

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Pinellas Regional Juvenile Detention Center Re-Review

Department of Juvenile Justice

(State-Operated)

5255 140th Avenue North

Clearwater, Florida 33760

Review Date(s): April 30, 2019 – May 1, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

The Bureau of Monitoring and Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Paul Sheffer, Office of Program Accountability, Lead Reviewer (Standard 5)
Donna Connors, Office of Program Accountability, Regional Monitor (Standard 5)
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BUREAU OF MONITORING AND QUALITY IMPROVEMENT
RE-REVIEW ADDENDUM

Program Name: Pinellas Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Pinellas County / Circuit 6
Review Date(s): April 30, 2019 – May 1, 2019

MQI Program Code: 364
Contract Number: N/A
Number of Beds: 100
Lead Reviewer Code: 118

Standard 5: Safety and Security Detention Rating Profile

Indicator Ratings			
		Original Review 08/17/2018	Re-Review 05/01/2019
Standard 5 - Safety and Security			
5.01	* Active Supervision of Youth	Satisfactory	Satisfactory
5.02	* Ten-Minute Checks	Failed	Satisfactory
5.03	Census Counts and Tracking	Limited	Satisfactory
5.04	Logbook Maintenance	Failed	Satisfactory
5.05	Logbook Reviews	Limited	Satisfactory
5.06	Key Control	Limited	Limited
5.07	Vehicles and Maintenance	Satisfactory	Satisfactory
5.08	Tool Inventory and Management	Limited	Failed
5.09	Kitchen Tools	Satisfactory	Satisfactory
5.10	* Youth Access & Use of Tools, Cleaning Items	Satisfactory	Satisfactory
5.11	Inventory of all Flammable, Toxic, Caustic, and Poisonous Items	Limited	Satisfactory
5.12	* Access to all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory	Satisfactory
5.13	Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory	Satisfactory
5.14	Confinement Under Twenty-Four Hours	Limited	Satisfactory
5.15	Confinement Over Twenty-Four Hours	Failed	Satisfactory
5.16	Continuity of Operations Planning (COOP) Drills	Limited	Satisfactory
5.17	Escape Drills	Satisfactory	Satisfactory
5.18	Fire Drills	Satisfactory	Satisfactory

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

Summary

The Pinellas Regional Juvenile Detention Center is a 100-bed hardware-secure facility equipped to supervise detained youth in a safe, secure, and humane environment. The center is comprised of four buildings. The main building encompasses the administration area, intake and release, the dining hall, the kitchen, and the maintenance area. The other three buildings have five living modules for used for housing youth pending adjudication, disposition, or pending placement in a residential commitment facility. During the re-review, only four of the modules were in use, allowing for the vacant module (Charlie) to be refurbished. One module (Echo), is designated for female youth and the three remaining modules (Alpha, Bravo, and Delta) house the male youth.

The superintendent, assistant superintendents, and juvenile justice detention officer staff are responsible for ensuring each youth detained in the center are in a safe and secure environment. At the time of the re-review, the center had a total of twelve vacancies. These were eight juvenile detention officer I positions, three juvenile detention officer II positions, and the superintendent position. The superintendent position has been vacant since March 28, 2019; the regional director for detention services, the central region chief, and a senior management analyst for the central region have been filling in at the center for two to four days a week. All staff are responsible for youth safety and the security of the center and provide twenty-four-hour active supervision of all youth directly and/or by digital video recorder (DVR) surveillance cameras. The center is utilizing both electronic wand check system and paper visual observation report (VOR) forms. The center had their new wand system go live on April 22, 2019; therefore, they will continue to use VORs until they know the wand system is working properly. The center has a maintenance mechanic who is responsible for ensuring all flammable, toxic, and poisonous items are inaccessible to youth, and all potentially dangerous tools used at the center are always secure. The center has a total of 112 cameras, and all were operational at the time of the re-review.

Standard 5: Safety and Security

5.01 Active Supervision of Youth (Critical)

The program originally received a **Satisfactory Compliance rating** for this indicator during the 2018-2019 annual compliance review, conducted August 14-17, 2018. During the annual compliance review, the review team observed and documented the staff practice of active supervision during each of the four days the team was on-site. The team was able to observe staff supervision of youth engaged in a variety of activities including meals, line movements, medication pass, school, recreation, and treatment team meetings. There were observations of youth/staff interactions, youth movements and counts, youth behavioral compliance with center rules, and staff application of the behavior management system. Additionally, the review team members conducted interviews with various staff and to determine if officers are aware of how many youth they were supervising. Master control and module logbooks were reviewed to verify regular youth counts were conducted, staff were aware of youth alerts/special needs to provide appropriate supervision, and staff were documenting their observations to communicate with staff on other shifts. Overall, staff supervision of youth was observed to be appropriate and conscientious. Staff were often seen positioning themselves to ensure their vantage point provided direct supervision of as many youth as possible. Youth are directly supervised by staff in the module and are observable by master control staff in all areas of the facility through video surveillance. Master control is situated so it faces the main recreation yard, enabling additional staff to observe youth directly when the youth are engaged in recreation activities. All youth movement is authorized by the master control operator prior to the movement and documented in the appropriate master control logbook. During movement, youth are always escorted by juvenile justice detention officers who carry two-way radios to communicate with master control. Typically, one officer walks behind the group to monitor the movement of the youth ahead of them. During the annual compliance review, movement was observed directly and through camera surveillance. A review of camera footage and direct observation confirmed active supervision of youth in the dormitories and classrooms, and at all other times and locations, including in the classroom, on the recreation field, and during sleeping hours. At no time during the annual compliance review, was any youth observed to be without staff supervision. Ten-minute checks were observed to be conducted on the youth in confinement and documented on the Visual Observation Report. The reviewer approached four different JJDOs and asked them to state how many youths they were supervising at the time and each time, the JJDO correctly stated how many. Two of the JJDOs subsequently commented youth are never removed from an area by another staff, such as a nurse or mental health clinician, without notification of the JJDO assigned to supervise the youth. There were no observances or reports of instances when a youth was permitted to supervise or discipline another youth. All observed staff and youth interactions appeared appropriate and positive, and there were instances when it was clear to the reviewer the staff and youth had formed a healthy rapport. Accordingly, a review of the additional comments seven of nine youth made during the interview process indicated the youth perceive the staff as caring and supportive. Nine randomly selected staff, representing at least one staff from each of the three shifts, were interviewed. Seven of nine staff indicated there are sufficient staff to provide for the safety and security of the youth and staff at the center. The two staff who responded negatively reported frequent holdovers.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures to address active supervision of youth. During the two days of the re-review, the youth were observed participating in daily activities including education, on a transport, transitioning from one area to another, and recreation. The youth were maintained in the direct sight of a juvenile justice detention officer at all times. The youth

and staff interacted in a positive manner. Master control authorized all youth movements, which were documented in the logbook by the master control operator. This was observed during the re-review. There was no documentation to support the youth were permitted to exercise control or provide discipline over the other youth. The supervision of youth was documented in the logbook, through various headcounts, and informal counts. There were observations of staff being appropriately positioned during activities and youth movements. The center documented formal youth counts during awake hours in the logbook; the youth counts were documented on the hour, and at least once randomly during each hour. Seven staff were interviewed; all seven staff reported youth counts were conducted at the beginning and the end of each shift, before and after school and before and after meals. The staff further reported all movement stops in the event the count is not correct and a recount is conducted until the count is correct. There is no movement until the count is cleared.

5.02 Ten Minute Checks (Critical)

The program originally received a **Failed Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The center's Facility Operating Procedures (FOP) clearly address the requirements regarding the consistent visual observations of youth when they are placed in their rooms for to prepare for showers, due to illness or placement on confinement/room restriction, or to sleep. The requirement is for staff to conduct visual observations of each youth on standard supervision at least every ten minutes until they are no longer in their room. If a juvenile justice detention officer (JJDO) is unable for any reason to observe the youth or any part of the youth's body, the officer is to request the assistance of another officer and open the door of the youth's room to confirm the youth is present and safe. Each youth room has a vertical window inserted into the door to facilitate the observation of a youth when in their room. During the facility tour, it was observed some of these windows have numerous etchings/scratches, on the surface; however, none of the markings were significant enough to inhibit the completion of the visual observations. Neither were any other items (stickers, photographs, clothing) observed obstructing the view into the youth rooms during the tour.

The center conducts and records ten-minute checks while youth are in their rooms sleeping, utilizing camera surveillance and the Brooklyn Computer Systems (BCS) silver-guard monitoring system. Staff utilize the electronic BCS wand by tapping it on the checkpoint sensors on the outside of each youth's room. A review video footage verified staff visually observe each youth in a manner consistent with the FOP. Each morning, the data from each wand is downloaded to ensure the data recorded and print outs of the data can be provided to administration for review. A review of video footage from July 23, 2018 through August 4, 2018 was conducted encompassing four different dates, all four modules, and all three shifts. Two of the dates were weekends and two of the dates were weekdays. The review of a Sunday morning occurred during hygiene time when not all youth were in their rooms, therefore not all required room checks. Ultimately, the review offered forty-one check opportunities and found, with two minor exceptions, checks were completed consistently within the ten-minute time frame. Two consecutive checks of one youth were observed to occur three and then fifteen minutes late. Upon request of the wand data sheets, the reviewer was informed due to a downloading glitch occurring at least six weeks prior, the wand reports were unavailable. To substantiate their claim, the center provided a copy of a work order to repair the problem. Though aware the wand information could not be accessed, the center did not implement the use of written Visual Observation Reports (VOR) to document the completion of ten-minute checks. Aware documentation of the room checks was needed, the administrative staff produced numerous print outs of wand information for review; however, these print outs lack any clarity as to the modules and room numbers the data represented. Ultimately, the center was unable to provide

written documentation verifying room checks were conducted, as stipulated in the FOP. Neither was the center able to provide documentation recording the required completion of forty-eight-hour superintendent reviews of the wand check documents.

Center practice regarding documentation of ten-minute checks on youth in confinement during daytime hours is the completion of a VOR. Seeking to confirm these checks are completed appropriately, a review of camera footage of three different youth in confinement, on three different dates, in three different modules was attempted. While observations of staff conducting three ten-minute checks of a youth in the Delta dormitory was completed, it was difficult to discern whether checks were effectively completed in the other two instances because more than one youth was in confinement at the time and the youth's room number was unknown to the annual compliance review team member. When asked to provide the VORs for the three randomly selected confinements, including the confinement which was just observed on videotape, the program was unable to do so. All nine of the interviewed staff confirmed their awareness room checks are to be conducted every ten minutes when a (non-suicidal) youth was in their room sleeping or for non-punishment reasons.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures to address the completion of ten-minute checks when youth are placed in their sleeping rooms. The program has 112 cameras; all were operational at the time of the re-review. The cameras have a recording capacity of thirty days. At the time of the re-review, three living areas were being utilized; each youth is placed in their own sleeping room. The center replaced their wand system, with the Guard system; this was completed on April 22, 2019. The staff received training on the Guard system during a staff meeting on April 18, 2019. During the transition to the new system, the ten-minute checks were completed on visual observation reports (VOR). The VOR sheets documented the youth's name, room number, living area, and type of placement. The youth were checked every ten minutes by a juvenile justice detention officer (JJDO); this check was documented on the VOR, with the time and the JJDO's initials. Five days of VORs were selected at random to review; these dates were between April 2 and April 30, 2019. The following exceptions were noted: the JJDO did not consistently document when the youth were temporarily out of their rooms, nor was the time documented with am or pm in a consistent manner. When compared to the video, it was noted the ten-minute checks were completed, with three exceptions: on April 10, there was one check completed ten minutes late, on April 14 there was one check completed five minutes late and on April 6 there was one check completed five minutes late. Seven staff were interviewed; all staff reported room checks were completed every ten minutes when a youth is placed in their room for sleeping or non-punishment reasons.

5.03 Census, Counts, and Tracking

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. A review of the center's Facility Operating Procedures (FOP) requires the center to ensure the exact number and location of all youth under their supervision are known to staff at all times. Direct observations, an interview with the master control operator, and a review of the master control logbooks indicated the center reliably tracks the youth census through the process of repeatedly conducting routine and randomized head counts during each shift. A review of random sections of four master control logbooks dated from February to mid-June noted consistency in youth head counts occurring at the beginning and end of each shift, after each group movement from one area of the facility to another, whenever a new admission or a release occurred, and a minimum of at least once randomly during the shift. Additionally, the annual compliance review

team member observed instances in the master control logbook where youth head counts occurring after a program code had been called and after a power outage were documented. The counts are documented by module, listing each module and the count. Observations of several entries, documented, almost daily on weekdays, groups of youth were transported off-site, typically to court, and often out of county. However, during their absence, when counts were conducted, the counts were consistently documented only by module and included the youth who were off-site, ensuring the total count was equal to the center's full census. Each of the reviewed counts included all youth on the Department's Juvenile Justice Information System's (JJIS) census for the center, even those youth who were off-site at the time the count was taken. There was no documentation found of counts specifically indicating there were youth off-site. This practice is contrary to the FOP, which articulates staff should not include youth in the count who are not physically present with the staff person at the time of the count. A review of documentation indicates staff must keep track of how many youth are assigned to the module they are supervising and how many are off-site, so they can provide the information to master control when counts are conducted. This practice could result in confusion for the officer regarding how many youth they are supervising on-site at any given time. However, four randomly selected direct care staff who were actively supervising youth were asked how many youth they were supervising at the time and each was able to state the correct number. Each of these staff were also able to report the correct procedures to employ in a count cannot be immediately reconciled. Each of the nine additional staff interviewed during the annual compliance review indicated emergency counts are to be conducted whenever a youth is believed to be missing, visibility is hindered, such as during a power outage and after a major disturbance.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures to address the census and tracking of all youth. The master control logbooks were reviewed. The census for each living area was consistently documented at the beginning of each shift, during each shift, and when a population change occurred. During the re-review, the master control operator was observed calling over the radio for security counts; a juvenile justice detention officer on each living unit called in their number of youth, which was documented in the logbook by the master control operator. There were formal counts, as well as informal counts during youth movements, emergency situations, disturbances, and when a youth is thought to be missing; all counts were documented in the logbook. The logbooks contained documentation of youth's movements, and when youth were away from the program; however, there was no consistency in the documentation of youth temporarily away from the center. Two youth were in the hospital for several days. The counts of the youth's living unit varied, sometimes including the youth, sometimes documenting the youth was in the hospital, or sometimes not including the youth in the number. During the re-review, a shift briefing was observed. The supervisor of the previous shift provided information on all youth to the incoming shift. Seven staff were interviewed; the staff reported counts were taken after every movement, after meals and after emergency situations.

5.04 Logbook Maintenance

The program originally received a **Failed Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. Consistent with the requirements stipulated in the Facility Operating Procedures (FOP), the center maintains several logbooks to document a chronological record of events, incidents, and activities which occur in the facility. While the master control and individual logbooks are the primary logbooks utilized by the center to document ongoing events, there are also other logbooks focused on the documentation of specific events/information including transports and vehicle mileage, fire drills,

equipment maintenance, key control, as well as, youth personal property maintained by the center. A review of four master control and four module logbooks, from February through June 2018, found the logbooks to be bound journals with numbered, lined pages. Though somewhat worn, none of the reviewed logbooks were missing pages or remarkably damaged. The master control logbooks were consistently dated at the top of each page and the time was stated in the left margin of the page before the entry was written. However, the documentation of dates was inconsistent in the reviewed module logbooks where some pages were not dated and at least two pages were dated with the wrong month referenced for all of the entries on the page. All entries were completed in either black or blue ink, as required, with blue ink seemingly reserved for administrative reviews. Contrary to the FOP, which states errors must be crossed out with a single line and initialed, the reviewed logbooks suggested staff practice is to attempt to write over errors. This practice was particularly observed when the error was a number. While the FOP requires staff initial each entry, there were many entries observed in the logbooks reviewed where staff initials were absent. Highlighting of specific information impacting youth safety and facility security was observed, though the practice seemed inconsistent with information highlighted by one staff and the same type of information not highlighted by another staff.

The reviewed logbooks documented emergency situations and significant incidents, safety drills, mental health/medical alerts, group movements, youth admission and release information, youth transports, youth counts, and specific times youth were placed in/removed from confinement or precautionary observations. During the annual compliance review, exceptions to the FOP were observed in the documentation of the youth's name in an entry. One youth admission on June 5, 2018 was not documented in the master control logbook. Often the word "youth" is documented as a generic term such as, "Youth escorted to medical" or in another instance, when it was documented a youth had a special visit occurring at 11:00 p.m. and lasting until midnight, without stating the youth's name, as required. Documentation was not consistent regarding a youth's placement on suicide precautions, particularly upon admission and when a youth was stepped down by Camelot staff was not consistently stated. A review of confinement reports indicated there were ten youth released from confinement from June 26 to July 3, 2018; however, there was no documentation in the master control log book regarding these releases. Additionally, there were, two specific incidents when the times of confinement were clearly incorrect when compared to the Department's Juvenile Justice Information System's (JJIS) confinement reports. Two COOP drills and one fire drill were not documented in the master control logbook. Furthermore, the annual compliance review team member was often unable to discern if the activity schedule was being followed, particularly when school has begun or when the youth are in small recreation area, based upon review of module logbooks.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a written policy and procedures to address the maintenance of logbooks. The center maintains a master control logbook, as well as a logbook for each living unit. Six logbooks, from February to the present, were reviewed; this included three master control logbooks and three living unit logbooks. The logbooks were bound, with hard covers. The cover of one logbooks was nearly falling off; there did not appear to be any missing pages. There were numbered pages; the date and shift were noted on the top of the page in an inconsistent manner. Each logbook contained a record of events, incidents and activities. The time was noted in a.m./p.m., not military time, with a few exceptions noted. The entries regarding safety/security were highlighted. The master control logbooks consistently contained emergencies, incidents, calls to the Central Communications Center, drills, alerts, population counts, youth movements, admissions and releases, when law enforcement was in the building and youth placed on heightened supervision. The placement and release of youth on

confinement were not consistently documented in the logbook. Ten confinements were reviewed: the youth's placement and release were documented for two youth. The youth's placement was documented for one youth. The youth's release was documented for six youth. For one youth, neither placement or release was documented. All entries were made in ink and included the date, time, a brief description, and applicable staff and youth's names. All entries were initialed by the person making the entry. The errors were not handled as required on a consistent basis; the errors were struck through with a single line, however the word 'void' was not consistently used, nor were the initials of the person making the correction documented. The center does not use an electronic logbook.

5.05 Logbook Reviews

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. A review of four master control and four module logbooks from February through June 2018, verified the superintendent or his designee, reviews the master control and module logbooks weekly. The purpose of the review is to ensure the logbook entries are appropriately documented and accurate. Though there are entries documenting their review of the logbooks, none of the entries offered a critique or feedback, positive or negative, regarding the logbook entries. The JJDO supervisors (JJDOS) are also to review the master control logbook and document their review and acceptance of responsibility for each shift they manage. The reviewed logbooks, however, did not consistently document the supervisor's review of the master control logbook, particularly during the first and second shifts. Specifically, one reviewed logbook sample, which included twenty-one opportunities for staff to document their review of the master control logbook, indicated JJDOS staff on day shift documented their review of the master control logbook when assuming facility responsibility three of seven times, evening shift staff documented the required review four of seven times, and night shift documented six out of seven times. Additionally, the JJDOS is required to document their review of each module logbook on each shift to ensure all entries completed by staff since the last logbook review, are complete and accurate. A review of four module logbooks found while the JJDOS documents a visit to the module on each shift in the logbook, indicating the logbook is in their possession, they don't consistently document their review of the logbook when making their entry about the visit or at any other time during the shift.

The FOP further requires the JJDOs to document acceptance of responsibility for the living area and to review the logbook maintained in the youth living area of the module where they have been assigned every time they begin a shift. The purpose of their review of the previous shift entries is to ensure they are aware of the alerts, security risks, and other pertinent issues regarding the youth they are supervising. Though much of this information has been shared during the shift briefing, the staff are required to document their review of the module logbook. A review of module logbooks substantiated the JJDOs are regularly accepting responsibility for their shift in the logbook; however, they are not consistently documenting their review of the logbook. It should be noted, however, when documenting their acceptance of responsibility, they write a rather extensive entry listing the youth in the module, any special alerts or needs the youth may have, and their room assignment.

During the re-review, the program received a **Satisfactory Compliance rating** for this indicator. The center has written policies and procedures regarding logbook maintenance and administrative reviews. The center maintains a master control logbook, as well as a logbook for each living unit. Six logbooks, from February to the present, were reviewed; this included three master control logbooks and three living unit logbooks. There were weekly reviews in the master

control logbook by an assistant superintendent; however, this was not completed in a consistent manner. There was no review for three weeks by an assistant superintendent between February 28 and March 21, and between April 3 and April 15. There was documentation of a supervisor accepting responsibility of each shift. There was documentation of supervisor or higher conducting a tour of each area.

5.06 Key Control

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The Facility Operating Procedures (FOP) documented the policies and procedures for the center to ensure the proper usage, storage, and general security of all facility keys, as well as, the personal keys of all staff and visitors. A review of the FOP indicates it is the superintendent's responsibility to develop a system of key control in the facility to address issuance of keys, assignment of staff keys, inventory and tracking of keys, storage of keys when not in use, restricted keys, key markings and identifiers, key rings used in the facility, procedures for missing or lost keys, the reporting and replacement of damaged keys and other general procedures and prohibitions regarding keys within the facility. Since his arrival to the center in June 2018, the superintendent has implemented a modified key control system. The superintendent was interviewed to determine current center practice regarding key assignment, key inventory, key storage, and key security. During the interview, the superintendent demonstrated how the system works through the observance of some of the processes, including the collection of visitor keys, the issuing of center keys to staff, and the inventory of facility keys located in the superintendent's office. The newly placed, lockable key control box in master control and the key log book, the recently developed key control sheet utilized each shift, and the facility key inventory, were also reviewed to determine center compliance with Department requirements regarding key control. The center has a master key inventory of all facility keys, including keys used by staff and unused keys which are maintained in a secure box attached to the superintendent's office wall. The master inventory documents all facility key ring numbers, the number of keys on each ring, the capability of each key on the ring, and to whom or where the keys are issued. Emergency keys, restricted keys, and permanently issued keys are also listed on the inventory. A review of the master key inventory, which tracks all permanent and temporary keys, for the month of July 2018 and found it to be accurate without exception. All non-issued keys are kept in the secure key box in the superintendent's office. The center has a protocol addressing damaged, lost, or stolen keys. All damaged keys are reported to the staff's immediate supervisor, who then completes a request for replacement. The replacement key will have identical markings to the damaged key, the damaged key will be destroyed, and replacement of damaged keys will be documented in the maintenance log. Lost or missing keys shall be immediately and confidentially reported to the supervisor on duty. The supervisor then orders all youth movement to cease. The superintendent is notified, and a search of the facility and the youth is initiated immediately. There were no reports to the Central Communications Center (CCC) for lost keys during the last six months. There was no documentation indicating any officer keys had been taken out of the facility when an officer completed his shift, but an interview with a master control officer indicated she recalled one such event and indicated the officer returned the keys to the facility within two hours.

In addition to the key inventory maintained by the superintendent, an inventory of keys and all keys used regularly by staff but not currently in use are maintained by master control. Located in master control is a set of emergency keys, allowing access through exterior doors. These keys are stored in a conspicuous, sealed, red box on the wall inside master control. Restricted keys providing access to the medical rooms and storage, mental health offices and records,

education offices and case management offices where youth records are stored, the kitchen, and youth property area are issued from master control to the appropriate staff member, upon request, and appropriate documentation in the key log. Restricted key rings are numbered and assigned to a specific staff member who signs them out at the beginning of each shift and then signs them in before they leave the facility. While there are four sets of permanently issued keys provided to each of the three administrators and the maintenance mechanic, all other facility keys are issued on an as-needed basis to various groups of staff such as a juvenile justice detention officers (JJDO), JJDO supervisors, teachers, mental health staff, and medical staff rather than assigning a specific ring to a specific person. It was observed all regularly used facility keys are on tamper-proof key rings, so keys cannot be removed or added. All key rings are tagged with a specifically colored hub relating to the specific job responsibilities and a control number for identification and inventory. A random review of six key rings confirmed all the key rings matched the facility and master control inventory information, including number of keys and capability of each key. When various non-detention staff arrive to the center, they are issued their keys from the master control key box, where keys are stored based on the staff's position at the center. The master control operator documents the issuance of keys on the key control sheet and the staff signs in acknowledging receipt of the keys in the appropriate staff sign in logbook. When JJDOs and supervisors arrive to the center, they access keys in one of three ways including issuance by master control upon arrival, issuance during shift briefing, or by accessing the key from the officer leaving his shift. They sign for the keys in the key log and each key ring transfer is to be documented in the key log, as well, as the key control log sheet. It was not clear where the information was documented during shift briefing; however, the key logbook is maintained in master control. The key rings issued to each officer are to be signed out in the key log once surrendered. However, a review of the key log showed numerous instances when the keys are not documented as returned. While the center completes a reconciliation of key count at the end of each shift and does not permit the supervisor to leave the facility without reconciling the key count for his/her shift, it was observed information required in the FOP is not consistently documented. Specifically, the required time of key return and the name of the staff issuing the key ring is not readily available for each key use. Though the JJDOs and supervisors are to document the time they access the keys and when they return them, a review of the key log showed blank spaces where time-in should have been documented for about half of the entries on each page of the log. Neither is the staff issuing the keys regularly identified in reviewed documentation. Though the key control sheet does list the master control officers working during the shift, and the shift reports indicate what staff was assigned what key, neither form documents which staff issued the keys or what time the keys were issued. Nor is there any documentation elsewhere if the JJDO accesses his keys from a shift supervisor or another officer.

All visitors to the center must surrender their personal keys to master control. Upon surrender, the visitor receives receipt in the form of a numbered chit. The number corresponds to the hook the keys are placed on in the secure key box in master control. During the four days of the annual compliance review, the review team observed/experienced this practice each day upon entry and exit of the facility.

All nine interviewed staff correctly listed restricted keys as those providing access to medical or mental health, case management records, youth property, and the kitchen. Each staff also demonstrated the ability to discuss the center's daily process of tracking keys/key control. Observations during the annual compliance review found none of the staff were carrying personal keys into the secure area and staff always had facility keys on their person during their shift. Consistent with comments by all nine interviewed staff, at no time during the annual compliance review did it appear youth had access to facility keys.

During the re-review the program received a **Limited Compliance rating** for this indicator. The center has a policy and procedures to address the control of keys. The center had an inventory of keys; the keys for the staff were maintained in a locked key box located in the administrative area of the center. The key rings for transport staff and the superintendent had the correct number of keys. The center had a process by which the shift supervisor passed out the keys to the staff during the shift briefing. There was a log which documented the date/time, name of officer, and time key returned. The log documented the required information, with a few exceptions noted. The extra keys were placed in a locked key box in the superintendent's office. The key ring for one supervisor was compared against the inventory; there were sixteen keys on the ring, with twelve listed on the inventory which indicated the key ring did not match the inventory. The key ring for the echo dorm lead did not match, as the handcuff key had been removed from the key ring; the inventory lists the handcuff key for all direct care staff. The key log was checked against the shift reports for five randomly selected days. On April 2 (second shift) there were seven staff listed on the shift report receiving keys; however, these staff were not identified on the key log as receiving keys. On April 17 (third shift) one staff was on the shift report; however, this staff was not documented on the key log as receiving keys. On April 26 (first shift) one staff was on the shift report; however, this staff was not documented on the key log as receiving keys. There were random instances on the key log in which there was no documentation to support the keys were returned. In the maintenance office, there were two cardboard boxes of very old keys, which were not currently being used at the center. In addition, there was a locked key box in the maintenance office which contained old keys. There was a list of keys in the box, which did not correspond to the keys in the box. There was a list of keys, called the 'loose key inventory', which are keys which are to be destroyed. During the re-review, a shift briefing was observed, during which the key process was observed as outlined in the policy. The field training officer provides training with all staff on key control before the staff are assigned to go on the floor. Seven staff were interviewed; the staff reported permanent keys are issued to maintenance and administration staff.

5.07 Vehicles and Maintenance

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The center maintains a fleet of nine full-size, multi-passenger vans ranging from one to twelve years old. At the time of the annual compliance review, all vehicles were operational and in use, though the oldest van was in the shop for maintenance and unavailable for inspection; therefore, an inspection of eight vehicles was conducted. Each of the vehicles was observed parked in the front of the center, locked when not in use, and secured with an anti-theft device on the steering wheel. Most of the vans were plain white in color, though a few had specialized markings identifying the vehicle as owned by the Department. Each inspected van was observed to be equipped with a metal security screen between the driver and the passengers, the appropriate number of securely anchored seat belts, a recently charged (all were dated as being inspected in June 2018) fire extinguisher, an approved first aid kit, and a vehicle hazard kit which included a flashlight, a warning triangle and jumper cables, among other required items. One van was noted to be missing the combination window punch/seat belt cutter tool upon inspection. This tool was immediately replaced once the discrepancy was noted. There was no evidence of tobacco usage by the youth or driver in any of the vehicles. All of the vans appeared clean externally; however, four of the vans were observed in need of cleaning, particularly in the driver's compartment.

There was documentation each van was visually inspected weekly by the facility maintenance mechanic to ensure all fluids are at sufficient levels, the emergency equipment is present and in working order, and the brakes and horn are operable. An inspection of the internal and external cleanliness of each vehicle is also documented weekly. Documentation of monthly vehicle inspections was also reviewed and indicated the facility mechanic checks tires, conducts a battery test, examines the windshield and wipers, and looks for damage to the body, windows, and mirrors. The supervisor in charge of the vehicle fleet provided maintenance information including receipts from the automobile shop regarding each vehicle. It was evident the vehicles had regularly scheduled oil changes and preventative maintenance, when needed, every five months or every 5,000 miles, whichever comes first, in accordance with the 2018 FOP. Documentation of annual safety inspections found all inspections were conducted by a licensed mechanic for eight of the nine vehicles. The remaining vehicle is too new for an annual inspection to have been conducted.

A member of the annual compliance review team observed staff preparing to transport several youth out of the county. The youth were searched, handcuffed and shackled, and were waiting to board the van upon the annual compliance review team member's arrival. The driver demonstrated center practice of inspecting the vehicle for contraband, looking under and between seats and throughout the passenger compartment. He also examined the safety screen and ensured each seatbelt was securely anchored. He also voiced he had ensured the vehicle had sufficient gasoline for the trip and had checked out a mobile telephone from the transport office to ensure contact could be maintained with the center during the transport. The driver then documented the witnessed inspection in the vehicle log book. A review of the vehicle folder and found it contained all required items, (gas card, restraint keys, vehicle registration, and vehicle mileage logs) with one exception. Missing was the required copy of the current transportation procedures. The youth were then brought out to the sally port area and frisk-searched before entering the vehicle. It was observed each youth was buckled into the vehicle and the driver and other JJDO also wore seatbelts as the van left the sally port. It was also observed the driver was alone in the front of the vehicle and the other JJDO sat in the back with the youth. All of the youth and the JJDOs were males. Interviewed later, the transportation team supervisor reported upon return to the center, each vehicle and youth is searched for contraband and then the vehicle is parked, the security device is applied, and then the van is locked.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a written policy and procedures for transportation and maintenance of vehicles used to transport youth. The center has a total of ten vehicles used to transport youth. All ten vehicles had an annual safety inspection conducted by a certified automobile mechanic. Weekly visual inspections and monthly vehicle checks are conducted on each vehicle as required. Observation of nine vehicles verified each were locked when not in use, each vehicle has 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 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 ten vehicles documented each vehicle was inspected as required and documented on the mandatory inspection form. An observation of a transport 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 their own seatbelt, and the assigned cellular telephone was charged and turned on prior to departure.

5.08 Tool Inventory and Management

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The center ensures all tools and equipment related to maintenance are properly maintained, stored, and inventoried. Inspections of tool control areas are conducted monthly, and the results of these inspections are required to be submitted to the superintendent or designee for their review. Tools are stored in a shed and a small garage area outside of the main building, which is locked when not in use, and no youth have access to any of the tools nor the area. This area is off-limits to detention staff as well, with only the maintenance mechanic and center administrators having authorized access to the area. The maintenance mechanic reported any broken or defective tools would be removed for repair or replacement. Tool replacements are noted in writing and verified by the superintendent or designee. Immediately following repairs, tools are returned to the appropriate storage area and properly secured. Tools were inspected during the annual compliance review and all were found to be marked with an identification code identifying the tool as Department Property. The center has had no lost or missing tools within the annual compliance review period. An observation during the annual compliance review found the small garage for lawn tools open. Concerns were shared separately with the superintendent and regional maintenance director. Further observations found this corrected. While the monthly tool inventory was completed by the maintenance mechanic, there is no evidence to show these inventories were reviewed by the superintendent during the past six months. The center was not able to locate daily tool inventories from February through March 2018. There were also no daily inventories for the month of July 2018, even though maintenance staff were on-site during this time. The new maintenance mechanic put a check-out system in place on the second day of the annual compliance review to make it easier to identify which tools are signed out. This system uses easily identifiable tags which are placed in the spot the tool is kept. The tags indicate when the item was checked out, and who has it.

During the re-review the program received a **Failed Compliance rating** for this indicator. A review of the maintenance tool sheds was found secured and inaccessible to youth. All tools were housed in either the locked sheds or the maintenance mechanic's office. Tools in the locked shed were on a shadow board with tools marked with an identification code, and tools are checked out with a white tag which is placed on the shadow board in place of the tool until returned. A review of the maintenance mechanic's office also had a shadow peg board with tools not inventoried and tools missing from the peg board. There were monthly inventories for tools in the maintenance shed, which had the maintenance mechanic and a supervisor's signatures verifying the tools; however, there were no perpetual inventory logs indicating when tools are checked out or returned by whom. In addition, the monthly inventory logs are difficult to understand for accuracy. An interview with the maintenance mechanic indicated damaged tools are discarded, and there were no instances where any tools were missing since the last annual compliance review. He also could not provide clarification on the tools missing in the maintenance office.

5.09 Kitchen Tools

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. Observations conducted during the annual compliance review confirmed all kitchen knives and utensils not being used were securely locked in a cabinet along a back wall of the kitchen, which is inaccessible to the youth. The cabinet was observed to be locked upon approach and upon opening, a shadow board outlining each specific tool which serves to ensure a missing tool

would be conspicuous upon looking at the board. The cabinet also contained an inventory list of each of the items posted on the shadow board and a review of this inventory was found to match the items in the cabinet. The center maintains a perpetual inventory by placing name tags on the spot on the shadow board where a tool which has been removed for use and then replacing the tag with item when the tool is no longer needed. All kitchen tools are inventoried in the morning before food preparation begins and again, prior to the departure of the kitchen staff. According an interviewed kitchen staff, there have been no lost or misplaced tools during this annual compliance review period, and if an inventory indicates a tool is missing, the discrepancy must be immediately communicated to the superintendent or assistant superintendent. Additionally, any broken tool or tool in need of replacement is to be properly disposed of and the superintendent/assistant superintendent is to be notified in writing of the disposal. Nine direct care staff (juvenile justice detention officers) were interviewed during the annual compliance review. Each of the staff reported youth are never allowed access to a kitchen knife. Accordingly, all nine interviewed youth responded negatively when asked if they were permitted access to kitchen knives while at the center.

During the re-review, the program received a **Satisfactory Compliance rating** for this indicator. The inventory of kitchen tools was reviewed and compared to the actual kitchen tools on-site and was accurate. Kitchen staff were familiar with the procedures regarding kitchen tools, stating youth were not authorized to be in the kitchen, and they were aware of the forms to be completed if a kitchen tool was damaged. Kitchen knives and sharps were observed in a locked cabinet on a shadow board containing an inventory sheet. Documentation reflected kitchen staff conducted inventory of all knives and sharps, upon beginning of shift and prior to their departure. An interview with kitchen staff and a review of the inventory of kitchen tools revealed no discrepancies within the last six months.

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

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The Facility Operating Procedures (FOP) clearly stated, "Youth are forbidden to use or access any tools, including kitchen or medical equipment. Youth may use cleaning items such as mops, brooms, buckets and other common household items under direct supervision." During the annual compliance review, observations of youth assisting in the clean-up of their modules indicated the youth are afforded access to brooms, as well as mop buckets and mops. Each time a youth was observed engaged in a clean-up activity, the staff were observed providing direct supervision within a few feet of the youth. These clean-up tools were seen stored in the locked closet on the module when not in use. All other tools are locked away out of access to the youth including maintenance, medical, and kitchen tools. All nine interviewed youth acknowledged they were permitted to use mops and brooms in the center and have either utilized them or witnessed other youth using these items under staff supervision. The youth unanimously denied access to other types of cleaning tools such as scrub brushes and construction tools including hammers and/or screwdrivers, as well as, garden tools such as axes and rakes. Each of the nine interviewed staff responded the only tools the youth have access to in the center are brooms and mops (with associated mop buckets) and only under direct supervision of staff.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center's policy states youth are forbidden to use or have access to any tools, including kitchen or medical equipment. Youth may use cleaning items such as mops and brooms with staff supervision. The cleaning chemicals on the unit was found in a locked closet with

mechanical dispensary. All seven staff and youth interviewed indicated youth only use mops and brooms and never have access to the cleaning items.

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

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. A review of the inventory for flammable, toxic, caustic, and poisonous items was found to be accurate. Cleaning chemicals are stored in a locked shed outside of the main building, but within the center's perimeter. The flammable items are kept in three easily identifiable yellow flammable item cabinets. All flammable, toxic, caustic, and poisonous items have the Safety Data Sheets (SDS) on hand in the center, with one exception; however, the center was able to produce the missing SDS for weed killer for the review team, and updated the binder. The SDS binders are maintained near the chemicals and are accessible to staff for reference. Chemical inventory and storage is maintained by maintenance staff, and access to this shed is limited according to the center administration staff. The chemical storage shed was organized and free from clutter. The center did not have any inventories for the flammable, toxic, caustic, and poisonous items for the months of February and March 2018. The inventories for April, June, and July 2018 were not signed by the maintenance mechanic or the superintendent. The inventory for May 2018 was signed by the maintenance mechanic, but not by the superintendent/designee. An observation during the annual compliance review found two of the flammable item storage cabinets standing wide open. Concerns were shared separately with the superintendent and regional maintenance director. Further observations found this corrected.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center maintains all flammable, toxic, caustic, and poisonous items in a secure area not accessible to youth. There was safety data sheets (SDS) located in the maintenance shed with the chemicals. Each mod contained a SDS of all chemicals located on the mods. The inventories logs compared to chemicals matched with no discrepancies.

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

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. Observations during the facility walk through and other tours/visits of the facility during the annual compliance review week indicated none of the chemicals were stored in an area accessible to youth. Upon request, the center's maintenance manager provided a tour of the area where the most potentially dangerous chemicals are stored, including flammable, toxic, and poisonous items, such as gasoline, bleach, and other cleaning agents, as well as, paints and paint thinner. All of the hazardous chemicals are maintained in a fenced in/secured area behind the kitchen where the youth have no access. Key access to the maintenance area and storage cabinets is restricted to maintenance and supervisory staff only. The superintendent provided a tour and presentation to show the newly implemented chemical dispensing system on the modules which provides staff access to cleaning agents. The superintendent also demonstrated how laundry soap is introduced to each laundry load without youth contact/access to the chemicals. Nine interviewed youth were asked if they were able to access chemicals while detained at the center or if they cleaned with any type of cleaning agent such as bleach, laundry soap, window, or toilet cleaners. Each of the nine youth responded affirmatively, but added the staff always handles the cleaning agent and will spray the chemical on the surface to be cleaned and they wipe the surface clean under staff supervision. Two youth added staff have provided the youth with latex gloves to wear when cleaning to reduce their exposure to the cleaning agent.

Accordingly, each of the nine interviewed staff substantiated youth reports of never handling the cleaning agents, only wiping the chemicals once sprayed by the staff who is directly supervision the youth during clean-up activities.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a written policy and procedures to ensure the proper storage and use of flammable, toxic, caustic, and poisonous items. Youth are not permitted to use or handle hazardous chemicals. All chemicals are stored in a secured area and inaccessible to youth. Seven youth and 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

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. During a tour of the maintenance area, the center's newly assigned maintenance mechanic indicated the facility has not disposed of any kind of hazardous waste during this annual compliance review period. Aware the disposal options must be in accordance with OSHA standards utilizing one of the following methods: compaction, evaporation, flushing, incineration, or using a bio-hazardous waste contractor, the maintenance mechanic indicated the center uses a contractor. Elaborating, he reported as the only staff authorized to dispose of hazardous waste, if needed, he would contact EnviroLight, a waste disposal company to ensure appropriate disposal of any hazardous waste. The maintenance mechanic further stated flammable, toxic, caustic, and poisonous chemicals requiring disposal are never stored at the center while awaiting disposal. Rather, they are immediately removed from the center to ensure they cannot pose a risk to the youth in the facility. During the tour, it was observed five sealed barrels of non-flammable paint in the secure maintenance area awaiting pick-up by a paint recycling company. The maintenance mechanic explained less hazardous waste such as non-oil-based paints and some cleaning solvents are disposed of in accordance with the recommendation on the safety data sheet corresponding to the item, or if appropriate, a recycling center.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures regarding the disposal of flammable, toxic, caustic, and poisonous items in accordance with Occupational Safety and Health Administration (OSHA) standards. In the last six months, the center has not had any instances of chemical spills. The center has a contract with a EnviroLight and Disposal, Inc. a waste disposal company to dispose of all flammable, toxic, caustic, and poisonous items, in the last six months, there were two instances requiring disposal.

5.14 Confinement Under Twenty-Four Hours

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The specific supervision and documentation requirements of youth confinements under twenty-four hours are stated in the center's Facility Operating Procedures (FOP). During the last annual compliance review conducted in September 2017, the center was assigned a minor deficiency related to confinements under twenty-four hours. The deficiency was escalated to a major deficiency in December, requiring the completion of an outcome-based corrective action plan (OBCAP), and verification of the action steps on the OBCAP were satisfactorily achieved. The OBCAP was closed on March 28, 2018. Therefore, the sample of nine confinements under twenty-four hours during this annual compliance review period were randomly selected from the

388 applicable confinements occurring at the center from March 29, 2018 to August 14, 2018. The reviewed sample confinement times ranged from 5.28 hours to 19.48 hours. Since the center does not have any designated confinement rooms, all of the youth were placed in confinement in their own room. Eight of the nine reviewed confinement reports reflected the staff searched the room prior to placing the youth, as required. The exception was a room not searched due to youth aggression at the time of placement. The review confirmed staff are consistently documenting an incident report in the Facility Management System (FMS) within the one-hour time frame after an incident, with the observance on one report which was documented twenty minutes late. All nine reviewed confinement reports reflected a supervisor completed a review for fairness and appropriateness within the two-hour requirement; however, three of these reviews documented no reason the confinement was appropriate. The FOP for Detention Services asserts confinement is to be a temporary response to behavior which threatens immediate harm to the youth or others; however, four of the confinement reports indicated the youth was placed in confinement referencing their status in the behavioral management system, and one youth who had engaged in horseplay was placed in confinement, "to deter youth from such behavior in the future." One youth was placed in confinement for aggressive behavior exhibited the night prior though she was not demonstrating any kind of threatening behavior at the time of confinement. While all nine reviewed confinement reports documented supervisory interactions with the youth during the confinement, four of the reviewed reports indicated the supervisor was late in completing the required three-hour supervisor checks throughout the course of the youth's confinement. The observed lapses ranged from fifteen minutes to ninety minutes. The FOP for Detention Services requires each of these supervisory checks to include a reason for continued confinement. Rationales justifying continued confinement include severity of rule violation, past disciplinary history, and behavior while in confinement, and the rationale must be documented. The review found two instances when the rationales for continued confinement was deterrence and another was safety and security in relation to a youth who wrote on the wall of his room a non-specific threat to cause a fight because he was to be released later in the day. One reviewed report stated, "youth was counseled about his behavior and is resuming the program at this time," however, there is a subsequent entry documented ninety minutes later stating, "Youth is now out of confinement," suggesting a youth remained confined after it was determined, and documented confinement was no longer appropriate. All nine interviewed staff indicated they are to complete a report, conduct a room search and document ten-minute checks when youth are placed in confinement. Observations made of youth while in confinement found youth are afforded living conditions approximate to youth in general population. However, none of the reviewed confinement reports documented youth access to showers, hygiene products, or participation in large muscle exercise. Neither was there documentation of youth access to educational materials for four of the five youth who were confined during school hours. The FOP also requires the superintendent/designee shall review all confinement reports within twenty-four hours excluding weekends and holidays. Furthermore, the determination of whether the confinement was appropriate is to be made at this time. One of the nine reviewed confinement reports indicated a supervisory review due on a Friday evening did not occur until mid-morning the following Monday, and two other administrative reviews were not completed.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures regarding confinements of youth under twenty-four hours. The center had 314 confinements during the previous six months, and thirty-one were selected to review for compliance with this indicator. The review of confinements confirmed staff are consistently documenting an incident report in the Facility Management System (FMS) within the one-hour timeframe after an incident. The center does not have designated cells for

confinement, so youth are usually confined in their own assigned room. The reviewed documentation confirmed this practice.

All thirty-one reviewed confinement reports reflected the staff searched the room prior to placing the youth as required. Each of the thirty-one confinement reports indicated a juvenile justice detention officer supervisor (JJDOS) completed a review for fairness and appropriateness within the two-hour requirement. Twenty-six of the reports were applicable for JJDOS reviews every three hours. Twenty-three of the reports had JJDOS reviews conducted every three hours. Twenty-one of the reports were applicable for having the reasons documented for continued confinement. Seven were released during the first check after counseling with the youth and required no reason for continuance to be documented. All of the reports reflected a review by the superintendent/designee within forty-eight hours of each youth's release from confinement. Eight of the reviewed youth were confined during the school day. Seven of them had documentation in the report to reflect they were offered school materials. An interview with both captains reflected these assignments are provided by the teachers. They were able to show school attendance which provided verification of the school being notified of the youth's placement in confinement. The center's facility operating procedures (FOP) requires these checks include a reason for continued confinement. Factors for justification include severity of rule violation, past disciplinary history, and behavior while in confinement. These must be clearly documented in the confinement report. The review found appropriate justification was not documented in one three-hour review for two of the twenty-six applicable youth. These reviews indicated the youth was either sitting calmly or was just resting during waking hours. Additionally, there were only three lapses between three hour checks for the twenty-six applicable youth. None of these exceeded thirty minutes.

All seven interviewed staff indicated they will complete a confinement report, conduct and document ten-minute checks, and search confinement rooms when youth are placed in confinement. Four of the staff also indicated they will notify the supervisor on duty as well.

5.15 Confinement Over Twenty-Four Hours

The program originally received a **Failed Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. During the last annual compliance review conducted in September 2017, the center was assigned a minor deficiency related to confinements over twenty-four hours. The deficiency was escalated to a major deficiency in December 2017, requiring the completion of an outcome-based corrective action plan (OBCAP), and verification the plan was satisfactorily executed. The OBCAP was closed on March 28, 2018; therefore, the nine confinements over twenty-four hours during this annual compliance review period were selected from the twenty-two applicable confinements occurring at the center from March 29, 2018 to August 14, 2018, the first day of the annual compliance review. There were three incidents which resulted in the confinement of multiple youth and nineteen of the twenty-two confinements. The average length of time a youth was confined when confined over twenty-four hours was just over forty-six hours. Notably, because the center does not have specialized rooms to place youth in confinement, all youth were confined to their assigned room. Nine confinement reports were reviewed for appropriate documentation of the confinement. The confinements in this sample ranged from 25.67 hours to 79.20 hours. All nine reviewed confinement reports documented a staff search of the youth's room prior to placing the youth in confinement. Additionally, each of the nine reviewed confinement reports documented administrative approval of the confinement. The 2018 FOP requires the superintendent to approve confinements extended beyond twenty-four hours and every twenty-four hours afterwards. Additionally, permission to extend a confinement beyond twenty-four hours must be

obtained by the regional director of detention services or designee and this permission must be obtained again every subsequent twenty-four hours. Five of the nine reviewed confinement reports reflected youth who were confined for at least two twenty-four-hour periods. One youth was confined over three twenty-four-hour periods. Each of the nine reviewed reports documented one of the assistant superintendents approved the confinements during the first twenty-four-hour period; however, only five of nine reviewed confinement reports documented contact and approval from the regional director of detention services regarding extended confinement over twenty-four hours. The remaining four applicable confinement reports did not. Furthermore, there is no documentation the regional director was ever contacted regarding subsequent extensions beyond twenty-four hours for any of the nine youth including the four youth who were confined for more than forty-eight hours and one youth who was confined for more than seventy-two hours.

Each of the three-hour checks for each youth were observed to have at least one lapse in supervision over the course of confinement totaling ten lapses. These lapses ranged from eleven minutes to over three hours and nine minutes. Additionally, the supervisors did not document actual observation or interactive contact with the youth during the three-hour checks during waking hours, but rather notes such as "Due to the youth's major disturbance, confinement will continue," in thirty-seven reviewed entries. The center's FOP requires the checks to include a reason for continued confinement. Factors for justification include severity of rule violation, past disciplinary history, and behavior while in confinement. These must be clearly documented in the confinement report. Appropriate justifications were stated upon the initial confinement in only four of the nine reports. Typically, the first entry would simply state, "Room confinement warranted." The remaining checks conducted during non-sleeping hours, with a few minor exceptions, did document an acceptable reason for continued confinement. The exceptions included an three entries stating the youth was calm and then confinement will continue, another stating "confinement to continue if behavior warrants." Though the FOP clearly states no youth is to be on confined more than seventy-two hours (three days) without a hearing and determination the youth would present as a risk to safety/security. One youth was in confinement for 79.2 hours and there was no documentation of a hearing to determine the need for extended confinement.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures regarding confinements of youth over twenty-four hours. A review of the confinements for the past six months found twenty-seven confinements in which youth were confined for over twenty-four hours. The average time spent in confinement averaged a little over forty-one hours. Five of these confinements were selected to review for compliance with this indicator. A review of the five confinement reports confirmed staff consistently documenting an incident report in the Facility Management System (FMS) within the one-hour timeframe after an incident. The center does not have designated cells for confinement, so youth are confined in their own assigned room. The reviewed documentation confirmed this practice. All five reviewed confinement reports reflected completion of a room search prior to the placement of the youth. Each of the confinement reports also reflected completion of the review for fairness and appropriateness, within the two-hour requirement, by a juvenile justice detention officer supervisor (JJDOS). Two of the five reviewed reports had one of the required three-hour checks by a juvenile justice detention officer supervisor conducted approximately thirty-minutes outside the three-hour requirement. The center's facility operating procedure (FOP) requires the checks to include a reason for continued confinement. Factors for justification include severity of rule violation, past disciplinary history, and behavior while in confinement. These were consistently being documented in the reviewed confinement reports.

Each of the five reviewed confinement reports were reviewed to determine if mental health staff reviewed the status of the youth every twenty-four hours they were in confinement. One of the youth was determined to be non-applicable for this status check due to only having been in confinement for three minutes more than twenty-four hours. Three of the four applicable confinement reports contained documentation reflecting a mental health clinician met with the youth after they had been in confinement for more than twenty-four hours to check their status. The other youth was not seen after being in confinement for twenty-four hours. The confinement report indicates the Department's Juvenile Justice Information System (JJIS) was down when the youth entered confinement at 4:07 p.m. It appears the system did not come back up until the following day before noon. An interview with the DMHCA revealed they check the confinements in FMS each day to see which youth they need to see. The status check may have been missed due to the problem with JJIS.

The FOP requires extensions beyond eight hours in confinement to be approved by the regional director or designee. Documentation indicating extension beyond eight-hours was only provided for all five youth. The FOP also requires e-mails to be sent to the regional director to extend confinement beyond twenty-four hours, and every twenty-four hours, thereafter. The center was able to provide evidence reflecting an extension beyond twenty-four hours for all five reviewed youth. This was clearly documented in the confinement reports during the three-hour supervisory checks.

All seven interviewed staff indicated they will complete a confinement report, conduct and document ten-minute checks, and search confinement rooms when youth are placed in confinement. Four of the staff also indicated they will notify the supervisor on duty as well.

5.16 Continuity of Operations Planning (COOP) Drills]

The program originally received a **Limited Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. A review of the center's COOP found it contains all required elements, annexes, and appendices. The 2018 Statewide Facility Operating Procedures for Detention Services requires the annual completion of, a minimum of, two COOP drills, at least one of which is to be conducted prior to the first day of June, the start of hurricane season. The center provided documentation of two COOP drills occurring thus far in 2018, including a tornado drill in January 2018 and another drill in April 2018 centered around the scenario of a manufactured Hurricane Coleman. Both COOP drills occurred before the start of the hurricane season. The reviewed documentation included detailed scenarios of the drills, as well as, the dates and times of the drills. The documentation of the January drill included a staff meeting agenda dated the following day indicating the COOP drill was addressed. There were also signed rosters of fifty-five staff who participated in the drill provided for review. Interviews with nine staff revealed five of the nine staff recall participation in weather-related drills in the past six months, suggesting their participation in the hurricane drill in April 2017. Neither of the drills were documented on the Emergency Drill Reporting Form; therefore, there was an absence of information regarding the specific events comprising the drills, any detailed information on problems or concerns during the drills, or any kind of critique or specific recommendations for an improved emergency response. A review of the logbooks revealed neither of the COOP drills were documented, as required, in the master control or module logbooks.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures regarding Continuity of Operations Planning (COOP). Copies of the COOP are maintained in the master control area. A review of drill documentation

confirmed the center conducted COOP drills in October 2018 and January 2019. Each of these drills were focused on the center being prepared in the event of a hurricane. The reviewed drill documentation included a synopsis of what happened, reviews by supervisory staff, a completed checklist of the steps to follow in an emergency, and signatures of all participants. No corrective actions were suggested on either of the drills. All seven interviewed staff indicated they have participated in a weather drill during the past six months. Additionally, six indicated they had participated in a major disturbance drill, four said they had been in a flood drill, and one indicated they also participated in bomb threat, hostage situation, and a chemical spill drills.

5.17 Escape Drills

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. The center utilized the Department's established policies and procedures, as outlined in their Facility Operating Procedures (FOP), to ensure the center is prepared to appropriately respond to escapes and to develop an escape prevention and escape response plan. Integral to this plan is staff participation in training regarding youth behaviors which could indicate a potential escape incident and instruction regarding center policies relating to attempted and/or completed escapes. Additionally, quarterly unannounced escape drills on each shift would serve to reinforce appropriate response from staff. Accordingly, the FOP requires all staff to be trained annually regarding escape prevention. A review of nine staff in-service training records in SkillPro, the Department's Learning Management System, documented six staff completed training in the FOP addressing escapes and escape prevention. The FOP also requires the center to conduct and document quarterly escape drills on each shift to provide the staff with practice of the appropriate response to an escape. A review of escape drill reports provided by the center indicated escape drills were conducted quarterly, on each shift, as required during the first and second quarters of the 2018 calendar year with one exception. The center provided documentation of three escape drills, one occurring on each shift, during the quarter from January 2018 through March 2018. However, during the second quarter April 2018 through to June 2018, there were only two escape drills conducted, with one drill missed for the first shift. Additionally, the center provided documentation of two escape drills for the incomplete third quarter beginning July 2018. Each drill was documented on a drill report, providing details and a critique about the drill. Each drill report was reviewed and signed by an administrative staff. All seven of the completed drills were fully documented in the master control logbook on the date and time the drill occurred. Seven of the nine interviewed staff stated they participated in an at least one escape drill during the past six months.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures in place to address escape drills. A review of escape drill documentation found the center completed escape drills on each of the three shifts for each of the past three quarters of the fiscal year. Each of the drills were documented in the master control logbook. The center's policy also requires all staff to be provided escape prevention training annually. A review of the drill documentation found six of the seven randomly selected staff participated in at least one escape drill in calendar year 2018. All seven interviewed staff indicated they had participated in an escape drill during the past six months.

5.18 Fire Drills

The program originally received a **Satisfactory Compliance rating** for this indicator during the August 14-17, 2018 annual compliance review, conducted August 14-17, 2018. Consistent with the requirements of their Facility Operating Procedures (FOP), the center documented the

completion of twenty-one fire drills, specifically, one fire drill occurring on each shift, monthly, since January 2018. These unannounced fire drills occur at different times during the shift, on different days, and when the youth are engaged in various activities. The scenarios described different origins of the simulated fire, and the different modules in the center responded as they would if the fire were actually occurring. Documentation of the fire drills included the dates and times of the drills, the narratives of a mock scenarios, any observed problems during the drills, and recommendations for an improved emergency response. However, it was noted recommendations for improvement were seldom offered and with the exception of a few admonitions about remaining cautious and aware, this section of the drill form was blank. All drill forms were observed to have been reviewed and signed by an administrative staff. Twenty of the twenty-one fire drills were documented in the master control logbook on the dates and times the drills took place.

The center's Continuity of Operations Plan (COOP) has incorporated a fire prevention and safety plan to ensure the safety of youth and staff. In addition to monthly fire drills, components of this plan include the prohibition of smoking, the requirement all exits are clearly marked, and designation of key staff roles and responsibilities in case a fire occurs. Additionally, the center is to have conspicuously placed egress plans throughout the facility which clearly outline the exit routes and depict the location of first aid and fire safety equipment in the various buildings of the facility. Another part of the fire safety plan is the involvement of a State Fire Marshall to conduct annual inspections of the fire safety equipment and facility, and to review the center's policies and fire drill procedures. The center provided documentation indicating fire inspections were conducted on-site annually. An inspection occurring May 30, 2018 resulted in four required corrections. Each of the corrections was made in a timely manner prior to the follow-up fire inspection, which occurred on July 7, 2018. During this second inspection, the fire inspector verified all corrections were completed. Another component of the fire safety plan is to ensure staff and youth know what to do in case of a fire. All nine interviewed staff indicated fire drills take place at the center at least monthly and each indicated they have participated in at least one fire drill in the past six months. Seven of the nine interviewed youth indicated they had been instructed what to do in case of a fire at the center. Two youth stated they do not recall such instruction. A review of intake procedures and documentation indicate site-specific information regarding what to do in case of a fire is addressed during the intake of every youth.

During the re-review the program received a **Satisfactory Compliance rating** for this indicator. The center has a policy and procedures in place to address fire drills. The policy requires the facility to conduct a fire drill every month on every shift. A review of documentation from the last six months found fire drills were completed on each of the three shifts each month, with two exceptions. There was no documentation of drills being conducted on A-shift in December 2018 and on B-shift in November of 2018. Documentation of the drills included the date and time conducted, the scenario of the drill, a signature page for staff who participated in the drill, a review by supervisory staff, and any additional needed follow-up. A review of the center's master control logbooks found all of the drills were documented, as required. The center's Continuity of Operations Plan (COOP) has incorporated a fire prevention and safety plan to ensure the safety of youth and staff. All seven interviewed staff indicated they had participated in a fire drill during the past six months, and each indicated fire drills are conducted monthly. Seven youth were asked if they had been instructed on what to do in the case of a fire, and six indicated they have been. The youth who said no had only been in the center for two weeks.

Program Name: Pinellas Regional Juvenile Detention Center
Provider Name: Department of Juvenile Justice
Location: Pinellas County / Circuit 6
Review Date(s): April 30, 2019 – May 1, 2019

MQI Program Code: 364
Contract Number: N/A
Number of Beds: 100
Lead Reviewer Code: 118

Overall Rating Summary

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

Limited Ratings	Failed Ratings
5.06 Key Control	5.08 Tool Inventory and Management