

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Miami-Dade Regional Juvenile Detention Center
Department of Juvenile Justice
(State-Operated)
3300 North West 27th Avenue
Miami, Florida 33142

Review Date(s): August 28-31, 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:

Gabriel Medina, Office of Program Accountability, Lead Reviewer (Standard 3)

Keith Bennis, Office of Program Accountability, Regional Monitor (Standard 4)

Teves Bush, Office of Program Accountability, Regional Monitor (Standard 5)

Dedilia Finlayson, St. Lucie Regional Detention Center, Superintendent (Standard 2)

Maryann Sanders, Office of Program Accountability, Deputy Regional Supervisor (Standard 1)

Program Name: Miami-Dade Regional Juvenile Detention Center
 Provider Name: Department of Juvenile Justice
 Location: Miami-Dade County / Circuit 11
 Review Date(s): August 28-31, 2018

MQI Program Code: 490
 Contract Number: N/A
 Number of Beds: 126
 Lead Reviewer Code: 50

Methodology

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

Persons Interviewed

- | | | |
|---|---|--|
| <input type="checkbox"/> Program Director <input type="checkbox"/> DJJ Monitor <input checked="" type="checkbox"/> DHA or designee <input checked="" type="checkbox"/> DMHCA or designee | 2 # Case Managers 6 # Clinical Staff 2 # Food Service Personnel 2 # Healthcare Staff | 1 # Maintenance Personnel 5 # Program Supervisors 1 # Other (listed by title): <u>CPO - Circuit 11</u> |
|---|---|--|

Documents Reviewed

- | | | |
|--|---|--|
| <input type="checkbox"/> Accreditation Reports <input checked="" type="checkbox"/> Affidavit of Good Moral Character <input checked="" type="checkbox"/> CCC Reports <input checked="" type="checkbox"/> Confinement Reports <input checked="" type="checkbox"/> Continuity of Operation Plan <input type="checkbox"/> Contract Monitoring Reports <input type="checkbox"/> Contract Scope of Services <input checked="" type="checkbox"/> Egress Plans <input type="checkbox"/> Escape Notification/Logs <input checked="" type="checkbox"/> Exposure Control Plan <input checked="" type="checkbox"/> Fire Drill Log <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan <input checked="" type="checkbox"/> Grievance Process/Records <input checked="" type="checkbox"/> Key Control Log <input checked="" type="checkbox"/> Logbooks <input checked="" type="checkbox"/> Medical and Mental Health Alerts <input checked="" type="checkbox"/> PAR Reports <input checked="" type="checkbox"/> Precautionary Observation Logs <input checked="" type="checkbox"/> Program Schedules <input checked="" type="checkbox"/> Sick Call Logs <input checked="" type="checkbox"/> Supplemental Contracts <input checked="" type="checkbox"/> Table of Organization <input checked="" type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports <input checked="" type="checkbox"/> Visitation Logs <input checked="" type="checkbox"/> Youth Handbook 9 # Health Records 9 # MH/SA Records 9 # Personnel Records 9 # Training Records/CORE 5 # Youth Records (Closed) 9 # Youth Records (Open) 1 # Other: <u>JJIS</u> |
|--|---|--|

Surveys

9 # Youth **9 #** Direct Care Staff _____ # Other: _____

Observations During Review

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

Comments

Standard 1: Management Accountability Detention Rating Profile

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

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

Standard 2: Youth Management Detention Rating Profile

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

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

Indicator Ratings

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

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Standard 4: Health Services Detention Rating Profile

Indicator Ratings

| Standard 4 - Health Services | | |
|------------------------------|---|--------------|
| 4.01 | * Designated Health Authority/Designee | Satisfactory |
| 4.02 | Facility Operating Procedures | Satisfactory |
| 4.03 | Authority for Evaluation and Treatment | Satisfactory |
| 4.04 | Parental Notification | Satisfactory |
| 4.05 | Notification - Clinical Psychotropic Progress Note | Satisfactory |
| 4.06 | Immunizations | Satisfactory |
| 4.07 | Healthcare Admission Screening Form | Satisfactory |
| 4.08 | Medical Alerts | Satisfactory |
| 4.09 | Suicide Risk Screening Instrument | 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 | Satisfactory |
| 4.21 | Restricted Housing | Satisfactory |
| 4.22 | Episodic/First Aid Care | Satisfactory |
| 4.23 | Emergency Care | Satisfactory |
| 4.24 | Off-Site Care/Referrals | Satisfactory |
| 4.25 | Chronic Conditions/Periodic Evaluations | Satisfactory |
| 4.26 | Medication Management - Verification | Satisfactory |
| 4.27 | Medication Management - Orders/Prescriptions | Satisfactory |
| 4.28 | Medication Management - Storage | Satisfactory |
| 4.29 | Medication and Sharps Inventory | Satisfactory |
| 4.30 | Medication Management - Controlled Medications | Satisfactory |
| 4.31 | Medication Administration Record | Satisfactory |
| 4.32 | Medication Administration By Licensed Staff | Satisfactory |
| 4.33 | Medications Provided By Non-Licensed Staff | Satisfactory |
| 4.34 | Psychotropic Medication Monitoring | Satisfactory |
| 4.35 | Infection Control - Surveillance, Screening, and Management | Satisfactory |
| 4.36 | Infection Control - Education | Satisfactory |
| 4.37 | Infection Control - Exposure Control Plan | Satisfactory |
| 4.38 | Prenatal Care - Physical Care of Pregnant Youth | Satisfactory |
| 4.39 | Prenatal Care - Nutrition and Education of Youth | Satisfactory |
| 4.40 | Prenatal Staff Education | Satisfactory |

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Standard 5: Safety and Security Detention Rating Profile

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

* 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).

Strengths and Innovative Approaches

- Center staff created a slip-and-slide event within the last three months for the level three youth to have some fun and cool off. Youth enjoyed an afternoon of slip-and-slide, cooling off with the water hose, and snow cones to end the day.
- In February 2018, in collaboration with Miami-Dade School Board, the center created an art school program for the youth. The center incorporated multiple inspirational murals with important messages for all youth.
- The center recently finished a complete renovation of modules two, four, five, six, and seven. Module three is in the finishing stage of renovation. New showers, toilets, sinks, and floors have been completely renovated on each module.
- In February 2018, center staff organized quarterly interactive field days for the youth with football activities, chicken on the grill, and live entertainment.
- Since the last annual compliance review, the center coordinated monthly parties as a reward for level three youth which included chicken wings, pizza, ice cream, and rewards for good behavior.
- The center conducts bi-annual, program-wide meetings where the center recognizes staff with awards for years of service, positive attitudes, most improved, and great work ethic.

Standard 1: Management Accountability

Overview

The Miami-Dade Regional Juvenile Detention Center is a 126-bed, hardware secure facility operated by the Department for detained youth. Youth are detained pending adjudication, disposition, or placement in residential commitment programs. The center serves youth detained by various circuit courts, including youth from Miami-Dade, Broward, and Monroe Counties. At the time of the annual compliance review, there were sixty-five youth in secure detention. The center provides services to youth inclusive of education, healthcare, and mental health and substance abuse. Healthcare and mental health and substance abuse services are provided through the contracted provider, Maxim Healthcare Services, Inc. The center's administrative team includes one acting superintendent, one assistant superintendent, and twelve supervisors. There were three vacant positions at the time of the annual compliance review. The center has a comprehensive staff development training program, which includes a training officer to ensure the professionalism and competency of the center's staff. Educational and vocational services provided by the center are funded by the Department of Education through Miami-Dade school district. The center has undergone several construction projects since the last annual compliance review which include a new break room and shift briefing room for staff, a new intake area for newly admitted youth, and renovated bathrooms and showers in several of the living modules. At the time of the annual compliance review, the center was well-maintained and free of infestation.

1.01 Initial Background Screening (Critical)

Satisfactory Compliance

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

The center has a written policy and procedures for initial background screening. The center had twenty-eight newly hired staff, three volunteers, and seven contracted providers since the last annual compliance review. A review of nineteen staff records, three volunteer records, and seven contracted staff records found initial background screenings were completed by the Department's Background Screening Unit (BSU)/Clearinghouse, prior to each individual's hire date. Two background screenings required an exemption and reviewed documentation supported both were obtained prior to each staff's date of hire. Each direct care staff completed a pre-employment assessment and received a passing score. A copy of each assessment score was maintained in each staff's personnel record. The Annual Affidavit of Compliance with Level 2 screening standards was submitted to BSU on January 8, 2018, meeting the annual requirement.

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

The center has a written policy and procedures requiring the completion of a five-year background rescreening for all staff. There was one staff applicable for a five-year rescreening. Reviewed documentation found the required rescreening was completed within the required time frame. The center had no contracted providers, volunteers, educational staff, medical or mental health staff, or interns requiring a five-year background re-screening during the annual compliance review period.

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

The center utilizes the Department's employee handbook, which contains a code of conduct. Nine applicable staff personnel records were reviewed, and each contained the acknowledgement, receipt, and review of the Department's code of conduct. There were no applicable records during the annual compliance review period which required disciplinary action and/or commendations. This was confirmed by the center's acting superintendent and regional office. A review of internal incident reports and reports made to the Department's Central Communications Center(CCC) reflected there were no allegations of improper conduct by staff during the past six months. Nine interviewed staff reported never hearing co-workers use threats or intimidation when interacting with youth. Nine interviewed youth stated all staff are respectful when speaking to them and other youth. Six interviewed youth reported never hearing staff use curse words when speaking with other youth, while two reported hearing staff curse once, and one youth stated staff curse often. Upon further follow-up, the youth stated hearing staff curse in conversation, not cursing at other youth. In an interview, the center's

acting superintendent reported youth have unimpeded access to the Florida Abuse Hotline and the CCC, for youth eighteen years age, if they want to report abuse allegations. The acting superintendent also stated, if any staff engages in any type of abuse or threats, the staff will be immediately removed from youth contact, the Florida Abuse Hotline will be notified, and an internal investigation will be initiated. If the allegations are substantiated, the staff will be subject to appropriate disciplinary action. Nine staff interviewed indicated they notify supervisor and allow youth to make the Florida Abuse Hotline call.

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

The center has a written policy and procedures regarding reports to the Department's Central Communications Center (CCC). The center had seventy-three incidents reported to the CCC during the last six months, of which seven were reviewed. Documentation found six reportable incidents were reported to the CCC within the mandatory two-hour time frame and in accordance with the CCC reporting procedures. One incident was reported thirty minutes late. The center maintains a master logbook for documenting reports to the CCC and a review of the logbook supported six incidents were documented and one was not. A review of internal incidents and master control and living module logbooks for the past six months validated there were no incidents which should have been reported to the CCC but were not. The center's acting superintendent stated if a youth feels they have been abused, they are given unimpeded access to the Florida Abuse Hotline or the CCC, if eighteen years old. If a youth is combative and non-compliant, they will be permitted to make the call when it is safe to do so. All staff at the center are obligated to notify the Florida Abuse Hotline if they witness or in good faith believe a youth has been abused.

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

The center has a written policy and procedures addressing Protective Action Response (PAR) techniques and reports. The center had 314 PAR reports completed and thirty-one reports were reviewed. Reviewed documentation found thirty reports included a review by a PAR-certified instructor and documented a post-PAR interview with the youth conducted within thirty minutes after the incident. A review of the PAR incident reports and comments by the superintendent or designee within seventy-two hours of the incident, was found in twenty-seven of the thirty-one applicable PAR reports. One of the thirty-one reviewed reports required a PAR medical review and documentation; however, it is the center's protocol to have a medical review conducted for all PAR incidents and documentation confirmed all involved youth were assessed by medical staff. Documentation confirmed each report was reviewed within the mandated time frame and processed by a supervisor and a PAR instructor to determine if use of force was consistent with policy in twenty-nine of the thirty-one PAR reports. All thirty-one reports were reviewed by the superintendent or designee and maintained electronically in the Facility Management System (FMS). None of the reviewed reports required a report to the Central Communications Center

(CCC), and there was no documentation to support any involved youth made a report to the Florida Abuse Hotline. Logbooks were reviewed, and documentation did not reveal any additional PAR incidents occurred. An interview with the center's acting superintendent reflected PAR incidents are discussed at shift briefings and reviewed in accordance with the center's policy inclusive of reviewing video surveillance to ensure compliance. All nine interviewed staff confirmed staff try to talk to youth prior to using PAR. The center's PAR rate during the annual compliance review period was 15.28 which is above the statewide detention PAR rate of 9.29.

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|---|--------------------------------|
| 1.06 Pre-Service/Certification Requirements (Critical) | Satisfactory Compliance |
| <i>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.</i> | |

The center has a written policy and procedures regarding pre-service/certification requirements. Nine staff training records were reviewed, and all nine staff were certified within 180-days of hire. Reviewed documentation confirmed staff received and passed Protection Action Response (PAR) training within ninety days of hire, and the required training which included cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED) certification, mental health and substance abuse, suicide recognition, prevention and intervention, safety, security, and supervision, Prison Rape Elimination Act (PREA), human trafficking, and Department facility operations. Training was completed prior to staff being in the presence of youth. Reviewed documentation reflected all pre-service training was entered into the Department's Learning Management System (SkillPro).

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

The center has a written policy and procedures regarding in-service training. The center provides in-service training to staff through a combination of the Department's Learning Management System (SkillPro) and instructor-led classes. The center has an annual in-service training calendar, which is updated when changes occur. Nine applicable staff training records were reviewed, and each exceeded the required in-service training. Each completed the required twenty-four-hour training on Protective Action Response (PAR) update, first aid, automated external defibrillator (AED), and cardiopulmonary resuscitation (CPR). Additionally, each staff completed professionalism, ethics, and suicide prevention training, and all other required training. Three of the nine reviewed training records were for supervisors and documentation found each supervisor exceeded the required eight hours of supervisory training. All training was entered into Department's Learning Management System (SkillPro). An interview with the center's acting superintendent revealed the center has a designated training coordinator who monitors and schedules all in-service training for staff. The acting superintendent confirmed the required in-service training for staff and management training for supervisors and administrative staff.

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.

JJDOS's shall inform staff of alerts during shift briefing. When a JJDOS receives changes to the alert list, he/she shall notify the staff affected by changes and add the information to the shift briefing for the oncoming shift upon receipt of the information.

The center has a written policy and procedures regarding entering alerts in the Department's Juvenile Justice Information System (JJIS) and the use of an internal alert system. An interview with the center's assistant superintendent was conducted and confirmed the JJIS alert reports are distributed and reviewed by shift supervisors daily. Upon review of the alert list, the supervisors distribute the alert list to all working direct-care staff, at each shift briefing. A current alert list is also maintained in the kitchen. A review of shift reports confirmed alerts are a standing agenda item. Each staff carries the current alert list throughout their shift. An interview with nine staff confirmed the center's practice. Each staff stated they are made aware of alerts in shift briefings, at staff meetings, in the center's logbooks, and throughout the day, when applicable. The medical, mental health, and substance abuse staff, as well as the juvenile justice detention officer supervisors (JJDOS) enter and update any applicable or critical alerts in the JJIS alert system and the center's Facility Management System (FMS). If a youth with an alert is admitted to the center after a shift's briefing, the appropriate entity calls the JJDOS on the telephone to notify of the alert, at which time the information is verbally communicated to direct-care staff until an updated alert list is disseminated. The alerts in JJIS are entered as information changes and an updated list is distributed to all direct-care staff. The responses and updates by medical, mental health, and other staff were documented in JJIS alerts as they pertained to each applicable critical alert.

Standard 2: Assessment and Performance Plan

Overview

All youth admitted to the Miami-Dade Regional Juvenile Detention Center (MDRJDC) are screened by an intake juvenile justice detention officer, utilizing the Department's Juvenile Justice Information System (JJIS) admission wizard. The intake staff identify any significant medical, mental health, substance abuse, critical, and special need issues, and an appropriate alert is placed in JJIS. In addition, the superintendent and other applicable staff are immediately notified. The intake staff search each youth upon admission and secure the youth's personal property. All youth admitted to secure detention are assessed and classified to determine risk factors and vulnerability to victimization to ensure a safe and secure module and room assignment. Youth are provided with all personal hygiene items, linens, towels, and clothing during their stay. The center provides transportation for each youth, as needed. The Miami-Dade County Public School District's Juvenile Justice Center School provides educational services and vocational services information to each youth.

2.01 Admission

Satisfactory Compliance

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

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

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

The center has a written policy and procedures in place to ensure proper screening, evaluation, and documentation of each youth detained. Nine case management records were reviewed and all nine had a completed Detention Risk Assessment Instrument (DRAI), Suicide Risk Screening Instrument (SRSI), and arrest affidavit or order to take into custody. All nine reviewed case management records had an Admission Wizard completed for each youth. All nine youth were frisked, electronic, and stripped searched during admission to the center. All nine reviewed records documented youth were served a snack or meal within the required time frame. Two reviewed case management records documented the youth refused admission telephone calls; however, the youth did not initial the telephone log or the Admissions Wizard. During the annual compliance review, the annual compliance review team was able to observe a female youth being processed for admission. The female youth informed staff she did not speak English and, immediately, an officer was called to assist with translation. The process was explained and the youth appeared relaxed and comfortable. The youth was frisked and strip searched by an officer

of the same gender. The youth was offered a meal and allowed to call her mother. All admissions case records are reviewed by the shift supervisors for appropriate placement and supervision levels. All nine reviewed records indicated each youth was admitted to the center in accordance with the center's policy and procedures. The center has a booking area located in the administration wing of the program and all youth are admitted inside this area.

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

The center has a written policy and procedures to ensure all youth admitted into the program are advised of the center's rules and regulations. All nine reviewed case management records indicated each youth received an orientation within twenty-four hours of admission. The center's rules and regulations, expectations for behaviors, dates and times for visitation, grievance process, how to access the Florida Abuse Hotline, letter writing, how to access medical and mental health services, and the behavior management system are all explained during admission. This process is documented during the intake/booking and signed by both the admitting officer and youth. Copies with signatures are placed in the youth's active case management record. All nine reviewed records had signed copies of the orientation brochures. Interviews with nine youth confirmed each youth received information about the center's rules and regulations, daily schedule, educational services, visitation, abuse reporting, and the behavior management system at admission.

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

The center has a written policy and procedures to ensure all youth admitted to the center are classified by the admitting officer to provide the highest level of safety and security. All youth are placed based upon their classification and may be reclassified if there are any changes in status or behavior. All room assignments are documented in the Department's Juvenile Justice Information System (JJIS), and no more than two youth may occupy a room. All youth requiring a single room shall have an alert entered in JJIS. A review of the Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) results must be documented by the supervisor making the room assignment. All nine reviewed case management records and a review of the center's alerts found the procedures were followed. Shift supervisors are the only staff authorized to make room assignments. The center also utilizes a booking classification form to ensure all youth are classified properly and to determine the most appropriate placement. All reviewed case management records contained the VSAB, JJIS Face Sheet containing the youth's arrest history, Admissions Wizard, and a photograph of the youth.

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

The center has a written policy and procedures to ensure youth are screened to determine if he or she is a criminal street gang member or affiliated with any criminal street gang. The admitting officers have been trained to identify and document gang involvement during the admission process. All nine reviewed case management records documented if a youth had a history of gang involvement or if a youth was suspected to be affiliated with a gang. Five of the nine reviewed case management records documented gang involvement and all applicable youth were placed appropriately and the Department's Juvenile Justice Information System (JJIS) alerts were updated accordingly. Each of the nine interviewed staff indicated they are aware of

all youth entering the center who are involved in criminal gang activity. The staff also reported all updated information is communicated during briefings and throughout the day if the alert list changes due to a newly admitted youth entering the center.

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

The center has written a policy and procedures in place to ensure information is shared regarding youth gang involvement. Information is shared with the local law enforcement and the assigned juvenile probation officers. The center identified Circuit 11 assistant chief probation officer, a juvenile probation officer (JPO) supervisor, and a senior JPO to serve as the JPO circuit gang representatives who work closely with the center's gang liaison. Several e-mails were provided as evidence reflecting the center has a process in place to communicate with the JPO circuit gang representatives.

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

The center has a written policy and procedures to ensure all personal property, including valuables, are collected and secured at the time of a youth's admission. Nine case management records were reviewed and all nine documented the youth's personal property was collected, inventoried, and secured during the admission screening process. All monies and valuables were placed in a tamper-proof property bag. Once the youth acknowledge all valuables are accounted for, both staff and youth sign the tamper proof property bag. The shift supervisor logs the property in the property logbook before placing it in the drop safe located in the booking area. This safe is the initial drop for youth property and the safe is under camera surveillance with limited access to shift supervisors and administration. The center has a second safe for storing youth property. Once the center receives information the youth will be detained over twenty-one days, the property is relocated to another safe located inside the property room. This safe is also under camera surveillance with limited access. Observations of all youth personal clothing found them stored in a property room inside green net bags. Each bag has an assigned number and the number is documented on the youth property receipt. During admission, all youth must sign a property letter of acknowledgement. This form is to acknowledge personal property left unclaimed after thirty days will be considered abandoned and is subject to disposal. All nine reviewed case management records found each of the records had property receipts and acknowledgements signed by both the staff and youth. The Admissions Wizard documented whether the youth had personal property upon admission. The center reported no missing youth personal property for the past six months and a review of the Department's

Central Communications Center (CCC) validated this as well. Seven of the nine youth interviewed indicated when they arrived at the center, staff checked their personal property. The other two youth do not have any personal property.

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| 2.07 Storage of Youth Personal Property | Satisfactory Compliance |
| <i>The program safeguards each youth's personal property until it can be returned to the youth and/or legal guardian.</i> | |

The center has a written policy and procedures to ensure each youth's personal property is maintained securely and returned to them in a timely manner upon release. All youth admitted into the center have their valuables maintained in one of the two secure areas within the center, both of which are under camera surveillance. Youth clothes are placed inside a green property bag with an assigned number transferred to a property room. Each observed bag had a copy of the youth's personal property inventory attached. All nine reviewed records indicated each youth's property was appropriately logged in the Admission Wizard. Removal of youth property is limited to the shift supervisors and administration. The property room is equipped with surveillance cameras. The Department's Central Communications Center(CCC) reports for the past six months found no incidents reported regarding lost or missing property. All attempts are made to ensure youth property is returned. Youth property pending disposal is also secured inside the safe. The center has a process in place to dispose of youth's property. Letters are sent to parents/guardians encouraging them to pick-up the property.

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

The center has a written policy and procedures to ensure all releases from the center occur promptly and accurately. All releases from the center must be approved by the shift supervisor prior to the actual release. Five closed case management records were reviewed and each contained the required release documentation and approval. The records included a completed Release Wizard signed by the youth's parent/guardian or person taking custody and a copy of the identification of the person taking custody. The center utilizes a release checklist to prevent negligent releases. The center reported zero unauthorized releases from the center for the past six months. All releases are documented in the Department's Juvenile Justice Information

System (JJIS). There were no reports documented in the Department's Central Communications Center (CCC) regarding unauthorized releases.

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

The center has a written policy and procedures to ensure all youth personal property is released to the youth or the youth's parent/guardian. The parent/guardian, youth, and staff must sign the property receipt acknowledging all property was returned upon release. All five closed case management records contained a signed copy of the release property receipt with the required signatures. Only the shift supervisors or facility administrators can remove property from the safe for release. The center reported zero reports to the Central Communications Center (CCC) for the past six months regarding lost or missing property. The assistant superintendent was able to describe the unclaimed personal property process during an interview.

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

The center has a written policy and procedures to ensure prescribed medication, along with medication instructions are given to the youth's parent/guardian at the time the youth is released. Each of the three applicable reviewed closed case management records found the Department's Juvenile Justice Information System (JJIS) Release Wizard indicated the youth had medication upon release. The center utilizes a Medication Receipt, Transfer, and Disposition form to ensure all medications accompany the youth upon release. All three applicable forms confirmed medication and medical instructions accompanied the youth upon release. Interviews with nursing staff found them to be familiar with the process for releasing medications to the youths' parents/guardians.

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

The center has a written policy and procedures to ensure youth are held in detention for the shortest time possible. The center conducts detention reviews weekly, on Tuesday. The purpose of the meetings is to determine the proper placement of all youth currently detained in the center or have been placed on home detention. Documentation for the past six months found the reviews were conducted with center staff including mental health, medical, and education, as well as representatives from probation and commitment managers. Documentation from the meetings, along with the sign-in sheets, confirmed meetings were conducted weekly and each youth in secure detention and home detention were discussed. Updates for youth awaiting placement in a commitment program were also discussed. The center utilizes a follow-up form to ensure issues or updates from previous meetings have been corrected or addressed. An interview with the assistant superintendent indicated he appointed the person to coordinate the detention reviews.

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

The center has a written policy and procedures in place to ensure youth are provided the opportunity to participate in constructive activities, keep the youth actively involved. The center maintains weekday, weekend, and holiday schedules which are posted in all youth living areas. The schedules include time frames of activities provided to youth on a regular basis including wake-up, meal times, personal hygiene, education, visitation, large muscle exercise, and volunteer programming. Center staff must adhere to the daily activity schedule, which included all required elements including gender-specific programming. A review of the facility logbooks indicated the schedule is followed most of the time. During the morning and early afternoon hours, youth are participating in education. The center is equipped with a large gym where most of the large muscle exercises are conducted. Nine interviewed youth and staff indicated the center's activity schedules are followed. Eight of the nine interviewed staff revealed the center offers gender-specific programming as part of the daily schedule, and one staff indicated the center does not offer gender-specific programming.

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

The center has a written policy and procedures to ensure daily schedules are followed. All schedules are openly posted in all youth living units. The shift supervisor must approve any significant changes to the schedules. The rationale for the changes shall be documented on the shift report. A review of the center's shift reports verified there were no significant changes in the activity schedule. A review of the logbooks for the past six months indicated there were no youth lockdowns whereby the activity schedule was interrupted. Nine interviewed youth indicated the schedules are followed. All the nine interviewed staff indicated they knew about issues within the center through staff debriefings and meetings. Four staff indicated they knew about any issues through alerts, and one staff indicated through the logbooks.

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

The center provides educational instruction to all detained youth under the direction and support of the Miami-Dade County Public School District's Juvenile Justice Center School. The center strictly follows the master schedule of the school. The daily schedule includes forty-five minutes for lunch. All youth are required to attend school and actively participate in classes. By attending and participating in school, youth can earn academic credits for completion of the education and

training experience. A review of the center's daily schedule and logbooks showed no evidence indicating the educational schedule was interrupted.

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

An interview with the center's lead educator and a review of the applicable documentation confirmed the center offers Type 1 career education programming. This is based on the youth's age, assessed educational and career goals, length of stay, and custody characteristics of the offered program. Type 1 programming incorporates teaching personal accountability skills and behaviors appropriate for youth in all age groups and ability levels and leading to work habits which help maintain employment and living standards. Each youth's individual choice of careers is measured through the completion of the Vark Assessment Interest Survey and the O-Net Interest Profile. To enhance career education, the center offers other components including a detailed life skills class, which focuses on résumé building, personal accountability, Microsoft, Adobe Photo Shop, and General Equivalency Diploma (GED) preparation. For youth who earned their high school diploma or GED can study for and take the American College Testing (ACT). At the time of the annual compliance review, the center's Juvenile Justice Center School had a total of twenty-seven faculty, all of whom received a background screening by the Miami-Dade School Board.

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

The center has a written policy and procedures to ensure the center provides a system of rewards, privileges, and consequences to encourage youth to fulfill the center's expectations. The system includes rewards for positive behavior and consequences for inappropriate behavior. The behavioral norms and expectations are posted throughout the living area. During admission, youth are informed of the behavior management system (BMS). Each youth enters the center on level two. This level provides the youth with basic rights and some additional activities and incentives. After three days of positive behavior, the youth is able to move up to level three. This level provides youth all basic rights and will receive more privileges than level two. Level one is the most restrictive level and is usually utilized due to negative behavior. Youth may move up and down the level system based on their behavior and their ability to respond to staff intervention. Once a level drop is determined to be warranted, staff will request and obtain permission from the shift supervisor which is followed by an incident report. Youth levels are updated in the logbooks on C-shift and each morning, youth are informed of their current level. Observations during the annual compliance review included youth receiving counseling and redirection based on behavior. One of the nine interviewed youth stated the BMS was fair, two stated it was good, and six stated it was very good. All nine interviewed youth indicated the BMS restricts certain types of punishment including corporal, group, and youth-on-

youth punishment. All nine interviewed staff indicated the center's BMS is effective. All nine interviewed staff members revealed staff speak with youth to discuss the consequences being imposed, and all nine staff members indicated they provide youth with the opportunity to explain their behavior and give youth alternative acceptable behaviors. All nine interviewed staff indicated they only can take away youth's levels as a consequence.

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

The center has a policy and procedures in place prohibiting group and/or corporal punishment of youth. Youth are not allowed to discipline other youth in the center. The acting superintendent was interviewed and indicated the youth are rewarded when they exhibit good behaviors. A review of the last six months of incident reports was completed and there were no incidents indicating unauthorized use of punishment. Five of the nine interviewed youth stated they have never received consequences, and four stated they received a level drop. All nine interviewed staff indicated they have not witnessed unauthorized use of punishment or observed staff encouraging youth to participate in physical altercations.

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

The center has a written policy and procedures to ensure each youth has the right to grieve and to ensure all youth are treated fairly, respectfully, and without discrimination, and rights are protected. Youth cannot be denied the opportunity to file a grievance nor can they be punished for filing a grievance, whether it is substantiated or unsubstantiated. The grievance process was observed posted in each living unit and throughout the center. The grievance process is explained to each youth during orientation. The first step in the process is the informal phase, which is completed by the juvenile justice detention officers. The youth and staff attempt to

resolve the youth's complaint or condition with using effective communication skills. If unable to resolve the complaint, the written grievance is submitted to the shift supervisor within two hours of completion for review and is then documented in the logbook. The appeal phase requires a response from the superintendent or designee. One of the nine interviewed youth indicated the center's grievance process was good and eight indicated they had never filed a grievance. There were no grievances filed within the last six months.

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

The center has trauma-informed care practices in place to provide care to each youth in the center. The center has recently renovated the youth's living environment, including most of the modules. Newly painted murals throughout the center were observed. In February 2018, in collaboration with the Miami-Dade School Board, the center created an art school program for the youth. The center incorporated multiple inspirational murals with important message for all youth. A review of the training documentation indicated all staff have been trained in trauma-informed care. The center currently has one soft room located on the female module.

Standard 3: Mental Health and Substance Abuse Services

Overview

The Miami-Dade Regional Juvenile Detention Center (MDRJDC) provides on-site mental health and substance abuse services to each youth admitted to the center. The center maintains a contract with Maxim Healthcare Services, Inc., who sub-contracts with Camelot Community Care for the provision of mental health and substance abuse services to all youth in the center. All mental health and substance abuse services provided by the center are limited by the transient nature of the youth through the center. The center takes into consideration each youth's gender, needs, and ethnic and cultural background in the planning and provision of all mental health and substance abuse treatment services provided. The center has an emergency service plan, a suicide prevention plan, and a crisis intervention plan. The center utilizes the Citrus Health Network crisis unit for crisis stabilization for emergencies. Camelot Community Care provides a full-time licensed mental health counselor who serves as the designated mental health clinician authority (DMHCA), responsible and accountable for ensuring appropriate coordination and implementation of mental health and substance abuse services in the center. The DMHCA promotes consistent and effective services and allows the center administration and staff a specific source of expertise and referral. The center also has a licensed clinical social worker who serves as Camelot's regional director and the center's clinical director and provides services on an as-needed basis. In addition, the center has a second licensed mental health counselor for the provision of the services, and three part-time non-licensed mental health professionals under the supervision of the DMHCA. One of the three non-licensed clinical staff is a registered clinical social worker intern. Camelot Community Care also provides a part-time psychiatrist who is contracted to provide on-site services for up to six hours each week. The DMHCA and the other licensed mental health counselors are on-call for consultations twenty-four hours a day, seven days a week. The Department has a regional senior behavioral analyst from the Office of Health Services who monitors the provision of services in the center, provides technical assistance, and completes quarterly reports for mental health and substance abuse services to assess the center's compliance with the Department's Mental Health and Substance Abuse Rule 63N-1 FAC.

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| 3.01 Designated Mental Health Clinician Authority (DMHCA) [Contract Provider] | Satisfactory Compliance |
| <i>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.</i> | |

The center maintains a contract with Maxim Healthcare Services, Inc., who sub-contracts with Camelot Community Care to provide mental health and substance abuse services to all applicable youth in the center. Camelot provides a full-time licensed mental health counselor (LMHC) who serves as the center's designated mental health clinician authority (DMHCA), licensed under Chapter 397, Florida Statute. The DMHCA is also available seven days a week, twenty-four hours a day for consultation. Reviewed documentation reflected the DMHCA's license is clear and active until March 31, 2019 in the State of Florida, as required by Chapter 491, Florida Statute. An interview with the DMHCA confirmed she is responsible for the coordination and implementation of mental health and substance abuse services provided by the center.

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| 3.02 Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider] (Critical) | Satisfactory Compliance |
| <i>The facility superintendent is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.</i> | |

The center's superintendent is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications based on education, training, and experience. The center has a licensed mental health counselor (LMHC)/designated mental health clinician authority (DMHCA) who is on-site for a minimum of forty hours each week. In addition to the DMHCA, the center has a part-time psychiatrist contracted through Camelot Community Care to be on-site for up to six hours a week. The psychiatric contract is valid until April 30, 2019. In addition, the center has a licensed clinical social worker (LCSW) who is the regional director for Camelot and serves as the center's clinical supervisor. The center also has one other LMHC. The review of the licenses for the center's clinical staff and psychiatrist revealed each was clear and active in the State of Florida, as required by Chapter 491, Florida Statutes.

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

The center has a written policy and procedures to ensure mental health and substance abuse staff have the appropriate credentials. The center's superintendent is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications based on education, training, and experience. The center has three master's-level, non-licensed mental health and substance abuse clinical staff who work under the direct clinical supervision of a licensed clinician. One of the three non-licensed clinical staff is a registered clinical social worker intern. Each of the non-licensed clinical staff have received a total of twenty-one hours of training and had the required supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training included five Assessments of Suicide Risk (ASR) or crisis assessments conducted on-site in the presence of a licensed mental health professional. A review of direct supervision logs confirmed each of the non-licensed clinical staff received at least one hour of supervision each week and reviewed each ASR and crisis assessment within twenty-four hours of the referral for assessment.

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

The center has a written policy and procedures related to mental health and substance abuse admission screenings, approved by the superintendent and the designated mental health clinician authority (DMHCA). A review of nine youth mental health and substance abuse records indicated the center’s staff reviewed all prior documentation completed by the juvenile probation officer (JPO) or the juvenile assessment center screener when the youth was admitted to the center. The review also confirmed staff completed a Suicide Risk Screening Instrument (SRSI) for each youth upon intake. The SRSIs reviewed were completed by a mental health clinical staff member. The SRSIs had completed entries, which also had a summary and recommendations included in the screening results section. Seven of the nine reviewed youth records contained a Positive Achievement Change Tool (PACT) completed in the Department’s Juvenile Justice Information System (JJIS). In two reviewed youth records, there was no documentation indicating the SRSIs were completed and reviewed by center staff. In two other youth records, there was no documentation indicating the PACT Mental Health and Substance Abuse (MH/SA) Screening Report and Referral forms were completed.

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

The superintendent is responsible for establishing procedures to track the receipt of youth evaluations at the center. The center has a written policy and procedures to ensure youth are identified through preliminary screenings in the juvenile assessment center, juvenile probation officer (JPO) screening unit, or upon admission to the center. A review of nine youth mental health and substance abuse records revealed each youth identified during the preliminary screening process received an in-depth mental health and/or substance abuse evaluation completed within the required time frame.

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

The center has a policy and procedures approved on August 1, 2018, regarding mental health and substance abuse treatment. Four of the nine youth mental health and substance abuse records were applicable for mental health and substance abuse treatment services. Reviewed documentation revealed each of the four applicable youth were assigned to a mini-treatment team and were referred for services. Reviewed documentation and an interview with the designated mental health clinician authority (DMHCA) confirmed each youth was offered services. Reviewed documentation reflected each mini-treatment team consisted of medical, mental health, education, and administrative staff. Each record had documentation of weekly treatment team meetings. Each youth in need of treatment who are willing to participate in treatment receive individual treatment counseling, as well as group therapy with the DMHCA. Each record had a valid Authority for Evaluation and Treatment (AET) form and a Substance Abuse Consent and Release form. Each applicable youth record contained an individualized treatment plan. Each youth's participation in treatment was documented in the mental health chronological notes. Reviewed documentation confirmed group therapy is limited to ten or fewer youth for mental health treatment groups and group therapy is limited to fifteen or fewer youth for substance abuse treatment groups. An interview conducted with the DMHCA verified the center's practices regarding treatment services. Interviews completed with nine youth indicated four of the nine rate the MH/SA services they are receiving in the center as good, four rate the services as very good, and one rate the services as very poor.

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

The center has a policy and procedures relating to treatment and discharge planning. Nine youth mental health and substance abuse records were reviewed for treatment and discharge planning. Each of the four applicable youth requiring mental health and/or substance abuse treatment due to observations, youth admission, or hits on their initial assessments were referred for services. Reviewed documentation and an interview with the designated mental health clinician authority (DMHCA) confirmed each applicable youth was offered services. An interview with the DMHCA reflected the center's practice is if they are aware a youth will remain at the center for an extended period of time beyond thirty days due to outstanding charges or a

youth is committed pending placement, they will initially create the individualized treatment plan instead of the initial treatment plan. Each reviewed record contained an individualized treatment plan or an initial plan, signed by the licensed mental health/substance abuse professional, containing all required elements. A thirty-day review of the applicable individualized treatment plans was completed, and some youth were not in the center for thirty days and other youth were released within thirty days of their admission. Reviewed documentation indicated each reviewed youth who received mental health and/or substance abuse treatment while in the center had a discharge plan which was provided to the youth, parent/guardian, and assigned juvenile probation officer (JPO).

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

The center has policy and procedures in place regarding psychiatric services. The center has a contract with Maxim Health Services, Inc., who subcontracts psychiatric services with Camelot Community Care for the provision of a licensed psychiatrist to provide psychiatric services to the applicable youth in the center. Camelot Community Care provides a part-time psychiatrist who is contracted to provide services six hours each week. A review of the license for the psychiatrist confirmed the license is clear and active in the State of Florida, as required. The center does not have a psychiatric advanced registered nurse practitioner (ARNP). A review of nine mental health and substance abuse records indicated four youth were applicable for receiving psychiatric services. Each of the four applicable records contained an Authority for Evaluation and Treatment (AET) form, a parental consent for psychotropic medication, a parental notification of health-related care medication management, an initial psychiatric interview, and in-depth psychiatric evaluation which included all required elements. Each evaluation was documented on the Clinical Psychotropic Progress Note and reflected the monitoring of Tardive Dyskinesia for each applicable youth. Each interview was completed within the required time frame and was signed and dated by the psychiatrist. Psychiatric services provided by the center include initial diagnostic psychiatric interviews, psychiatric evaluations, psychiatric follow-up assessments and consultations, coordination of services, crisis interventions, treatment planning, communication, and emergency procedures.

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

The center has a written policy and procedures regarding the suicide prevention plan. The center followed the plan to safely assess and protect youth with an elevated risk of suicide in the least restrictive means possible. The suicide prevention plan was approved and signed by the superintendent and the designated mental health clinician authority (DMHCA) on August 1, 2018. A review of the plan indicated it contained the required elements, as outlined in Florida Administrative Code 63-N, as well as the center’s emergency contact telephone numbers.

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

The center has a written policy and procedures regarding suicide prevention services. Suicide precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors or identified through assessment as a potential suicide risk. Youth placed on suicide precautions are maintained on one-to-one or constant supervision. A review of the four applicable youth mental health and substance abuse records was conducted for youth placed on precautionary observation. A review of the Department’s Juvenile Justice Information System (JJIS) indicated the appropriate alerts were entered and removed, as required. Reviewed documentation reflected staff observations were included on the suicide precaution observation logs and an Assessment of Suicide Risk (ASR) was completed for each youth during the required time frame. A Follow-Up ASR was completed for each of the four applicable youth prior to the youth’s removal from suicide precautions. Each of the ASRs were completed by a non-licensed clinical staff under the supervision of the designated mental health clinician authority (DMHCA). Reviewed logbooks reflected staff documented the beginning and ending times each youth was placed on precautions. An interview with the acting superintendent found secured observation is used for potentially suicidal youth who are posing a threat to themselves or others. Applicable youth are placed on this status and secured in a room with a juvenile justice detention officer assigned to one-on-one supervision. When a youth is on precautionary observation status and is placed on behavioral confinement, they are placed on secure observation as well. Nine interviewed staff indicated staff notify the DMHCA, search the youth and their room for sharp objects, and documented the supervision when a youth expresses suicidal thoughts.

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

The center has a written policy and procedures to ensure youth are properly supervised while on suicide precautionary observation. The staff person assigned to monitor the youth on suicide precautions maintains one-to-one supervision of the youth and document observations of the youth’s behavior on the suicide precaution observation logs. A total of six suicide precaution observation logs were reviewed for five applicable youth, which included precautionary observation. Reviewed documentation reflected a log was maintained for the duration each youth was on precautions and each was reviewed, signed, and dated daily by the shift

supervisor, as well as the mental health clinician. A review of the logs determine supervision, supervisory reviews, response to warning signs, and safe housing requirements. Reviewed documentation reflected staff observations did not exceed thirty-minute intervals. All logs reviewed were documented in real time and the licensed mental health clinical staff member conferred with the superintendent prior to revising the supervision level, which was recorded on the Assessment of Suicide Risk (ASR) in the date and time sections. The center reported no youth placed in secure observation since the last annual compliance review.

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

A review of nine staff training records revealed each staff member received a minimum of six hours of annual training on suicide prevention and implementation of suicide precautions. Mock suicide drills were held on each shift quarterly. A review of the emergency drill evaluation forms found each mock suicide drill included the date, time, shift, and the participating staff. Reviewed documentation, coupled with an informal interview with the center's training coordinator, confirmed staff members who are not present during a quarterly mock drill are provided the opportunity to review each mock drill scenario and procedures to understand the process and receive the necessary training to respond to an incident of a suicide attempt or incident of serious self-inflicted injury in the center. A review of the mental health crisis intervention plan revealed the center has a policy and procedures in place to address crisis interventions. Nine staff were interviewed and were asked where the center's suicide response kits are maintained. All nine staff reported a kit is in sub-control, seven reported a kit is maintained in medical, and two reported a kit is maintained in master control and in the shift supervisor's office.

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

The center has an approved mental health crisis intervention plan signed and dated by the superintendent and designated mental health clinician authority (DMHCA) on August 1, 2018. A review of the plan verified crisis intervention procedures included the required elements, as outlined in Florida Administrative Code 63N-1.

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

The center has a written policy and procedures to ensure an emergency care plan outlining mental health and substance abuse emergencies are followed when a youth is determined to be

in imminent danger of themselves or others. A review of the center's emergency care plan confirmed it contained all of the elements specified in the Florida Administrative Code 63N-1. The plan was approved by the superintendent and the designed mental health clinician authority (DMHCA) on August 1, 2018.

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

The center maintains a written mental health crisis intervention plan and procedures. The plan details crisis intervention procedures including a notification and alert system, means of referral including youth self-referral, communication, supervision, documentation, and review. The center's plan was reviewed and approved by the designated mental health clinician authority (DMHCA) and superintendent on August 1, 2018. Reviewed documentation indicated the center completed two crisis assessments since the last annual compliance review. Both assessments were completed by a non-licensed clinical staff and reviewed, signed, and dated by the designated mental health clinician authority (DMHCA) immediately after completion. Both assessments were completed on the Department's form MHS 023, and contained all of the required elements. All applicable alerts were entered into the Department's Juvenile Justice Information System (JJIS), as required. Nine staff training records were reviewed and confirmed all staff received health training relating to a youth in crisis.

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

Five applicable youth mental health and substance abuse records were reviewed for Baker Act proceedings. Each record confirmed the center completed and documented all steps, as required. The center utilizes Citrus Health Network for crisis stabilization. Youth returning to the center from a Baker Act are referred to mental health to complete an Assessment of Suicide Risk (ASR) and are placed on constant supervision. Reviewed documentation confirmed each applicable youth received a referral for an ASR and were placed on constant supervision. The center had no youth applicable for Marchman Act during this annual compliance review period.

Standard 4: Health Services

Overview

The Department has a contractual agreement with Maxim Healthcare Services, Inc. for the provision of all medical services at the center to ensure quality care, accountability, and rapid response to healthcare needs are provided to each youth admitted to the center. The contract was signed and approved on April 28, 2017. The contract began on May 1, 2017 and ends on April 30, 2020. All healthcare staff are employed by Maxim Healthcare Services, Inc. At the time of the annual compliance review, the medical healthcare staff consisted of a medical doctor (MD) serving as the center's designated health authority (DHA), an advanced registered nurse practitioner (ARNP), one full-time registered nurse (RN), one part-time RN, three full-time licensed practical nurses (LPNs), one part-time LPN, and one medical records clerk. Nursing coverage is provided on-site for a minimum of twelve hours on weekdays and for a minimum of eight hours on weekends. The DHA is responsible for the review and approval of the center's facility operating procedures (FOP) and protocols for medical services. The center has a current Modified Class II B Pharmacy Permit, which expires February 28, 2019. Medications are procured through Diamond Pharmacy Services and emergency medications may be procured through a local Walgreens Pharmacy. The center maintains an agreement with Consultant Pharmacists, Inc. to provide a registered consultant pharmacist, who is scheduled to be on-site once a month. The registered consultant pharmacist is jointly responsible for the disposal of controlled medications and narcotics. The University of Miami is utilized for the testing and treatment of youth for human immunodeficiency virus (HIV), the Miami-Dade County Health Department is utilized for the testing of sexually transmitted infections, and Jackson Memorial Hospital is utilized for emergency healthcare services. Maxim Healthcare Services, Inc. also has a contractual agreement with the Department to provide on-site psychiatric services to youth in the center for at least six hours each week. Psychiatric services include evaluating and monitoring applicable youth and conducting psychiatric evaluations of each referred youth to determine whether psychotropic medications are warranted. The center also provides for female-specific healthcare services for girls requesting screenings and examinations to address their unique needs.

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 an agreement with Maxim Healthcare Services, Inc. to provide comprehensive medical, mental health, substance abuse, and psychiatric services to each youth at the center. The designated health authority (DHA) is responsible for the overall clinical direction, policies, and protocols for the medical services provided at the center. The DHA is required to be on-site at least once a week and on-call twenty-four hours a day, seven days a week. A review of sign-in and sign-out logs for the six months prior to the annual compliance review confirmed the DHA or a designee was on-site weekly, as required. An interview with the DHA confirmed he is on-call and available twenty-four hours a day, seven days a week. The DHA's designee, a licensed advanced registered nurse practitioner, has a collaborative practice protocols in place, signed and dated January 24, 2018. All medical protocols pertaining to the clinical services were reviewed and signed by the DHA on August 10, 2018, signed by nursing staff on August 17, 2018 and August 20, 2018, and by the acting superintendent on August 20, 2018. Reviewed documentation confirmed all licensed medical staff each contained a current State of Florida

medical license, verified by the Department of Health. An interview with the DHA confirmed their role in the coordination and implementation of health services, as well as, how often they are on-site.

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| 4.02 Facility Operating Procedures [Contract Provider] | Satisfactory Compliance |
| <i>There shall be Facility Operating Procedures (FOP) for all health-related procedures and protocols utilized at the facility.</i> | |

The center utilizes the statewide facility operating procedures (FOP) for detention centers. The FOPs include health-related procedures and protocols, which were specific to the Miami-Dade Regional Juvenile Detention Center. All FOPs and protocols were reviewed, updated, and signed annually by the designated health authority (DHA) and the superintendent. Reviewed documentation reflected all FOPs were last reviewed and approved by the superintendent on July 5, 2018. The center's superintendent position became vacant on August 25, 2018. The center's acting superintendent reviewed and signed these protocols on August 20, 2018. The nursing protocols were updated and reviewed, and a cover page was signed by the DHA on August 10, 2018. The center's nursing staff reviewed and signed the protocols on August 17, 2018 and August 20, 2018. The psychiatrist reviewed and signed FOPs which are psychiatric-related to include psychotropic medication procedures on August 10, 2018. Reviewed documentation confirmed each newly hired medical staff receives orientation on the medical policies and protocols.

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

The center has a policy and procedures regarding the authorization for evaluation and treatment of a youth. A review of nine individual healthcare records reflected eight of the nine contained a signed Authority for Evaluation and Treatment (AET) form; four of which contained a legible copy stamped with the word 'copy' and four of which were originals. One of the youth records contained a Motion for Authorization for Medical Treatment ordered by the court for the youth in the custody of Department of Children and Families(DCF). When a youth is eighteen years of age or older, the center's practice is to have the youth sign the AET for consent. Each of the reviewed AET documents were obtained prior to providing medical services except for emergency care and medical/mental health intake screenings.

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

A review of nine individual healthcare records were reviewed and reflected three were applicable for requiring parent/guardian notification to obtain consent for the prescription of new medication or over-the-counter medication(s) not covered by the Authority for Evaluation and Treatment and two were applicable for off-site care. Each of the three applicable records contained a Parental Notification of Health-Related Care: Medication Management Form (HS 021), as required. All five applicable records contained notification letters mailed to the parent/guardian.

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

A review of nine individual healthcare records found eight were applicable for requiring parent/guardian notification to obtain consent for the prescription of new psychotropic medications and/or adjustments or discontinuations to existing medications. Supporting documentation in each applicable record confirmed telephone consent was obtained prior to initiating or making changes to psychotropic medications and written notification in the form of the Acknowledgement of Receipt of Clinical Psychotropic Progress Note (CPPN) was sent to the parent/guardian, by way of certified mail, to include the third page of the CPPN. Telephone consent was witnessed by the program’s designated mental health clinician authority. One record was applicable for being a Department of Children and Families youth. Reviewed documentation reflected a court order was obtained regarding continuing the youth’s medication.

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

A review of nine youth individual healthcare records indicated each contained a copy of the youth’s immunization information from the Florida Shots and/or the Department of Health (DOH). Each record contained an Authority for Evaluation and Treatment form consenting to any necessary vaccinations. There were no applicable youth claiming religious exemption from immunizations.

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

Nine youth individual healthcare records were reviewed for youth in relation to screening upon admission for healthcare concerns. Each of the reviewed records contained a Medical and Mental Health Screening form completed on the date of each youth’s admission by a trained juvenile justice detention officer (JJDO). Each screening form was then reviewed by a licensed practical nurse (LPN) or higher within twenty-four hours of completion. All healthcare admission screening information was entered into the Department’s Juvenile Justice Information System (JJIS) Admission Wizard. An interview with the center’s acting superintendent reflected healthcare admission screenings are completed by intake officers or a nurse or higher.

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 utilizes the Department's Juvenile Justice Information System (JJIS) Facility Management System (FMS) to document youth medical alerts. Nine youth individual healthcare records were reviewed and compared with FMS. Five youth were identified with medical conditions which required placement on the center's alert system. Alerts for the five youth were entered in JJIS, as required. The youth were identified with chronic medical conditions, allergies, physical impairment, and medication side effects. Nine staff interviews indicated each is informed of a youth's medical alerts through the alert form, logbook review, and at shift briefing discussions. One staff reported they are informed of alerts on youth conduct cards as well. An interview with the center's acting superintendent confirmed all youth with chronic medical conditions are placed on the alert list in JJIS. This is either completed during intake or episodically, as conditions formulate. Nursing staff verified the alerts and ensure they are accurate.

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.*

A review of nine youth individual healthcare records (IHCR) reflected seven of the nine records contained a Suicide Risk Screening Instrument (SRSI) completed upon the youth's admission while two youth did not require a SRSI. Each of the completed SRSIs were conducted within twenty-four hours of the youth's admission and were placed within the IHCR. All SRSIs are completed by either medical or mental health staff.

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 requires healthcare staff to orient each youth to the center within twenty-four hours of admission and record it on each youth's Health Education Record. Nine youth individual healthcare records were reviewed and reflected each youth received orientation information regarding healthcare services upon their admission to the center. Orientation addressed topics including sick call, the right to refuse care, and what to do in the case of a sexual assault or attempted sexual assault, the role of healthcare staff at the center and to notify staff immediately if they are having side effects from medications, allergies, medical alert issues, when experiencing chest pain, extreme shortness of breath, and/or faintness while exercising. Reviewed documentation supported each youth completed the required youth orientation to healthcare services.

4.11 Designated Health Authority/Designee Admission Notification [Contract Provider]

Satisfactory Compliance

The DHA or designee is notified when youth admitted require emergency care or routine notification in accordance with Department requirements.

The center has a policy and procedures in place to ensure the designated health authority (DHA) is notified of all youth who are admitted to the center who are identified with chronic health conditions or in need of emergency care. The policy states when a youth is admitted after 8:00 p.m. and the youth has no immediate medications or health-related needs, notification of the DHA will take place no longer than twelve hours after the youth's admission. In no case will the notification exceed 12:00 p.m. the following day. An interview with nursing staff indicated the DHA is notified within twenty-four hours of each applicable youth's admission. A review of nine youth individual healthcare records (IHCR) reflected three applicable youth possessing a chronic condition at the time of admission. Documentation on the progress notes filed within each applicable IHCR verified the DHA was notified within the required time frame. Each youth was documented on the center's chronic conditions log identifying the date and time, youth name, medical condition, applicable medication information, Department identification number, and DHA notification.

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.

The center has a policy and procedures indicating each youth will receive a facility entry screening by the intake officer at the time of admission into the center. This screening is performed utilizing the Medical and Mental Health Admission Screening form in the Department's Juvenile Justice Information System (JJIS) Admission Wizard. A healthcare admission rescreening is to be conducted each time the physical custody of the youth changes and they are subsequently returned or re-admitted to the center. Nine youth individual healthcare records were reviewed and three were applicable for being re-admitted to the center due to being Baker Acted. Reviewed documentation reflected a new healthcare admission rescreening was conducted for each of the three youth on the date of their re-admission, as required. This screening was conducted by a juvenile justice detention officer. The rescreening results were reviewed 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.

Nine youth individual healthcare records were reviewed for a current Department Health-Related History (HRH) form to be completed at the time of each youth's admission to the center. Each of the records reflected the HRH forms were completed within seven days of each youth's admission by a licensed medical staff. All nine Comprehensive Physical Assessments were noted to have been completed at the time of admission by the advanced registered nurse practitioner.

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.*

The center has a policy and procedures regarding the completion of the Comprehensive Physical Assessment (CPA) at the time of each youth's admission to the center. Nine youth individual healthcare records (IHCR) were reviewed and reflected each youth had a current CPA completed or on-file at the time of each youth's admission. All nine CPAs reflected each youth's medical grade and included the name of the licensed practitioner making the check mark on page two indicating the CPA was reviewed. All fields on each CPA were completed, as required. A review of the Department's Problem List within each IHCR indicated it was updated for each applicable youth, as required.

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.*

The center has a policy and procedures outlining all female youth over the age of twelve who are sexually active and identify their menstrual cycle as more than two weeks late or request testing will receive a qualitative urine pregnancy screening test with the youth's verbal consent at the time of their admission to the center. Applicable youth will be referred for a gynecological examination to be completed for sexually active females if present with medical concerns. Three applicable female youth individual healthcare records were reviewed and found each youth were clinically screened for tuberculosis, sexually transmitted infections, and risk factors. Each youth was offered human immunodeficiency virus (HIV) testing and a qualitative urine pregnancy screening test. All three female youth provided verbal consent for qualitative urine pregnancy screening test and refused a gynecological exam. Test results were documented and filed in the youth's individual healthcare records under the laboratory section. An interview was conducted with one applicable female youth which indicated she can receive gynecological services when needed and is provided female sanitary products when needed.

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.*

Nine youth individual healthcare records were reviewed and reflected each youth received a healthcare admission screening utilizing the Medical and Mental Health Screening form. As part of this admission healthcare screening, a Tier I tuberculosis (TB) screening was conducted for each youth. The TB screenings were completed within seventy-two hours of each youth's admission. No youth test results were positive; therefore, none of the youth required any precautionary measures. This information was documented on each youth's Infectious and Communicable Disease (ICD) form as well as on the completed Comprehensive Physical Assessment (CPA) form.

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

The center has a policy and procedures to ensure all youth identified as sexually active will be clinically screened and evaluated for sexually transmittable diseases upon admission. After the youth is screened, each youth is referred to the designated health authority (DHA) or advanced registered nurse practitioner (ARNP) to determine if further testing is indicated. The test results are noted on the Department’s Infectious and Communicable Disease (ICD) form filed in the youth’s individual healthcare record. Nine youth individual healthcare records (IHCR) were reviewed and reflected the Health-Related History (HRH) and ICD forms confirmed each youth received the screenings during admission. There were no applicable youth out of the Department’s custody for thirty days or more; therefore, no rescreens were required. The lab results for the applicable screenings were found in the lab section of each IHCR.

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| 4.18 HIV Testing [Contract Provider] | Satisfactory Compliance |
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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 outlining all youth who are at-risk will be offered human immunodeficiency virus (HIV) testing, counseling, and referrals for medical treatment. Reviewed documentation reflected seven of the nine youth were identified as sexually active based on initial assessments. Each applicable youth was provided the basic human immunodeficiency virus (HIV) education and offered HIV testing. The youth were given the HIV antibody test consent form to review and sign. Four of the seven youth consented for HIV testing. An additional record of a pregnant youth was reviewed and confirmed the center offers HIV testing to all pregnant youth who consent. The center maintains an agreement with and utilizes the University of Miami’s Hospital for HIV counseling and testing. HIV results are securely sealed in an envelope marked “confidential” and are filed in the applicable youth’s individual health care record. The center also maintains a HIV and Sexually Transmitted Infection (STI) testing log. Nine youth were interviewed, and each confirmed they can request an HIV test at the center.

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| 4.19 Sick Call Process – Requests/Complaints [Detention Staff/Contract Provider] | Satisfactory Compliance |
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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 for the provision of sick call approved by the designated health authority (DHA). The center utilizes the Department’s Facility Management System (FMS) to enter a sick call request made by a youth. In addition to the electronic system, the center maintains printed copies of sick call request forms available to the youth in each module, the cafeteria, and within the education classrooms. Completed sick call forms are maintained in each youth record as well. Sick call is provided from 9:00 a.m. until 11:00 a.m. and from 8:00 p.m. until 9:30 p.m., Monday through Friday, or as needed, by a licensed healthcare professional. Sick call is provided from 3:00 p.m. until 6:00 p.m. on weekends. Nine reviewed youth individual healthcare records (IHCR) validated six youth were applicable for submitting a sick call request. Reviewed documentation reflected youth were seen by nursing staff in a timely manner and the sick call documentation was filed in each youth’s IHCR. Sick call is logged in

the center’s sick call log binder and youth sign at the time they are seen. None of the reviewed IHCRs included a youth who presented a similar sick call complaints three or more times in a two-week period. None of the youth complained of any pain with which staff were unfamiliar. Nine interviewed youth indicated they can be seen quickly once they make the sick call request. One youth stated they are usually seen immediately while the remaining eight youth said they are usually seen within one day.

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

Nine youth individual healthcare records (IHCR) were reviewed and found six were applicable for having requested a sick call visit. Sick Call Request forms included the subjective complaint, objective findings, an assessment, and a plan utilizing (SOAP) format. Each of the six applicable youth who submitted a sick call request were seen by nursing staff in a timely manner and the sick call documentation was filed in each youth’s IHCR. An observation of the sick call process could not be observed during the week of the annual compliance review due to no youth making a sick call request. An interview with the registered nurse (RN), who is also the nursing manager, confirmed the center’s practice is to have staff upload the sick call request information into the Department’s Juvenile Justice Information System (JJIS) Facility Management System (FMS). Sick call is then provided by a licensed practical nurse. The RN advised the sick call process examination is always one-on-one between the youth and the licensed nurse where vital signs are taken and there is a verbal interchange of information. The updates to the Department’s Sick Call Index is automatically completed through the FMS as sick call requests are entered into FMS. Each of the reviewed applicable records included an up-to-date Sick Call Index. The center maintains the printed copy of the Sick Call Requests in each youth individual healthcare record. Reviewed documentation reflected the RN’s practice is to print a copy of the open Sick Call List and have youth sign this to acknowledge receiving medical care in response to their submitted sick call request. This documentation is maintained in a sick call log binder. This process was also verified with the Department’s Nurse Consultant for the South Region. Nine youth were interviewed and five of the nine reported not taking any medications while at the center. The four remaining youth reported the nurse or staff give them their medication. All nine interviewed staff members indicated only the nurse conducts sick call.

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

The center has a policy and procedures to ensure all youth in the program will be able to access healthcare staff while in restricted housing/confinement. Reviewed documentation reflected nursing staff are to make a daily visit and complete a detailed narrative entry in the chronological progress notes in each applicable youth’s individual healthcare record (IHCR) for youth who are treated while in restricted housing. All youth in restricted housing shall receive all prescribed medications as ordered and on time. Nursing staff maintain a medical confinement log which documents the youth’s name, Department identification number, start date, end date, reason for confinement, and date progress note was made in the youth’s healthcare record. A review of three applicable IHCRs confirmed youth were in confinement, one for head lice, one for the flu, and one for program disruption. Reviewed documentation supported each youth was seen by nursing staff daily and each received their prescribed medications as ordered.

4.22 Episodic/First Aid Care [Contract Provider]**Satisfactory Compliance***The facility shall have a comprehensive process for the provision of Episodic Care and First Aid.*

The center has a policy and procedures for the provision of episodic care and first aid treatment inclusive of requirements for episodic care performed by non-healthcare staff. Emergency medical and dental care, including emergency medical services, is available twenty-four hours a day, seven days a week. The designated health authority (DHA) is available on-call, twenty-four hours a day, seven days a week. Three applicable youth individual healthcare records were reviewed for episodic care and each contained supporting documentation of the care provided to the youth. The center tracks all episodic and emergency events utilizing the Department's Episodic Care Log. A review of the logs reflected all required information was documented and episodic care was administered by the nursing staff. The center maintains twenty-four first aid kits throughout the center. The kits are located in master control, twelve mods, the kitchen, intake, transportation, and eight kits available for use in each of the vehicles utilized to transport youth. First aid kits, each sealed with a snap tab, were randomly inspected in areas frequently used by youth, which included the cafeteria (kitchen) and transportation areas. The contents of the first aid kits were all current and documentation confirmed monthly first aid kit inventory inspections were conducted by the registered nurse (RN). The kits are resealed and dated by the RN. The center maintains a suicide response kit in medical, master control, and one in each of the modular living units. Each kit contained the required contents inclusive of a knife-for-life, a wire cutter, and needle-nose pliers. The center's practice is to bring the vehicle first aid kits to the medical clinic at the beginning of each month by transportation officers for the nursing staff to inspect and replenish. The nursing staff inspects the kits in each living module at the start of each month.

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 the provision of emergency care ensuring all healthcare and non-healthcare have the right and responsibility to immediately call 9-1-1 at any time a youth's condition appears compromised. The center maintains a list of emergency numbers, including the Poison Information Center, posted in the medical clinic, six mods, the intake office, central control, and the mental health office. These numbers are accessible to the staff and are not accessible to the youth. Reviewed documentation reflected all non-healthcare staff who have direct contact with youth maintain current certifications in first aid and cardiopulmonary resuscitation (CPR) with automated external defibrillator (AED). All licensed nursing staff maintain current CPR with AED certifications. The center has three AEDs which are maintained in the medical office, on mod thirteen, and in the gymnasium. Each AED was observed by this monitor and the registered nurse (RN) and reviewed documentation reflected they are inventoried on a weekly basis to ensure the batteries and pads are not expired and the AED in working order. Observations of the RN conducting a test on each AED found the medical office AED battery expires October 2021 and the pads expire December 2019. The AED located in the gymnasium found the battery expires in October 2021 and the pads expire in July 2022. The AED located in mod thirteen found the battery expires in September 2023 and the pads expire in June 2019. Each AED was found to be operational and users are prompted with audible instructions once powered on. Reviewed documentation supported medical drills were conducted at least quarterly on each shift since the last annual compliance review. There was demonstrated practice of use of CPR and AED each quarter as well. The center's practice

is to conduct drills involving the use of CPR/AED at least once a quarter. Nine interviewed staff each indicated they are able to call 9-1-1 if they feel it is necessary.

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

The center has a policy and procedures ensuring to provide timely referrals and coordination of medical services for youth requiring off-site care. Nine youth individual healthcare records (IHCR) were reviewed and six were applicable for off-site care. A review of the six applicable IHCRs was conducted and reviewed documentation found four of the six records contained a Summary of Off-Site Care form while two records did not. Four of the six youth requiring off-site care were applicable for an emergency event and the designated health authority (DHA) was notified in each. Each record contained documentation of discharge instructions and documentation reflecting the DHA or designee reviewed all off-site care findings. None of the applicable youth required a follow-up referral or appointment for off-site care.

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

The center has a policy and procedures ensuring youth who have been identified with a chronic illness receive regularly scheduled evaluations and necessary follow-up evaluations. The center maintains a chronic conditions roster to document the youth identified with these medical conditions. During the intake process, youth are screened for any medical conditions requiring periodic evaluations or follow-up care. Three of the nine individual healthcare records reviewed were applicable for youth identified with a chronic medical condition. Reviewed documentation reflected each youth's Comprehensive Physical Assessment (CPA) identified the youth as medical grades of two or higher. The Department's Problem List was updated, as needed, for each applicable youth. Each of the three-youth identified with chronic conditions were placed on the center's chronic conditions list and alert list. Periodic evaluations were not required every three months since there were no instances of youth with a chronic condition in the center for more than thirty days; however, program procedures are in place in the event a youth is detained for ninety days or longer.

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

The center has a policy and procedures ensuring youth admitted with prescribed medications can only be accepted if the medication is from a licensed pharmacy with a current, patient-specific label intact on the original medication container. It is the center's practice for nursing staff to verify medication with the parent/guardian delivering the medication to the center. Three applicable youth individual healthcare records (IHCR) were reviewed and each contained progress notes within the youth's IHCR which reflected medications were verified for each youth. The center's practice is to have nursing staff verify the medications the youth were prescribed upon admission through a review of each youth's accompanying information and

telephone contact with the youth's parent/guardian and/or prescribing pharmacy. Reviewed documentation reflected the designated health authority (DHA) was notified and was consulted with regarding each medication. In addition, the psychiatrist reviewed each applicable youth on psychotropic medications and conducted an initial psychiatric interview. Each youth IHCR reviewed had documentation of an order from the DHA to resume the youth's medication. The center utilizes the Medication, Receipt, Transfer and Disposition Form to document verification of medication when received in original prescription packaging from a licensed pharmacy with a legible and current patient-specific label.

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

The center has a policy and procedures ensuring all youth who are prescribed medications shall have a current and valid order and are given pursuant to a current prescription or practitioner's order. The center's registered nurse is to verify the youth's medication upon their admission to the center. The designated health authority (DHA) is notified and an order is received from the DHA to continue the youth's medication. Youth who are admitted with psychotropic medications are continued on the medication until the completion of the initial psychiatric evaluation. Three applicable youth individual healthcare records documented each youth was taking medications at the time of admission to the center. The review of three applicable youth close records confirmed the practice. The center policy stated OTC medications not listed on the AET are administered per approval protocols or Practitioner's Order unless the parent/guardian has prohibited the administration of OTC's by way of the AET. The initial Medication Administration Record in all three applicable records matched the youth's medication list. The reviewed documentation supported the youth were continued on their medication once the nursing staff verified the prescription and notified the DHA and/or psychiatrist.

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

The center has a policy and procedures ensuring all medication and pharmaceutical products are stored safely, accurately, and in accordance with state, federal, and industry standards. The center has a current Modified Class II B Pharmacy Permit set to expire on February 28, 2019. Observations were made of the medical clinic and reflected all medications are stored in a separate and secured area in the medical clinic, which is inaccessible to youth. Medications are kept separately with non-controlled and controlled types being stored behind a double-lock. Medication requiring refrigeration is stored in a secured refrigerator which is used for medication only. The center maintains a procedure for the disposal of expired over-the-counter and prescribed medications. The center maintains an agreement with a consultant pharmacist to provide a registered consultant pharmacist on-site once a month. The registered consultant pharmacist is jointly responsible for the disposal of controlled medications and narcotics. All other unused blister-pack medications are sent back to Diamond Pharmacy for a credit.

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 maintains an inventory for all medications and medical equipment classified as sharps. Sharps inventories such as needles, scissors, syringes, and suture removal kits were observed to have been secured in the medical clinic in an area inaccessible to the youth. The nursing staff maintains a perpetual inventory of all sharps equipment. The medical staff maintains a running daily inventory of all over-the-counter (OTC) and prescription medications, which matched the random count conducted during the annual compliance review week. Reviewed documentation of the past six months of inventory reflected to be accurate; however, there was a Central Communications Center (CCC) report filed on April 3, 2018 regarding staff finding four pieces of crushed up pills in a youth's room. The findings of the CCC report (incident #201801564) founded there were no leads as to who the contraband belonged to and the incident was closed. Three different sharps (suture removal, nail clippers, and insulin syringes), three prescribed stock medications (Azithromycin, Amoxicillin, and Kaopectate), and three OTC medications (Tylenol, Preparation H, and Loratadine) were randomly selected and an observed count of each was completed and documented by the registered nurse, which matched the random count conducted during the annual compliance review week. Reviewed documentation supported inventories and shift-to-shift counts for controlled medication was conducted. There were no instances of discrepancies noted in the inventories during the annual compliance review week.

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.

The center has a policy and procedures ensuring all controlled substances shall be inventoried, stored, and documented. The center obtains all medications from Diamond Pharmacy. The medical storage area was observed to be clean, well-organized, and all medications were labeled accurately. All controlled substances are maintained within the medication cart, which is behind a double-lock system. The center's practice is to conduct shift-to-shift inventories for controlled substances. Three different randomly selected controlled medications were reviewed (two prescriptions of Concerta and one for Adderall). The nurse conducted counts and compared the counts to the inventories, which confirmed no discrepancies in the count. Inventories from the past six months were reviewed and no discrepancies were found.

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.

The center has a policy and procedures ensuring each youth receiving either over-the-counter medications or prescription medications on a routine basis will be documented on the standard Department Medication Administration Record (MAR). The center utilizes the standard Department MAR, form HS019, to document the administration of prescribed medication as well as the placement and reading of tuberculosis screening test. The center maintains an active MAR book located on the medication cart. Nine reviewed youth individual healthcare records

reflected each were not admitted with a medication; however, each had documentation of taking a medication while in the center. Each applicable MAR documented medication was administered as ordered. Each youth had a current photograph attached to the MAR and nursing staff's documentation of side effect monitoring on the MAR. Each MAR contained clear start and stop dates and staff initialed each administered medication. There were no indications of lapses or errors in medication administration. Each reviewed MAR included the youth's name, Department identification (DJJID) number, date of birth, and assigned medical grade, youth allergies, medical precautions, and medical alerts.

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

The center has a policy and procedures ensuring medication administration shall occur as scheduled in a comprehensive, accurate, and organized manner in the program, only by a licensed nurse. The center's practice is to have nursing staff provide medication administration. Medication pass is conducted twice daily, at 7:30 a.m. and 7:00 p.m., and as needed. Medication pass occurs in the medical clinic, which was observed to be well lit, clean, and organized. The medication pass process was observed on August 31, 2018 conducted by the licensed practical nurse (LPN). Prior to administering the youth's medication, the LPN reviewed of each youth's Medication Administration Record (MAR) and asked each youth to state their name and the name of the medication to be administered. Observations reflected the process to be structured with youth approaching the nurse individually and nursing staff verified the Five Rights of Medication Administration utilizing the correct MAR. An interview with the registered nurse coupled with reviewed documentation confirmed refusal of medication is documented on the MAR and on the Department's Refusal Form, which is maintained in the youth's individual healthcare record. Parenteral medications are only administered by licensed healthcare staff; however, there were no youth prescribed a parenteral medication in the center at the time of the annual compliance review. Nine youth were interviewed and five of the nine reported not taking any medications while at the center. Four of the remaining youth reported the nurse gives them their medication while two of the four youth reported staff gives them their medication.

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

The center has a policy and procedures ensuring trained non-healthcare staff may assist youth with the self-administration of oral prescription medications or over-the-counter medications, only when licensed nurses are not available on-site. Licensed nursing staff generally administer the medication other than when medication is ordered to be administered when nursing staff are not on-site. There is limited practice of non-healthcare staff administering medications due to the nursing staff being on-site until 10:30 p.m. An interview with the registered nurse (RN) confirmed there were no instance of this practice since the last annual compliance review. The center has identified twelve juvenile justice detention officer supervisors, two juvenile detention officer IIs, and two administrators to be trained to assist youth with self-administration of medication. Each non-licensed staff who was trained and identified to administer medication

was last trained by the center's RN on December 7th and December 27th, 2018. Nine youth were interviewed and five of the nine reported not taking any medications while at the center. Four of the remaining youth reported the nurse gives them their medication while two of the four youth reported staff gives them their medication. Nine interviewed staff each reported they have not given any medications to any youth, as they were not trained to assist youth with medication administration.

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

The center has a policy and procedures ensuring administration of prescribed psychotropic medication to youth shall occur in the center, as scheduled, in a comprehensive, accurate, and organized manner. A review of nine youth individual healthcare records found three applicable youth were prescribed psychotropic medication upon their admission. Reviewed progress notes documented notification to the required parties when youth were admitted with psychotropic medication. Each applicable record documented the designated health authority was notified upon admission and the psychotropic medications were continued until the psychiatrist conducted an initial diagnostic psychiatric interview. An initial diagnostic psychiatric interview was conducted for each applicable reviewed record within fourteen days of admission. There were no youth in the center for more than thirty days requiring a follow-up evaluation by the psychiatrist. The center does not maintain any standing orders for psychotropic medications, nor were there emergency treatment or pro re nata (PRN) orders for psychotropic medications.

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

The center has a written infection control plan which contains all required elements, as outlined in the Department's Florida Administrative Code 63M. The infection control plan addresses common childhood diseases, self-limiting episodic contagious illnesses, and viral or bacterial infectious diseases. The plan also addresses tuberculosis, hepatitis A, B, and C, human immunodeficiency virus (HIV), infectious diseases caused by bloodborne pathogens, other outbreaks or epidemics caused by any other infectious agent, outbreaks of pediculosis and/or scabies, and methicillin-resistant staphylococcus aureus (MRSA). In addition, other emerging antibiotic-resistant micro-organisms, food-borne illnesses, bio-terrorism agents, and chemical exposures in the workplace are addressed. The center has a comprehensive process for needle stick post-exposure evaluation. An interview with the acting superintendent as well as the center's administrative assistant confirmed there were no reportable incidents where the local county health department, Center for Disease Control and Prevention, and/or Central Communications Center should have been notified of an infectious disease since the last annual compliance review.

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

The center has a policy and procedures ensuring all staff and youth shall receive health education on infection control. Staff shall receive pre-service infection control training upon hire and in-service training annually thereafter. Nine youth individual healthcare records were reviewed and reflected completion of the required health education. Reviewed healthcare records confirmed the youth received infection control training within seven days of their admission to the center. Nine staff training records were also reviewed and were found to include completed training on infection control, bloodborne pathogens, and exposure control.

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

The center has a policy and procedures to address infectious and communicable diseases. The center utilizes the South Regional Juvenile Detention Center Exposure Control Plan/Infection Control, which was reviewed and signed by the superintendent and the designated health authority on March 13, 2018. The plan includes risk assessment, methods of compliance, post-exposure evaluation procedures, training in bloodborne pathogens, and post-exposure prophylaxis. The center did not have any incidents involving a contagious disease, requiring the quarantined or hospitalization of at least ten percent of the total population of youth or staff during this annual compliance review period.

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

The center has a policy and procedures ensuring the appropriate treatment is provided for youth admitted to the center who are pregnant. An interview with the center's registered nurse (RN) confirmed the center had one pregnant youth since the last annual compliance review. A review of the pregnant youth's individual healthcare record supported prenatal care began immediately upon determination of the youth's pregnancy. Reviewed documentation reflected the youth had a Practitioner's Order reflecting staff to conduct weekly checks on the youth. The designated health authority provided treatment and nursing staff documented weekly reviews. The RN confirmed pregnant youth never sleep on bunk beds. Reviewed documentation supported post-birth education was provided to the applicable youth.

**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.

The center has a policy and procedures to address the provision of health education to pregnant youth, which includes prenatal care education. An interview with the center's registered nurse confirmed the center had one pregnant youth since the last annual compliance review. One applicable youth's individual healthcare record was reviewed and confirmed the youth received pregnancy education on all required elements including, but not limited to, alcohol and drug use, smoking, nutrition, contraception, prenatal care, birthing process, postpartum care, basic baby care, infant development, parenting skills, and nutritional education. The center's licensed healthcare staff are required to provide routine monitoring of pregnant youth's nutritional and weight status. There was supporting documentation to reflect there was routine monitoring of the pregnant youth's nutrition and weight, as required.

4.40 Prenatal Staff Education [Contract Provider]

Satisfactory Compliance

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

The center has a policy and procedures ensuring all non-healthcare staff involved in the supervision or treatment of pregnant youth shall receive appropriate education annually on female healthcare. A review of nine staff training records reflected each staff received training for working with girls and pregnant youth. The staff training is provided annually by the center's licensed registered nurse.

Standard 5: Safety and Security

Overview

The Miami-Dade Regional Juvenile Detention Center provides safety and security of the youth admitted into the center. Direct-care staff are responsible for the day-to-day operations of the center including supervision, custody, and care of the youth. Headcounts are conducted at the beginning and end of each shift. Two-way radios are used to communicate with master control and request for youth movement. All youth movement is authorized by master control. Headcounts are documented in the master control logbook, as well as the logbook located on each living module. The center is equipped with a total of 178 surveillance cameras throughout the facility with each being operable and capable of recording. The center has an approved continuity of operations plan (CCOP) which outlines the procedures for emergency and safety drills. Facility keys, including restricted keys, are stored in master control in a locked key box accessible only by supervisors and administration. The center maintains a perpetual inventory of tools and chemicals used in the center which are stored in a secure area with no youth access and limited staff access. The kitchen tools are stored in a locked cabinet within the kitchen area with limited access to kitchen staff only. The center has a total of eight vehicles used to transport youth. All vehicles used to transport youth are inspected prior to use by staff and are inspected annually by a certified professional. All inspected vehicles contain the required safety equipment to include an up-to-date fire extinguisher, window punch, seatbelt cutter, and operable seatbelts. The center utilizes confinement as a temporary response to youth during violent behavior which threatens immediate harm to youth or others. The center maintains a separate living module for youth on confinement status. Youth in confinement have no contact with other youth in the center; however, they are afforded the same living conditions as those youth in general population.

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.

The center has a written policy and procedures to provide active supervision of youth, conducting headcounts, and reconciling counts. Staff are responsible for the care of youth at all

times and youth are in sight and sound of at least one staff at all times. The center conducts headcounts at the beginning and end of each shift and staff are required to know the number of youth under their supervision. Informal interviews with staff verified they knew the number of youth being supervised without conducting a headcount. The daily census is tracked using a census sheet identifying youth who are currently being detained. No youth movement is conducted unless authorized by master control. Observation of youth movement and supervision for four days during the annual compliance review included youth movement from school to the cafeteria, from the cafeteria to school, from school to the living module, and from school to the clinic. In each instance, staff was actively supervising youth and staff were in sight of youth with no obstructions. Prior to any movement, staff conduct a headcount and reported the count to master control. Master control confirms head count and authorizes youth movement. A review of master control logbooks for the past six months verified headcounts are conducted as required. An informal interview with staff indicated when the count cannot be reconciled, all movement in the center is suspended until the count is reconciled. Nine staff were interviewed, and each stated they think there is enough staff at the center to provide for safety and security of the youth and staff.

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

The center has a written policy and procedures to ensure ten-minute checks are conducted when youth are in their rooms for sleeping or other reasons. The center has a total of 178 operable cameras with a recording capacity of thirty days. When conducting room checks, staff must pause at the door and look into the room to ensure there are no issues with the youth. The program utilizes Silver Guard, which is an electronic system used to document room checks. Observation were made of staff conducting ten-minute room checks from five different living modules, on three different shifts, and six different days and times along with the corresponding ten-minute logs. There were five instances were checks were being conducted every ten-minutes or less in real time and staff was observed pausing at each room to observe the youth. One ten-minute check observed staff conducted a check at 4:20 a.m. and did not conduct the next check until 4:40 a.m. There was one instance were staff was observed not pausing at youth's room to observe youth. Nine staff were interviewed and stated ten-minute checks are conducted every ten-minutes when youth are placed in their rooms for sleeping or non-punishment reasons.

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).

The center has a written policy and procedures to ensure headcounts are conducted as required. Staff must know the exact number and location of all youth under their supervision at all times. Headcounts are taken and reported to master control and documented in the master control logbook. No youth movement is conducted until master control confirms the counts, reconcile counts, and authorizes program activity to resume. A review of the master control logbooks for the past six months verified counts are documented at the beginning and end of each shift, following any emergency situation, prior to and after youth movement, any population change, and randomly on each shift. Observation of youth being counted verified staff conduct a physical head count and request youth movement by master control. Nine staff were interviewed on when emergency counts are conducted. Nine staff stated when a youth is believed to be missing, when visibility is hindered, and after a major disturbance.

5.04 Logbook Maintenance**Satisfactory Compliance**

The program maintains a chronological record of events, incidents, and activities in logbooks maintained at master control and in each living area in accordance with Florida Administrative Code. Each logbook is a bound book with numbered pages. If electronic logbook software is used by the facility, it is password-protected and configured to prevent entries from being deleted or altered after they are saved.

At a minimum, each logbook entry includes the date and time of the event, the names of staff and youth involved, a brief description of the event, the initials of the person making the entry, and the date and time of the entry. Logbook entries are made in black or blue ink, with no erasures or whiteout areas. No logbook entries are obliterated or removed; errors are struck through with a single line and initialed by the person correcting the error.

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

The center has a written policy and procedures to ensure logbooks are maintained to document events which occur in the center. The center maintains separate logbooks for master control and each living module. Logbooks are bound with numbered pages. A review of logbooks for the past six months for each living module and master control verified all entries were legible and written in ink. Any errors were struck through with a single line and initialed by the staff

correcting the error. Entries included the date and time of the event, name of the staff and youth involved, a brief description of the event, initials of the person making the entry, and the date and time of the entry. Any medical, special needs, and/or mental health alerts impacting the safety and security of the center are entered and highlighted. Further review of the master control logbooks documentation included emergency situations, incidents, fire and escape drills, population counts at the beginning and end of each shift, group movements, admissions and releases, presence of law enforcement, and name of youth placed in confinement, including the time confinement began and the time confinement ended.

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

The center has a written policy and procedures regarding logbook reviews. The superintendent or designee reviews the logbooks on a weekly basis. The juvenile justice detention officer supervisor (JJDOS) review the master control logbooks when the shift is accepted. The lead juvenile justice detention officer (JJDO) reviews the living module logbook from each shift to document they are aware of current relevant situations in the center. A review of the master control and living module logbooks for the past six months verified the JJDOS from each shift documented a review of the master control logbook prior to accepting the shift, the lead JJDO reviewed the living module logbooks when coming on duty, and the superintendent or designee reviewed the master control logbooks weekly.

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

The center has a written policy and procedures to maintain and inventory facility keys. Facility keys are maintained on a tamper-resistant ring with a brass tag identifying the ring number and

the number of keys on the ring. Facility keys, including restricted keys, are stored in master control in a locked key box accessible only by supervisors and administration. Emergency keys which provide an outlet through exterior doors are stored in all youth areas in lock boxes which staff can access with their assigned key. A key inventory is maintained on each facility key which identifies the ring number, number of keys on the ring, the capacity of the keys, and the staff assigned to the keys. Keys are distributed by way of master control. Staff must sign the key logbook with the date, time, staff name and supervisor issuing the keys. Reconciliation of keys are also conducted by way of master control. When keys are returned, the time is entered by the supervisor next to the staff name returning the keys. Personal keys are collected by master control at the time facility keys are issued or placed in a secured locker prior to entering the secure area of the center. A review of the master inventory key log indicated the inventory log matched the actual key rings in use. Random interview with staff verified they had no personal keys, staff was in possession of their assigned facility keys, and youth was not permitted to handle facility keys. Staff also knew what to do if keys were missing or damaged. Staff immediately report any lost or missing key to the supervisor on duty. The supervisor notifies the superintendent immediately. A search for the key is conducted by the staff officers which may include electronic and strip searches of youth. Random review of nine staff training records verified staff are trained on key control during pre-service training. Nine staff were interviewed and asked what keys are restricted. Each stated, medical records, youth property, mental health records, case management records, and kitchen. Nine staff were also able to explain the center's daily process for tracking keys. Interview with the superintendent indicated permanent keys are not issued to any staff.

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

The center has a written policy and procedures for transportation operation and maintenance of vehicles used to transport youth. The center has a total of eight vehicles used to transport youth. Seven of the eight vehicles had an annual safety inspection conducted by a certified automobile mechanic. One van was acquired new by the center in April of 2018 and an annual inspection is not required until the following year. Weekly visual inspections and monthly vehicle checks are conducted on each vehicle as required. Observation of four vehicles verified each were locked when not in use. All four observed vehicles have the appropriate number of seat belts, a seat belt cutter, a window punch, up-to-date fire extinguishers, and a first aid kit with approved items. Prior to each transport, a pre-trip vehicle inspection is conducted by two staff. Vehicles are inspected for contraband, to ensure the security screen is secure, has sufficient fuel, and ensure seatbelts are operable. Each vehicle has a vehicle binder which contains the vehicle log, mechanical restraint key, gas card, vehicle registration, and the Department's transportation procedures. Review of the pre-trip inspection forms for the past six months for all eight vehicles documented each vehicle was inspected as required and documented on the mandatory inspection form. One of the observed vehicle had missing dome light covers, missing air conditioner vents, and torn headliner all located in the passenger area of the vehicle. An observation of a pre-transport activity verified the vehicle was searched by staff prior to the transport, staff searched the youth prior to placing the youth in the vehicle, staff assisted the

youth in securing the seatbelt, the staff secured the seatbelt, and the assigned cellular telephone was charged and turned on prior to departure.

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

The center has a written policy and procedures to ensure all tools and equipment related to maintenance are properly maintained, stored and inventoried. A perpetual tool inventory list is maintained by the physical plant manager. All tools are stored in a locked area when not in use. When a tool is needed, maintenance staff signs the tool in and out on the tool list. Random review of the sign in and out form verified this practice. When items are lost or there is reasonable suspicion a youth may be in possession of a tool, a search is initiated by the supervisor. Any repair service personnel are identified prior to entering the center and are accompanied by a designated staff when in the secured area. After work has ceased for the day, the shift supervisor inspects the work area to ensure no contraband has been left behind before allowing youth access to the area. A review of the tool room indicated tools are maintained behind lock and key outside of the secured area of the center with only maintenance staff having access. A perpetual inventory list is documented monthly and all tools listed are accounted for. Tools are stored on a shadow board and marked with an identification code. Random review of the inventory list and inventory indicated there were no missing or damaged tools. Interview with the physical plant manager indicated damaged tools are discarded by staff in a dumpster located outside the facility. There were no instances where any tools were missing.

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

The center has a written policy and procedures for storing kitchen tools. Kitchen knives and other hazardous utensils are stored in a locked cabinet with an inventory list posted on the inside. There is one key used by kitchen staff to access the utensils. A spare key is maintained by the kitchen manager. Observation of storage cabinet indicated the tools are stored in a locked cabinet on a shadow board when not in use. A review of the inventory list verified all tools listed were contained in the locked cabinet. An itemized list of kitchen tools is documented three times a day by the kitchen staff prior to their departure. Interview with kitchen staff indicated they knew what to do if a tool is lost or damaged.

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

The center has a written policy and procedures forbidding youth to use or access any tools including kitchen and/or medical equipment. Youth are allowed to use cleaning items such as mops, brooms, buckets, and other common household items for general cleaning. Youth are under strict staff supervision when accessing these items. Nine youth were interviewed and eight indicated they are allowed to use scrub brushes, mops, and brooms. One youth stated he/she does not use tools. There were no instances where youth were observed using cleaning tools during the annual compliance review. Nine youth were interviewed and stated they do not clean with any type of cleaning agent such as bleach, laundry soap, window or toilet cleaner. Nine staff were interviewed and stated youth are allowed to use scrub brushes, mops, and brooms. Nine staff were interviewed and stated youth do not clean with any type of cleaning agent such as bleach, laundry soap, window or toilet cleaner.

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

The center has a written policy and procedures to ensure the proper storage and inventory of flammable, toxic, caustic, and poisonous items. All items are inventoried and stored when not in use. Each item has a safety data sheet (SDS) on file for each item stored. The center has a list for maintenance items, kitchen items, and laundry items with corresponding SDS. Maintenance items are stored in a locked shed located outside the secured area of the center. SDS are maintained with each item located in the shed. Laundry items including cleaning items are stored in the laundry storage room. Each item is inventoried and a SDS is maintained on each item. Kitchen items are stored in a closet with a list of chemicals and SDS for each item. Observation of maintenance, laundry and kitchen storage areas, SDS, and inventory list verified items on inventory list are stored in each respective storage area along with the corresponding SDS and are inaccessible to youth. A master SDS binder for all chemicals is maintained in the administration office.

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

The center has a written policy and procedures to ensure the proper storage and use of flammable, toxic, caustic, and poisonous items. Items may only be drawn or acquired by authorized personnel. Youth are not permitted to use or handle hazardous chemicals. All chemicals are stored in a secured area and inaccessible to youth. Nine youth were interviewed and stated they do not clean with any type of cleaning agent such as bleach, laundry soap, window or toilet cleaner. Nine staff were interviewed and stated youth do not clean with any type of cleaning agent such as bleach, laundry soap, window or toilet cleaner.

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

The center has a written policy and procedures to ensure flammable, toxic, caustic, and poisonous are disposed of according to the manufactures safety data sheet (SDS). Chemicals used by the center is stored behind lock and key and inaccessible to youth. An informal interview with the maintenance mechanic confirmed materials are disposed of by evaporation, compaction or with a contracted disposal service. The center had no chemicals disposed of since the last annual compliance review. The kitchen has a container outside to dispose of grease. All other kitchen liquid waste is disposed in the kitchen drain. All other liquid waste not resulting from work details is disposed of in a plumbing area designated for this purpose. The center utilizes MRC Plumbing and Backflow to clean the grease trap. Review of invoices for the past six months verified the grease trap is cleaned quarterly. Bio-hazardous waste disposed is the responsibility of medical staff. All bio-hazardous waste is placed in a bio-hazardous waste container and all bio-hazardous solid waste is placed in a tear-resistant RED bag clearly marked as bio-hazardous. Medical bio hazardous waste is disposed of by a contracted provider. Review of documents verified bio-hazardous waste is disposed of twice a week by Stericycle. Informal interview with the assistant facility superintendent indicated there were no chemical spills since the last annual compliance review. If a chemical spill occurs, staff will notify master control of the location, a shift supervisor or master control will direct the shutdown of all air handlers, ventilation system, and close all windows and doors; obtain assistance from outside the center by contacting the necessary emergency contact.

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.

The center has a written policy and procedures addressing confinement under twenty-four hours. Behavioral confinement is a temporary response to youth during violent behavior which threatens immediate harm to the youth or others. The center has a designated living module for youth who are placed on behavioral confinement. There are ten confinement rooms within the module with eight available for use. Two were currently being repaired by maintenance staff during the annual compliance review. Observation of the confinement module indicated room windows and cameras were free from obstruction and each room contained no non-fixed items. Youth who are in confinement have no contact with the general population. The center documents confinements under twenty-four hours in the Facility Management System (FMS). A review of nine confinement reports documented youth placed in confinement were afforded the same services as youth in the general population, which includes medical, mental health, education, exercise, showers, meals, clothing, bedding, and hygiene items. Confinement rooms were searched prior to youth being placed. Each report reflected visual observation was conducted in accordance with policy. None of the reviewed confinement reports indicated the youth were at risk of suicide. Each reviewed confinement report indicated the confinement reports were completed within one hour, indicated the reason for the use of confinement, and reviewed by the juvenile justice detention officer supervisor (JJDOS) and documented every three-hours the continued need for confinement. Each of the nine confinement reports indicated the superintendent and/or designee reviewed the confinement report within forty-eight hours. Nine staff were interviewed and stated when a youth is placed in confinement, staff must complete a confinement report, conduct and document ten-minute room checks, and search the confinement room.

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

The center has a policy and procedures to address youth placed in confinement over twenty-four hours. Nine confinement reports over twenty-four hours were reviewed and each was approved by the facility superintendent or designee. The juvenile justice detention officer supervisor (JJDOS) completed reviews evaluating the youth every three hours and documented the need for continued confinement based on the severity of the rule violations, past disciplinary history, or behavior while in confinement. Each confinement was approved by the regional director or designee every twenty-four hours the youth was in confinement. None of the nine reviewed confinements extended beyond three days; therefore, a confinement hearing was not required.

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

The center has a written policy and procedures to ensure a plan is in place to manage various emergencies and disaster events. The center has a continuity of operations plan (COOP) which was approved by the regional director on January 18, 2018 which contains a comprehensive approach to effectively manage emergencies and disaster events. There was one documented mock hurricane COOP drill conducted on May 31, 2018. A review of documentation found there was a written scenario and drill form, critique forms, and logbook documentation. An informal interview with the assistant superintendent indicated COOP drills are conducted twice a year with the year beginning in January and ending in December. Nine staff were interviewed and asked what drills they have participated in the last six months. Nine staff responded they have participated in a weather and fire drills. Eight staff responded they have participated in a major disturbance and escape drills. Four staff indicated they participated in a bomb threat. Two staff responded they have participated in a hostage situation, chemical spill, flooding, and terrorism drills.

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

The center has a written policy and procedures to ensure they are prepared to address youth escapes. The center has an escape prevention plan which requires staff to remain alert and attuned to the moods, attitudes, and behaviors of the youth. The center is required to conduct escape drills quarterly with staff being trained annually. A review of the prevention plan indicated all required elements are included. Mock escape drills are conducted once each quarter. Review of the mock escape drills for the past three quarters with corresponding logbook entries verified drills are conducted as required. A review of nine staff training records verified annual escape training was completed by each reviewed staff.

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

The center has a disaster plan, fire prevention and evacuation plan which addresses fire prevention and safety of the program. A review of the emergency drill forms and the corresponding logbook documentation for the past six months verified the center conducts fire drills every month on each shift. Nine staff were interviewed and stated they have participated in fire drills within the past six months. A fire inspection was conducted on April 24, 2018 by The Florida Department of Financial Services Division of State Fire Marshal which deficiencies were found and a corrective action plan was created by the center. A review of the corrective action plan indicated the violations have been corrected except one. The wrong part was ordered to correct the deficiency and the correct part has been re-ordered. A copy of the corrective action plan was forwarded to the fire marshal for approval. Nine staff interviewed and indicated fire drills take place at least monthly. Nine youth were interviewed and six stated they have been instructed what to do in the case of a fire. Three youth stated they were not instructed on what to do in case of a fire.

Program Name: Miami-Dade Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Miami-Dade County / Circuit 11
Review Date(s): August 28-31, 2018

MQI Program Code: 490
Contract Number: N/A
Number of Beds: 126
Lead Reviewer Code: 50

Overall Rating Summary

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