to check for any health-related complaints. Documentation indicated none of the youth required treatment, and youth received all prescribed medications, as needed. The confinement check observed during the annual review included a check of the youth, as well as, the youth receiving his prescription medication as ordered and on time. An interview with the clinical director confirmed a medical needs check is conducted every twenty-four hours by medical staff for a youth in restricted housing.

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.	

Seven individual healthcare records were reviewed and four were applicable for episodic care. Each record contained a progress note designated as an episodic care log and contained the problem-oriented subjective, objective, assessment, and plan (SOAP) elements, the date and time of the episodic care, the nature of the complaint, the findings of the nurse rendering the care, and the treatment rendered. The episodic care progress notes also included the name and credentials of the staff rendering care, an electronic signature of the staff providing the care, and the facility name. Documentation reflected one youth required off-site care and was transported to the local hospital for further examination and treatment. A medical alert was added into the Department's Juvenile Justice Information System (JJIS) as required. Follow-up care was documented as being needed in three of the applicable records. Each applicable youth received a follow-up evaluation from the medical doctor. One of the four applicable records documented the parent/guardian was notified. Each instance of episodic care was documented on a separate on-site tracking log for episodic care.

The center has a first aid and biohazard kit list located in numerous locations throughout the center. A first aid kit is located in each of the three sub-controls, the staff breakroom, administration, the kitchen, intake, school portables, the maintenance shop, training trailer, and each vehicle. The designated health authority (DHA) reviewed and approved a first aid kit inventory list on July 10, 2018. Documentation reflected first aid kits were monitored on a monthly basis since the last annual compliance review. Three randomly selected first aid kits were fully stocked with the content approved by the DHA and did not contain expired items. First aid kits are replenished, as needed and checked for expired contents.

4.23 Emergency Care [Contract Provider]	Satisfactory Compliance
The facility shall have established processes and procedures for either directly providing Emergency Care or facilitating an appropriate response to an emergency situation.	

The center has a policy and procedures for providing emergency care or responding to an emergency situation. The procedures address first aid and cardiopulmonary resuscitation (CPR) certifications, Automated External Defibrillators (AED) training, and emergency drills. The center

has two AEDs with one located in the conference room, and the other in sub-control located outside the post eight hallway. A self-test was conducted by nursing staff on each AED and both devices were operable and ready for use. Medical and maintenance staff are responsible for ensuring the AED batteries and pads are operable. The AED procedures are located inside the AED box. The battery in the AED located in the conference room expires January 2020 and the pads expire February 2020. The battery in the AED located in the sub-control expires April 2023 and the pads expire February 2020. The pads for both AED devices were replaced on November 22, 2017. The battery for the AED located in the conference room was replaced on July 14, 2017 and on October 3, 2017 for the AED in the sub-control. A review of the AED logs reflected monthly checks have been conducted on each AED since the last annual compliance review. Emergency phone numbers are inaccessible to the youth and are located in master control, as well as, in the medical clinic. The phone number to the Poison Information Center was included on the emergency phone number list. Mock medical drills are conducted on each shift at least quarterly. Documentation for the past six months indicated a medical drill is conducted on each shift on a monthly basis. Medical drills included simulations of an anaphylaxis episode, a seizure, diabetic episode, choking, and incidents involving youth injuries. The medical drill documentation contained the type of emergency medical event, the time the drill commenced, the name of the supervisor, direct care staff response time, and type of medical care rendered at the drill. The documentation also included the name of the person conducting the drill, the time of the event, comments and recommendation for the drill, and clinical staff review and critique of the drill. None of the completed drills included the actual time 9-1-1 was called, despite 9-1-1 being discussed in the scenario. An interview with the superintendent confirmed a CPR/AED demonstration is conducted at least twice a year during the medical drills. A review of non-healthcare staff and licensed healthcare staff training reflected each maintained a current CPR/AED certification. Staff training documentation indicated healthcare and supervisory direct care staff have been trained on the administration of the EpiPen auto injector. Seven staff were interviewed and each reported they are able to call 9-1-1 if they feel it is necessary.

4.24 Off-Site Care/Referrals [Contract Provider]	**Satisfactory Compliance**
The facility shall provide for timely referrals and coordination of medical services to an off-site healthcare provider (emergent and non-emergent), and document such services, as required by the Department.	

Seven individual healthcare records (IHCR) were reviewed, and only one was applicable for off-site care. Two additional records were reviewed for an off-site referral and care. Two of the three records contained a Summary of Off-Site Care form, while the remaining record did not contain the indicated form. Each IHCR contained discharge paperwork from the off-site facility where treatment was rendered. All discharge reports were reviewed by the designated health authority (DHA) or the advanced registered nurse practitioner as evidenced by their signature on the paperwork. One of the youth was recommended to see the facility medical doctor within one to two days, and the youth was seen by the DHA the next day after the off-site visit.

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

One individual healthcare record was applicable for a chronic condition; therefore, two additional records were reviewed. Each youth had a chronic condition and was classified with a medical

grade between two and five. One of the three youth was listed on the chronic conditions list, while the remaining two youth were not. None of the youth were applicable for a periodic evaluation as they were not in secure detention more than three months. One youth had an evaluation conducted by a licensed staff which was documented in the individual healthcare record, despite being in detention less than three months. None of the youth were taking anti-TB medication or were pregnant. Treatment orders were clearly written for clinical staff. Each youth had an updated problem list included in the individual healthcare record.

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

The center has a policy and procedures for trained non-healthcare staff to verify medications when licensed nursing staff is not on-site and to assist the youth with self-administration of prescription medication. Three applicable records were reviewed for medication verification. Each youth was admitted into the center with medication. Each record contained documentation of the prescription medication being verified. Each record contained an order from the designated health authority (DHA) to resume the prescription medication. An interview with the clinical director confirmed the process to verify medications upon a youth's admission is to verify the original prescription with the parent.

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

Three applicable individual healthcare records were reviewed for youth taking medication upon admission into the center. Each youth's initial Medication Administration Record (MAR) matched the medication list and the verified prescription. Each youth had a current, valid prescription and documentation indicated the medications were to be continued, as ordered. Over-the-counter medications not listed on the Authority for Evaluation and Treatment (AET) are administered according to approved protocols or the practitioner's orders.

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.	

Observations of the medical clinic found medications are storage in a separate, locked area designated for medication storage, which is inaccessible to youth. Nursing staff and supervisors are the only staff to have access to the clinic and medication storage area. Medications are stored separately by type and refrigerated medication is stored in a secured refrigerator only used for medication. A separate refrigerator is utilized for collected specimens. The syringes and sharps are kept in a locked room inaccessible to youth. An interview with the medical staff indicated the consultant pharmacist comes on-site to destroy medications which have expired or have been discontinued. The center utilizes Stericycle for biohazardous waste.

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 stores syringes and sharps in a cabinet in a locked room inaccessible to youth. A perpetual inventory and a weekly inventory is kept for all sharps in a separate log. The inventory is written in a descending count as each sharp is utilized and disposed of. A review of the sharps inventory confirmed this practice. Another log is kept for the weekly inventory of all over-the-counter (OTC) medications. A random selection of three sharps, three prescription medication, and three OTCs medications found each count matched the inventory.

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.	

Narcotics and controlled medications are stored behind two locks in the medication cart. The medications are kept locked in a smaller box inside the locked medication cart. Shift-to-shift counts are conducted and documented for each controlled medication. The first shift count is conducted with a licensed practical nurse (LPN) and a juvenile justice detention officer supervisor (JJDOS), with the second shift count being conducted with two medical staff, and the remaining count being conducted with either two medical staff or a LPN and JJDOS. At the time of the annual compliance review, the center had three youth taking controlled medications. Each medication was counted and each matched the documented inventory.

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

Three applicable individual healthcare records were reviewed for a Medication Administration Record (MAR). Each youth was admitted with medication and the standard Department of Juvenile Justice (DJJ) form was utilized. A total of eight MARs were reviewed for three youth. Each MAR contained the youth's picture, Department identification number, date of birth, allergies, precautions, medical grade, and medical alerts. Each MAR clearly indicated the start and stop dates for each medication. Five of the eight MARs documented weekly side effect monitoring on the MAR. An observation of medication pass demonstrated the licensed medical staff asked each youth about any side effects upon administration of their medication. Each youth and staff member, including the licensed staff, initialed each medication entry on the MAR. Each MAR indicated the youth is receiving medications, as ordered, without a lapse in medication administration. One youth was consistently refusing his medication, which was clearly documented. The MAR reflected this medication was discontinued per practitioner's orders. Documentation indicated none of the youth required parenteral medication.

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

The center has a policy and procedures outlining medication administration by licensed and non-licensed staff. Licensed medical staff administer medications to the youth on weekdays, and in the morning on the weekend. Non-licensed staff provide medications in the evening on the weekends. During the annual compliance review, a medication pass was observed. The working space appeared clean and organized. The medication pass was conducted by a licensed practical nurse (LPN). A juvenile justice detention officer (JJDO) escorted one youth at a time to the medical clinic. The medical staff did not conduct or supervise any center activities during this time. The Five Rights of Medication Administration were verified for each youth and each youth individually approached the counter to receive their medication. Each youth and the LPN initialed the Medication Administration Record (MAR). The LPN and JJDO both observed and checked the youth's mouth to ensure the medication was swallowed. Prescription medications were not pre-poured. The LPN conducting medication pass maintained control of the medication containers and cart. Seven youth were interviewed and four youth stated the nurse administers their medication, while three youth stated they do not take medications.

4.33 Medication Management – Medication Provided by Non-Licensed Staff [Detention Staff/Contract Provider]	Satisfactory Compliance
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.	

The center has a policy and procedures outlining medication administration by licensed and non-licensed staff. The trained non-healthcare staff are only to assist the youth in self-administration of the medication and ensure the Five Rights of Medication Administration are maintained to include the right youth, right medication, right route, right dosage, and right time. The designated staff member administering medication is not to conduct or supervise any facility activity during this time. are maintained. The non-healthcare staff are to confirm the youth's allergy status and any side effects. Documentation provided reflected supervisory staff are trained to administer oral prescription and over-the-counter medications. Non-healthcare staff administer medications in the evening each weekend when licensed staff are not on-site. Documentation on the Medication Administration (MAR) indicated the youth and the non-healthcare initial as documentation the dosage was given. Seven youth were interviewed and four youth stated the nurse administers their medication, while three youth stated they do not take medications. Seven staff were interviewed and five staff indicated they do not administer medications, while two staff who were supervisory level staff, indicated they do administer medications.

4.34 Medication Management – Psychotropic Medication Monitoring [Contract Provider]	Satisfactory Compliance
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.	

Three applicable individual healthcare records were reviewed for psychotropic medication monitoring. Each record reflected communication between the nursing staff and the designated

health authority and the psychiatrist. Each youth was continued on the psychotropic medications they were receiving prior to admission. The initial diagnostic psychiatrist interview was conducted within fourteen days of admission and each youth had medication management every thirty days by the psychiatrist. The psychiatric evaluations were documented on the Department of Juvenile Justice's Clinical Psychotropic Progress Note (CPPN) form. There are not standing orders for psychotropic medications, emergency treatment orders for psychotropic medications or pro re nata (PRN) orders for psychotropic medications.

4.35 Infection Control – Surveillance, Screening, and Management [Contract Provider]	Satisfactory Compliance
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.	

The center has a policy and procedures for infection control; however, an updated policy and procedures was received by the superintendent on July 11, 2018 during the annual compliance review. The updated infection control procedure included the prevention, containment, treatment, and reporting requirements for common, infectious childhood diseases, episodic contagious illnesses, viral or bacterial infectious diseases, tuberculosis, hepatitis, and human immunodeficiency virus (HIV) infectious diseases caused by blood-borne pathogens. The policy included outbreaks of pediculosis, scabies, methicillin-resistant staphylococcus aureus (MRSA), food-borne illness, bio-terrorist agents, and chemical exposures in the workplace. The policy included universal precautions, and protocols for needle stick post-exposure. Hepatitis B immunizations are made available to all staff, and staff have access to protective equipment. The policy outlines the reporting requirements to the local health department and the Central Communications Center (CCC) for infectious diseases, sexually transmitted infections, and incidents. An interview with the regional clinic director indicated the center has not had three or more cases or reportable infectious diseases. The superintendent is to establish a separate file containing all documents for youth and employees who have experienced a facility/occupational exposure. All records are to be maintained for a ten-year period.

4.36 Infection Control – Education [Contract Provider]	Satisfactory Compliance
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.	

Seven individual healthcare records were reviewed for infection control training. Each youth received infection control training within seven days of admission to include hand-washing techniques, universal/standard precautions, prevention/transmission of communicable diseases, vaccines, and guidelines for infection control. Seven in-service and seven pre-service records were reviewed and each staff received training for the center's Exposure Control Plan.

4.37 Infection Control – Exposure Control Plan [Contract Provider]	Satisfactory Compliance
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.	

The center has an exposure control plan written in accordance with the Occupational Safety and Health Administration **(**OSHA) standards. The plan was revised on July 3, 2018 and was signed by the designated health authority (DHA) and the superintendent. In addition, the DHA initialed each page of the plan. The exposure control plan contained the job classifications which have potential for occupational exposure, and a list of task or procedures which would cause the staff in the job classifications to have occupational exposure. The plan included infection control practices, and engineering and work practice controls.

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

An interview with the regional clinical director indicted the center has only had two youth pregnant in their care since the last annual compliance review. Each youth gave consent for a pregnancy test, and once pregnancy was confirmed, they immediately began receiving prenatal care. Neither of the youth were applicable for a focused medical evaluation, as the youth were not detained for thirty days or more. Documentation did not reflect the youth complained of any issues related to pregnancy. Daily monitoring of danger signs of pregnancy complications is conducted during the administration of the prenatal vitamins. Neither record was applicable for post-birth psychological or physical care.

4.39 Prenatal Care – Nutrition and Education of Youth [Contract Provider]	Satisfactory Compliance
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.	

An interview with the regional clinic director indicted the center has only had two youth pregnant in their care since the last annual compliance review. Each youth signed a receipt of receiving a pregnancy education packet. The pregnancy education packet includes the dangers of alcohol, drug use, and smoking, nutrition, sexually transmitted infections, contraception, and prenatal care. The education packet also included postpartum care, basic baby care, child and infant development, and parenting skills. Each youth received nutritious food in quantities appropriate for pregnant youth and had routine monitoring of nutrition and weight status. An interview with the clinical manager indicated pregnant youth receive education, prenatal care, off-site care, health department visits, extra meals, and extra mattress pads.

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

Seven staff in-service training records were reviewed and each contained documentation of training on female youth healthcare. Training roster sign-in sheets confirmed the training was conducted by a registered nurse.

Standard 5: Safety and Security

Overview

Juvenile justice detention officers (JJDO) are responsible for the active supervision of youth. The JJDOs supervise youth during all activities at the center and during transports. The center has an electronic wand system to document the required ten-minute checks while youth are in their sleeping rooms. This information is downloaded daily to a computer, allowing supervisory staff to review the checks. JJDOs are also responsible for reporting youth counts to master control at various intervals throughout the day. The center has a maintenance mechanic who is responsible for the secure storage of and inventories for tools and chemicals. The center also has one staff responsible for coordinating transportation services.

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.

Youth supervision was observed throughout the annual compliance review and determined staff supervision was followed, according to Department policy. During observations, staff maintained active supervision of youth and there was always two officers present. Staff interactions with youth were observed to be professional when interacting with the youth in their care. Supervisors and administrative staff appeared to have good rapport with the youth. The master control operator was observed conducting counts at the beginning, mid-shift, and end of shift, and maintaining all youth movements throughout the center. Movements were approved by the master control operator and a count of the youth prior to and after the movement was conducted. All movements were documented in the master control log book and mod logbooks as well as youth status changes and counts. Six of the seven interviewed staff reported there are enough staff when asked if they thought there has been enough staff at the facility to provide for the safety and security of the youth and staff. Seven staff responded counts are conducted at the beginning of the shift, six responded at the end of shift, six responded before and after school, and six responded before or after meals. Staff interviews also indicated if a count is incorrect a recount is conducted. If incorrect twice, the supervisor conducts the count.

5.02 Ten-Minute Checks (Critical)	Satisfactory Compliance

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.

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.

There shall be no obstructions (e.g., clothing, memos, pictures) over windows and areas where direct line of sight is needed.

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.

Ten-minute checks were reviewed for the following dates: June 8, 2018, June 15, 2018, June 21, 2018, June 27, 2018, July 10, 2018, and July 13, 2018 on various shifts. All ten-minute checks are documented in real time due to the center's use of the wand system. There was no obstruction of youth rooms found during the facility tour. Staff made a visual check of the youth before proceeding to the next check. The majority of the ten-minute checks were done within the timeframe with the exception of a few. Three were conducted within eleven minutes on July 13, 2018. On June 27, 2018 one was completed in thirteen minutes. On June 15, 2018, two checks were completed at fourteen minutes, and on July 10, 2018, one check was done at thirteen minutes and one at eleven minutes. Seven staff were interviewed and six responded room checks are conducted every ten minutes when youth are confined to their rooms. One staff was not sure, as he was in training.

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).

Census counts were found to be conducted in accordance with Department standards and the center's policy and procedures. Master control and module logbooks were reviewed and counts are conducted and logged at the beginning of each shift, mid-shift, and at the end of shift. Counts were observed being taken prior to and after group movements, with each movement

and count reported to master control. Each module also records counts and youth movement in their logbooks. Youth being admitted or released from the center were also found documented in master control and module logbooks.

Each of the seven interviewed staff responded emergency counts are conducted when a youth is believed to be missing and after a major disturbance. One staff indicated an emergency count is conducted if a count is incorrect. During the annual compliance review, a fire drill was conducted and observed, staff called in an additional count.

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.*	

Master control and module logbooks were reviewed for the past six months. All logs indicated date, shift and population counts at the top of the page. All modules and master control maintained separate logbooks. Each logbook was bound with numbered pages. Alerts were documented and highlighted. Incidents and confinements were well documented, as well as incidents which were reported to the Central Communications Center (CCC). All drills were documented and highlighted in master control logbooks. Population counts and youth movement was found documented in all logbooks. Youth supervision levels were documented and highlighted. The superintendent was interviewed and stated the superintendent or designee reviews all logbooks excluding the visitor's logbook at a minimum of once a week and reviews entries for the last seventy-two hours.

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

Master control and module logbooks were reviewed for the past six months. Shift supervisors consistently documented accepting responsibility of the center and their review of logbooks for the past seventy-two hours each day. Juvenile justice detention officers documented their review of the logbook upon relieving the officers going off duty. Assistant superintendents and superintendent reviewed logbooks weekly and whenever they were in a mod area. The superintendent was interviewed and stated the superintendent or designee review all logbooks excluding the visitor's logbook at a minimum of once a week and review entries for the last seventy-two hours.

5.06 Key Control	Satisfactory Compliance
Each facility is responsible for maintaining inventory and control of all facility keys. *All keys shall be placed on a tamper-resistant key ring designed to inhibit the removal of keys.* *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.* *The key(s) on these rings shall provide egress through facility exterior doors providing access to evacuation areas.* *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.)*	

Master control and module logbooks were reviewed for the past six months. Shift supervisors consistently documented accepting responsibility of the center and their review of logbooks for the past seventy-two hours each day. Juvenile justice detention officers documented their review of the logbook upon relieving the officers going off duty. Assistant superintendents and superintendent reviewed logbooks weekly and whenever they were in a mod area. The superintendent was interviewed and stated the superintendent or designee review all logbooks excluding the visitor's logbook at a minimum of once a week and review entries for the last seventy-two hours.

5.07 Vehicles and Maintenance	Satisfactory Compliance
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. *Youth and staff are not permitted to use tobacco products.* *Program vehicles are locked when not in use.*	

The center has a total of five vans used for transporting youth. Each van was observed to have a knife-for-life, window punch, seat belt cutter, and first aid kit. All first aid kits were equipped with the required materials, none of which were out of date. Each van also had a fire extinguisher, which was inspected and in compliance. Annual vehicle inspections for all vehicles were completed. Inspections and service invoices are maintained by the maintenance staff. Vehicle logbooks were reviewed and all contained the center's transportation policy. Observation of a transport was conducted and found officers search the vehicle for contraband prior to departure. Youth and officers were secured in seatbelts. Upon return from court, the vehicle was secured, youth escorted into building and searched after restraints were removed.

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

The center has a policy and procedure for tool inventory and management. Tools are stored on a shadow board. A review of the shadow board found all tools accounted for. All tools not being used were locked in a secure area and accounted for. Maintenance staff maintain a tool inventory binder which is inspected monthly. Tool inventories are signed off monthly by the superintendent. There were no issues noted during the annual compliance review. The maintenance staff was interviewed on the practice for damaged or missing tools and he was able to explain the process.

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

The food service manager was interviewed and able to clearly explain the policy and procedures for kitchen tools, as well as the process for replacing damaged tools. Kitchen knives and other kitchen sharps are stored in a locked cabinet when not in use. An itemized inventory is taken of all kitchen tools at the beginning and end of each kitchen shift. The inventory was reviewed and all knives and tools were accounted for. The kitchen area was found to be very clean.

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

Seven youth and staff were interviewed. Five youth indicated they use mops and brooms and two youth indicated they don't use any tools. Four staff indicated youth use mops and brooms and three staff indicated youth use none of the above. No youth indicated they use cleaning products. During the annual compliance review, no youth were observed using cleaning tools.

5.11 Inventory of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
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. *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.* *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.* *No hazardous chemicals should be mixed, as this could result in an explosion or emission of toxic gas.*	

The center has a safety plan in place. Chemicals are stored in a shed away from the center where youth do not have access to them. There are cleaning chemicals on each post and all contain safety data sheets (SDS) located in a logbook available to staff. There is also one located in the kitchen area and outside shed. SDS sheets were present for all items. Maintenance staff maintains inventory of all items on-site.

5.12 Access to all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
Flammable, toxic, caustic, and poisonous fluids and other dangerous substances may only be drawn or acquired by authorized personnel. *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.*	

Each of the seven youth and seven interview staff reported youth have no access to flammable, toxic, caustic and poisonous items. All items are in a secure area not accessible to youth. Only maintenance, supervisors, and administrators are authorized to access these items. All seven interviewed staff indicated youth are not allowed to clean with substances toxic, flammable, or

poisonous. All seven youth who were interviewed indicated they do not clean with any type of cleaning agent.

5.13 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
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).	

The center has a toxic materials policy. Maintenance staff were interviewed and indicated there has not been any instances of chemical spills or disposal of flammable, toxic, caustic or poisonous items during this review period. He indicated all flammable, toxic, caustic and poisonous items are taken to the local landfill for disposal.

5.14 Confinement Under Twenty-Four Hours	Satisfactory Compliance
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.	

Seven confinement reports under twenty-four hours were reviewed. All reports indicated rooms were searched prior to youth being confined. All reports were initially reviewed by supervisors within the two-hour timeframe, behavior was also documented as to why the youth was confined. All administrative reviews were completed within forty-eight hours.
Seven staff were interviewed regarding staff responsibilities when a youth is placed in confinement. Seven staff indicated they must search the confinement room, six said they must complete a confinement report and conduct ten-minute checks. Two staff listed additional checks; one stated they must notify master control, the youth's parent/guardian, and the juvenile probation officer, and one stated they must search the youth before the youth goes in confinement.

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.*	

Seven confinement reports over twenty-four hours were reviewed. All reports indicated rooms were searched prior to youth being confined. All reports indicated the need for confinement. Supervisors reviewed confinement within two hours and every three hours thereafter. Supervisors documented approval from administrators to run beyond eight hours and there was also documentation for approval from regional director to run beyond twenty-four hours. Youth's behavior was documented on reports. Administrator's documented reviews every twenty-four hours. There were no confinements lasting longer than seventy-two hours.

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's disaster preparedness plan was reviewed. All staff on duty participated in drill. All shifts conducted and documented drill for first quarter. Second shift has completed second required drill, first shift has not, however the drill is not due at this time. The Center conducted a Continuity of Operations Plan (COOP) drill on May 2, 2018, prior to the start of hurricane season. Seven staff were interviewed, one staff indicated they participated in a COOP drill and one staff indicated they participated in a weather (hurricane drill).

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

The center has an escape and escape prevention policy and procedure which is incorporated with the escape prevention plan. Escape drills were conducted on each shift quarterly, as required, and documented on the drill reporting form, as well as the master control logbook. All were reviewed for the past six months. All drills are maintained in a drill binder. Seven staff were interviewed and all responded they participate in escape drills.

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

The center utilizes an emergency drill reporting form. Drills were reviewed for the past six months and the center exceeded this expectation by completing two fire drills each month, on each shift. All drills were documented in master control logbooks and kept in a drill binder. The fire prevention plan was reviewed which is included in the Continuity of Operations Plan. The center has an egress plan approved by the superintendent and Fire Marshal. The egress plan is posted in areas throughout the center. Seven staff were interviewed and indicated two fire drills are conducted each month.

Program Name: Marion Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Marion County / Circuit 5
Review Date(s): July 10-13, 2018

MQI Program Code: 094
Contract Number: NA
Number of Beds: 42
Lead Reviewer Code: 157

Overall Rating Summary

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

Limited Ratings	Failed Ratings
3.12 Suicide Prevention Training	
4.20 Sick Call Process - Visits/Encounters	