

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Volusia Regional Juvenile Detention Center**  
*Department of Juvenile Justice*  
(State-Operated)  
3840 Old Deland Road  
Daytona Beach, Florida 32124

*Review Date(s): January 15-18, 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:

<b>Satisfactory Compliance</b>	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.
<b>Limited Compliance</b>	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.
<b>Failed Compliance</b>	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:

Mike Marino, Office of Program Accountability, Lead Reviewer (Standard 4)  
Forrest Hallam, DJJ Detention Services, Alachua Regional Juvenile Detention Center, Superintendent (Standard 2)  
Lea Herring, Office of Program Accountability, Regional Monitor (Standard 1)  
Adrian Mathena, DJJ Detention Services, Orange Regional Juvenile Detention Center, Superintendent (Standard 5)  
Gwen Nelson, Office of Program Accountability, Regional Monitor (Standard 3)

Program Name: Volusia Regional Juvenile Detention Center  
 Provider Name: Department of Juvenile Justice  
 Location: Volusia County / Circuit 7  
 Review Date(s): January 15-18, 2019

MQI Program Code: 139  
 Contract Number: n/a  
 Number of Beds: 50  
 Lead Reviewer Code: 37

### Methodology

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

### Persons Interviewed

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Program Director<br><input type="checkbox"/> DJJ Monitor<br><input checked="" type="checkbox"/> DHA or designee<br><input checked="" type="checkbox"/> DMHCA or designee<br>_____ # Case Managers | <u>1</u> # Clinical Staff<br>_____ # Food Service Personnel<br><u>3</u> # Healthcare Staff<br><u>1</u> # Maintenance Personnel<br><u>4</u> # Program Supervisors | <u>7</u> # Youth<br><u>7</u> # Direct Care Staff<br><u>2</u> # Other (listed by title): <b><u>Assistant Superintendent and Facility Training Coordinator</u></b> |
|---|--|--|

### Documents Reviewed

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

### Observations During Review

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

### Comments

Items not marked were either not applicable or not available for review.

## Standard 1: Management Accountability Detention Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Staff Code of Conduct	Satisfactory
1.04	* Incident Reporting	Satisfactory
1.05	Protective Action Response (PAR)	Satisfactory
1.06	* Pre-Service/Certification Requirements	Satisfactory
1.07	In-Service Training	Limited
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
<b>4.04</b>	<b>Parental Notification</b>	<b>Limited</b>
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	<b>Confinement Over Twenty-Four Hours</b>	<b>Limited</b>
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).



## Program Overview

The Volusia Regional Juvenile Detention Center is a state-owned detention facility, operated by the Department, located in Daytona Beach, Florida. The center serves youth in Flagler, St. Johns, and Volusia Counties in Circuit 7. Male and female youth who are detained pending adjudication, disposition, or placement in a residential commitment program are housed in the fifty-bed center. Youth are provided services which include youth orientation, behavior management, safety and emergency procedures, transportation, mental health, and healthcare services. The center's educational services are provided by the Volusia County School Board. The center's management team includes the Superintendent, two assistant Superintendents, one administrative assistant, nine Juvenile Justice Detention Officer (JJDO) Supervisors, forty-four JJDOs, and four food service workers. Mental health services are provided through the contracted provider, Camelot Community Care. Mental health services are provided by a licensed marriage and family therapist (LMFT) serving as the Designated Mental Health Clinician Authority (DMHCA), and one non-licensed mental health counselor. Clinical services provided by the center include mental health and substance abuse evaluations, mental health treatment planning, individual, group and family therapy, mental health crisis intervention services, on-site psychiatric services, and availability for substance abuse services for youth with co-occurring disorders. Healthcare services are provided through the contracted provider, Maxim. Medical services are provided by a medical doctor who serves as the Designated Health Authority (DHA), one advanced registered nurse practitioner, one registered nurse, and one licensed professional nurse. The medical clinic maintains nursing coverage Monday through Friday from 6:00 a.m. to 7:00 p.m. and on the weekends from 11:00 a.m. to 7:00 p.m. Food services are provided by Department staff and include menus, meal planning, meal schedules, special diets, nutritional analysis, daily allowance, food preparation, health certifications, food product standards, sanitation, and cleaning. Staff are responsible for the custody and control of youth in their care, providing youth supervision twenty-four hours a day, seven days a week. The center has four living modules which are divided by male and female. There are forty-eight security cameras at the center, of which forty-eight were operational at the time of the annual compliance review. At the time of the annual compliance review, the center had five vacancies, which included four Juvenile Justice Detention Officer JJDO I positions, and one food service worker position.

## Strengths and Innovative Approaches

- The center receives grant funding from Arts for All, which allows the center to provide art classes to the youth. The youth artwork is displayed throughout the center and participation in the program is part of the center's behavior management program.
- The detention staff worked in collaboration with the education staff to develop a behavior management program in the school. The goal was to reward youth for participation and pro-social behavior in school. Youth earn points for every class period and at the end of the week, youth who have earned an average of at least 80% of their points receive a certificate and are rewarded with pizza, ice cream, candy, or some other desirable treat. The program has shown great results and typically, at least 75% of the youth earn Student of the Week.

## **Standard 1: Management Accountability**

<b>1.01 Initial Background Screening (Critical)</b>	<b>Satisfactory Compliance</b>
<i>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.</i>	

The center has policy and procedures in place for initial background screenings. Since the last annual compliance review, the center hired twenty-five staff, of which twenty were staff and five were volunteers. All new staff and volunteers had a background screening completed prior to their hire or start date with an eligible rating being given by the Department's Background Screening Unit (BSU). A pre-employment assessment tool was administered for all direct care applicants and documentation reflects each received a passing score. An Annual Affidavit of Compliance with Level 2 Screening Standards for the center was completed and sent to the BSU on January 10, 2019. An Annual Affidavit of Compliance with Level 2 Screening Standards for the school board teachers was completed and sent to the BSU on January 7, 2019.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<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>	

The center has policy and procedures in place for five-year re-screenings. Since the last annual compliance review, the center had six staff and one volunteer requiring a five-year background rescreening based on their date of hire or start date as a volunteer. Each staff and volunteer had a five-year rescreening completed at least ten business days prior to the five-year anniversary date. Each was given a rating of eligible from the Department's Background Screening Unit (BSU).

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

The center has a written policy and procedures for staff code of conduct. Six staff personnel records were reviewed which included a signed code of conduct from the staff at the time of hire. Since the last annual compliance review, there have not been any staff terminated for a violation of the code of conduct; however, three staff were reviewed for disciplinary actions for a violation of the code of conduct. Two management responses were a written warning to staff for inappropriate statement made by the staff and an improper Protective Action Response (PAR) move. One staff is on leave for a pending investigation for improper conduct. Two staff commendations were provided and reviewed. Both commendations were for employee of the month in July and September. The Superintendent was interviewed and reported the policy outlines the "code of conduct with the purpose of ensuring staff communicate and interact with youth as role models. Violations of the code will be investigated, and the officer may face disciplinary action up to dismissal." Seven interviewed youth stated staff are respectful when speaking with youth. One youth stated some staff can be disrespectful in their tone of voice or by yelling. Three youth reported staff never use profanity when speaking with youth, two reported it occurred once, and two youth reported it occasionally occurs. All youth interviewed reported they have never witnessed staff threatening youth and all youth stated they feel safe at the center. Seven staff were interviewed with four staff stating they have never heard staff use profanity when speaking with youth and three staff stating occasionally. Seven interviewed staff reported they have never witnessed staff using threats, intimidation, or humiliation. Of the seven staff interviewed, two staff reported fair working conditions, two reported good, and three reported very good working conditions.

1.04 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<p><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></p>	

There were sixteen incidents reported to the Central Communications Center (CCC) within the last six months, which is a decrease the twenty-five reported incidents during the last annual

compliance review period. Four of the five reportable incidents reviewed were in compliance with reporting within two hours of the incident or knowledge of the incident, as required. The remaining incident was reported late by five minutes. Three of the reviewed reports involved a medical incident, and two complaints against staff. Master control logbooks were reviewed for the five CCC incidents selected. Three CCC calls were documented in the logbook, with one call not being documented. The remaining incident was documented in the logbook as a call to 9-1-1, the Florida Abuse Hotline, and the Volusia County Sheriff's Office, but did not document the call to the CCC. An interview with the Superintendent reflected the center calls in all incidents and the center then notifies the Regional Office. Seven staff were interviewed and asked to explain the process for allowing staff and youth to call the Florida Abuse Hotline or CCC to report suspected abuse. Six staff reported they are to notify the Supervisor, three stated they are to notify the Superintendent, one staff stated they let the youth make the call, four stated the Supervisor makes the call, and four reported staff are allowed to make the call. Following a review of youth records and logbooks, there were no additional internal incidents or grievances located which should have been reported to the CCC.

<b>1.05 Protective Action Response (PAR)</b>	<b>Satisfactory Compliance</b>
<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 had ninety-one Protective Action Response (PAR) incidents within the last six months, which is an increase of eleven PAR incidents since the last annual compliance review period. The center's PAR rate during the annual compliance review period was 10.69, which is below the statewide Detention PAR rate of 10.87. Nine PARs were reviewed. Seven of the nine PAR reports were completed by the end of the workday, including statements from all staff involved. Two PAR reports were completed the next day. The Supervisory review was completed after all statements were completed in all nine reports. All of the PAR reports were reviewed by the Superintendent or designee within seventy-two hours of the incident. Eight of the nine PAR reports had a post-PAR interview with the youth with one post-PAR interview occurring outside the thirty-minute timeframe following the incident. Four of the post-PAR interviews included documentation of a medical review by the nurse. Each PAR report was reviewed by the Superintendent or designee within twenty-two hours. An interview with the Superintendent confirmed supervisors and administrators review video and reports for all PAR incidents and discuss staff use of PAR. Seven staff were interviewed, and all reported they talk to youth prior to using physical restraints. The center's PAR plan was approved for 2019 by the Department's Office of Staff Development and Training.

<b>1.06 Pre-Service/Certification Requirements (Critical)</b>	<b>Satisfactory Compliance</b>
<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>	

Seven staff training records were reviewed for pre-service training. All seven staff were certified within 180 days of hire. Each staff completed phase one and phase two of the training. All seven staff completed the required training prior to contact with youth to include Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED),

first aid, mental health services, substance abuse services, suicide recognition and intervention, safety and security, Prison Rape Elimination Act (PREA), human trafficking, and detention operations. Additional training completed by each staff included essential skills, orientation, information security awareness, Department of Juvenile Justice (DJJ) and The Law for Detention, DJJ and the Organization for Detention, gang awareness, professional interaction with the public, quality customer services, supervision of youth, and youth management. All training was documented in the Department's Learning Management System (SkillPro).

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

Seven staff training records were reviewed for in-service training. Each staff completed over the required twenty-four hours of in-service training. All seven staff completed the required annual training to include a Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), emergency response, emergency care plan, emergency care, infection control, exposure control plan, and girls' healthcare education. Two of the seven staff did not complete the required six hours of suicide prevention training with one staff missing four hours of webinar or instructor-led training and both missing the two hours in the Department's Management Learning System (SkillPro) module. Two of seven staff did not complete professional ethics, one of seven staff did not complete trauma-informed care, two staff did not complete escape prevention, and three staff did not complete fire safety and awareness training. Two of the three supervisors completed the required eight hours of supervisory training. One supervisory staff did not have formal supervisory training but did take advanced training courses which could be credited supervisory training for management, leadership, personal accountability, employee relations, and communication skills, but fiscal training could not be counted. Epinephrine auto injector and medication administration trainings were also completed by the three supervisors, which is required, but not for the other staff. Two of the seven staff had all their annual training entered in the Department's Management Learning System (SkillPro). The Superintendent stated during the interview he and his staff complete required annual training in Department's Management Learning System (SkillPro). The center maintains an annual in-service calendar, which is updated as changes occur.



**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.*

Seven youth records were reviewed for alerts in the Department's Juvenile Justice Information System (JJIS). Alerts were appropriately entered and downgraded or discontinued in JJIS by the appropriate staff member on the date each was identified and no longer applicable. Medical and mental health staff track and manage the youth alerts daily. The alerts are distributed and reviewed with staff on a daily basis during shift briefings. Seven staff were interviewed, and all confirmed they received youth alert lists. Seven interviewed staff reported they are informed of alerts at shift briefing, and on alert forms. Five staff reported they are also informed of alerts through the logbook and JJIS, with four staff also stating they are informed through an alert board. Seven staff members reported management informs staff about issues within the center in staff debriefings. Staff also reported they are informed of issues through the logbook, alerts, and in meetings.

## Standard 2: Assessment and Performance Plan

2.01 Admission	Satisfactory Compliance
<p><i>All youth are admitted to the program in accordance with Florida Administrative Code through a process, at a minimum, addressing the following:</i></p> <ol style="list-style-type: none"><li><i>1. Review of required paperwork from law enforcement and screening staff.</i></li><li><i>2. Review of inactive files shall be conducted, if available, to obtain useful information.</i></li><li><i>3. All youth shall be electronically searched, frisk searched, and stripped searched by an officer of the same sex as the youth.</i></li><li><i>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.</i></li><li><i>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.</i></li><li><i>6. All youth shall be screened to identify medical, mental health, and substance abuse needs.</i></li></ol>	

The center has a policy and procedures addressing admissions. Seven youth records were reviewed and each of the records contained an admission wizard, a Detention Risk Assessment Instrument (DRAI), Suicide Risk Screening Instrument (SRSI), and an arrest affidavit or court order for each youth. All admission records indicated an electronic, frisk, and strip searches were completed for each youth. Each record had a telephone call by the youth documented in the record, and it was also documented a meal was provided to each youth upon intake. A medical and mental health admission screening was present in each record as well. A youth admission was observed during the annual compliance review. The Juvenile Justice Detention Officer (JJDO) verified all required documentation was present with all information provided by the intake Juvenile Probation Officer (JPO). The JJDO ensured all searches were completed on the youth, provided the youth a phone call, meal, and then the JJDO documented this information on the youth's admission wizard. The JJDO also had the youth sign all of the admission paperwork to include the rights, rules and regulations, Prison Rape Elimination Act (PREA) acknowledgement form, and property sheet. The youth's assigned JPO was also contacted and spoke with the youth.



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

An orientation acknowledgment form was completed in all seven reviewed records. The center staff reported the orientation process is completed the morning after admission. Each record indicated an orientation was completed within twenty-four hours of the youth's admission. The orientation process included rules and regulations, grievance procedures, visitation and telephone guidelines, how to call the Florida Abuse Hotline, behavior expectations, how to access medical and mental health services, and the key facility staff. The staff completing the admission process also explained all of the components of the orientation process with the youth at the time of the observed admission. Seven youth were interviewed, and each youth reported they received an orientation upon admission to include being provided information about the center's rules and regulations, daily schedule, education services, visitation, abuse reporting, and the behavior management system.

2.03 Classification	Satisfactory Compliance
<p><i>All youth admitted to the detention center shall be classified to provide the highest level of safety and security. Considerations shall include, at a minimum:</i></p> <ol style="list-style-type: none"> <li><i>1. Physical characteristics (e.g. sex, height and weight);</i></li> <li><i>2. Age and level of aggressiveness;</i></li> <li><i>3. Special needs (mental illness, developmental disabilities, and physical disabilities);</i></li> <li><i>4. History of violent behavior;</i></li> <li><i>5. Gang affiliation;</i></li> <li><i>6. Criminal behavior;</i></li> <li><i>7. History of sexual offenses;</i></li> <li><i>8. Vulnerability to victimization; and</i></li> <li><i>9. Suicide risk identified or suspected.</i></li> </ol> <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 policy and procedures for the classification and placement of youth. The policy takes into consideration the youth's age, weight, level of aggression, special medical or mental

health needs, behavior, charges, history of sexually aggressive behavior or potential for victimization, and suicide risk. The staff completing the admission wizards for the seven records reviewed took into consideration the Victimization and Sexually Aggressive Behavior (VSAB) instrument results, the Suicide Risk Screening Instrument (SRSI) results, special needs status, and charge history when determining the level of supervision and the ability of the youth to share a room with other youth.

2.04 Classification of Gang Members	Satisfactory Compliance
<p><i>All newly admitted youth are screened to determine if he or she is a criminal street gang member or is affiliated with any criminal street gang.</i></p> <p><i>In the event gang involvement is suspected, Detention staff should enter the “other suspected gang affiliation” alert into JJIS along with as much detailed information within the alert note as possible.</i></p>	

The center has a policy and procedures for the classification of gang members. One of the seven records reviewed was for a youth previously identified as a gang member at another facility approximately a year ago. A review of the Department’s Juvenile Justice Information System (JJIS) alerts reflected an open gang affiliation alert was entered for this youth. The center has two contacts for gang information dissemination. Four youth in the center at the time of the annual compliance review had special alerts for suspected gang affiliation or for being a documented gang member. During detention reviews, the Detention Review Specialist reviewed this information with probation staff. Documentation of gang affiliation is identified on the admission wizard.

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

The center has a policy and procedures regarding the notification of the Juvenile Probation Officer (JPO) Circuit Gang Representative when youth gang involvement is suspected. The JPO and law enforcement are notified by the center’s representative when a suspected gang member is identified. The center has a contact with the probation office, as well as, a local law enforcement contact with which they disseminate information regarding suspected gang affiliation. Local law enforcement also provides information to the center regarding potential concerns with gang members entering the center.

**2.06 Admission of Youth Personal Property****Satisfactory Compliance**

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

The center has a policy and procedures for the admission of youth property. The youth's property is taken from the youth upon admission. The youth's property receipt form is attached to the property. If the youth has valuable property, it is removed and placed in a clear tamper-proof bag with the youth's name, date, identification number, and items placed in the corresponding valuable property locker located in master control. A drop safe is maintained where any money is placed with a log book to account for the youth's name, date, and amount of money and staff who dropped the currency placed in the drop safe. Seven youth records were reviewed and a signed property receipt form, along with a letter of acknowledgment regarding unclaimed property was present in each youth's record. An admission was observed during the annual compliance review. The staff took the youth's property and placed it in a brown paper bag. The paper bag was then placed in a mesh bag and placed in the property room. The admission observed did not involve any valuable property or currency. Seven interviewed youth reported when they arrived at the center, the staff checked their personal property and they signed a form stating the personal property was correct. An interview with the Superintendent revealed the staff are trained on securing property and clothing is kept in the property closet. It was reported personal items are kept in master control and money is put into the safe. The Superintendent reported administration has access to money and the supervisors have access to the personal property in master control. The unclaimed property is disposed of after thirty days of not responding to the notification letter.

**2.07 Storage of Youth Personal Property****Satisfactory Compliance**

*The program safeguards each youth's personal property until it can be returned to the youth and/or legal guardian.*

Observations during the annual compliance review found the property room was secured and under video surveillance. There is also a drop box where any money is placed with a log book to account for the youth's name, date, amount of money, and staff who dropped the currency placed in the drop safe. Valuable property is placed in a clear tamper-proof bag with the youth's name, date, identification number, and items placed in the corresponding valuable property locker located in master control. All locations with property were maintained under video surveillance. The Superintendent advised the property room access is limited and only administration has access to remove valuables. He was also aware of procedures to dispose of unclaimed property. A review of reports to the Central Communications Center (CCC) for the past six months did not indicate any incidents were reported regarding youth property.

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 policy and procedures in place regarding releases. Three closed youth records were reviewed for release procedures. Each record contained a copy of the identification of the person taking custody of the youth, a copy of the release wizard checklist, and a signed property receipt acknowledging the youth's property was returned. A release was observed during the annual compliance review and the staff conducting the release obtained a copy of the parent's/guardian's identification, verified their identity, and completed a warrant check on the youth and parent/guardian. The record with the release order was provided to the shift supervisor to review and verify the youth was to be released. Staff then completed the release wizard and notified medical staff of the youth's release. The staff picked up the youth, allowed the youth to dress into their own clothing, escorted the youth to the lobby, and had the parent/guardian and youth acknowledge and sign release documentation and the property form. The staff reviewed the court documentation for the release; however, there were not any future court dates provided. A review of reports to the Central Communications Center (CCC) for the past six months did not indicate any incidents were reported regarding any unauthorized releases.

2.09 Release of Youth Personal Property	Satisfactory Compliance
<p><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></p>	

The center has a policy and procedures regarding the release of youth personal property. The three reviewed closed records contained signatures on the property receipt form to reflect the youth's property was received by the youth upon release. The Superintendent and administrative staff were interviewed, and they are aware of how unclaimed property is to be handled. A release was observed and during the release, the youth and parent/guardian signed the property receipt form acknowledging the return of the youth's property.

**2.10 Release of Medication, Aftercare Instructions****Satisfactory Compliance**

*The program ensures there are provisions in place to ensure prescribed medication, along with medical instructions, accompanies detained youth upon release.*

The center has a policy and procedures regarding the release of medication and providing discharge information upon a youth's release from the center. Three closed records were reviewed. Each record contained a discharge summary and a youth medication receipt signed by the parent/guardian. Documentation verified the youth were released to an appropriate person with a copy of their identification. During the annual compliance review, the release of medication process was observed. The parent/guardian signed the medication receipt form when the prescription medications for the youth being released were provided back to the parent/guardian.

**2.11 Review of Youth in Secure and Home Detention****Satisfactory Compliance**

*Detention reviews are conducted by the program on a weekly basis to ensure proper management of youth placed in secure detention and appropriate sharing of information. The Superintendent appoints an appropriate staff person to coordinate detention reviews.*

The center has a policy and procedures regarding detention reviews. The center conducts detention reviews weekly, every Wednesday. Weekly documentation of detention reviews was provided by the center and reviewed for the past six months, as well as, an observation of detention review was conducted. The participants present for detention review included staff from probation, residential, education, mental health, medical, and administration, as well as a Department of Children and Family (DCF) representative. The center's staff discussed each youth's detention placement, release dates and placement upon release, and information needed regarding placement. The staff also reviewed alert information, each youth's future court dates, and/or transportation needs. Weekly treatment team meetings were incorporated into the detention reviews. An agenda, sign-in sheets, and any pertinent issues discussed with follow-up questions were maintained in the treatment team/detention review documentation. An interview with the Superintendent confirmed the Detention Review Specialist chairs the weekly detention review meetings and the meeting is attended by administration, probation, the local foster care agency, medical, mental health, and education.

**2.12 Daily Activity Schedule****Satisfactory Compliance**

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

The facility has a policy and procedures regarding the daily activity schedule. The schedule is posted in all of the modules, and general use areas in the center. The master program schedule includes hygiene times, meal times, visitation dates, phone calls, education, and center activities to include recreation, volunteer activities, programming such as restorative justice, gender-specific, and life skills. The center also maintains a separate activity schedule which includes the activities for level one, two and three youth, outside recreation, after school snacks, letter writing opportunities, card games, board games, library time, and groups. Another calendar is maintained for the faith and community-based opportunities schedule. Six of seven staff interviews advised the center offers gender-specific programming. The remaining staff



member reported they are not aware of any programming. All youth interviewed were aware the facility has a daily activity schedule.

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

A review of random logbooks for the youth modules from the past six months and daily observations conducted during the annual compliance review affirm staff follow the daily activity schedule. Six of seven staff interviews indicated the center's daily activity schedule is followed. All seven youth interviews indicated the daily activity schedule is followed. The youth participate in physical education and have large muscle exercises. It was noted school, at times, was documented to start late due to youth running behind for breakfast.

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

The school schedule, approved by the district, indicates the center has 240 days of instructional days with ten additional days used for teacher duty days, professional development, and pre/post planning. The daily school schedule notates each class periods length of time and class for each group of youth. The youth enrolled have an opportunity to earn course credit for completion of the education and training experience. The center uses a Weekly Student Awards system and Positive Behavior Report in conjunction with the weekly awards program to garner positive behavior and participation from the youth. The center also has a Class Removal Plan to address how to handle youth who are disruptive to the school program and fail to adhere to the center's school program. An interview with the lead educator indicated education staff will go into the youth modules to conduct school, if needed, during inclement weather. Seven youth interviews indicated the school schedule is followed and they attend school Monday through Friday. Each youth was aware of which courses they are enrolled in at the center to include life skills, career choices, math, science, history, reading, and social studies.

The facility logbook for August, October, November, and December of 2018, as well as, January of 2019 was reviewed. The logbooks indicate the youth are not arriving to class by the beginning of the first period class at 8:00 a.m. on a daily basis. Many of the entries indicate the modules are going to the dining room for breakfast between 8:00 a.m. and 9:00 a.m. with youth not being taken to school until closer to 9:00a.m.

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

The center is providing type 1 career education to the youth. At the end of the school day, the youth have a period for career research. The center also incorporates life skills, communication skills, interpersonal, decision making skills, and goal setting skills in their short-term programming with the youth.

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

The center maintains a policy and procedures for the a behavior management system (BMS). Youth attain positive rewards for good behavior. Awards include a special reward day for positive school behavior, additional recreation time, access to video game systems, additional phone time, and additional visitation privileges. These rewards are documented in the policy. Six of seven staff interviewed feel the BMS is effective. All staff interviews indicated staff explain consequences, give youth the opportunity to explain their behavior, and speak to youth about alternative acceptable behaviors. Staff advised points and levels can be taken away because of negative behavior. Observations of the Level III list, a copy of the point sheets for youth, as well as, negative behavior reports were reviewed. Communication from supervisors regarding feedback is received by all staff who were interviewed. All staff advised supervisors provide feedback regarding the BMS either weekly, quarterly, or as needed. Six interviewed youth rated the center's BMS as good or very good, with one youth rating the system as fair. Six youth reported they received fair consequences and one youth reported they have not received any consequences. An interview with the Superintendent confirmed the center utilizes a three level behavior management system. The BMS is posted. Staff were observed to effectively implement the BMS. There was good order and control.

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

The center has a policy and procedures which prohibits corporal and group punishment. Postings are located on the housing units, which includes the telephone numbers for the Florida Abuse Hotline and the Central Communications Center (CCC). Seven staff interviews indicated youth rights are not revoked as a consequence to their behavior. Six of seven staff reported they have not witnessed staff encouraging youth to fight. One of seven interviewed staff indicated they have witnessed staff encouraging the youth to fight. It was reported this occurred once. Upon further review, the staff advised they felt some staff had favorites; however, they had not observed or could give specific examples of any instance of this occurring. Each staff reported the loss of meals, snacks, sleep or school are not consequences for inappropriate behaviors and they have not observed a co-worker take meals, snacks, clothing, education, or medical care from a youth because they were acting out. Seven interviewed youth indicated they are not allowed to punish other youth and when consequences are given, points and/or a level may be taken away. Three youth stated they were placed in their room due to behavior and the room door was locked and shut. No youth witnessed restraints used for any purpose other than transportation.

2.18 Grievances	Satisfactory Compliance
<p><i>The grievance procedures establish each youth's right to grieve and ensure all youth are treated fairly, respectfully, without discrimination, and their rights are protected. The process includes:</i></p> <ol style="list-style-type: none"> <li><i>1. Informal phase, wherein the JJDO attempts to resolve the complaint or condition with the youth using effective communication skills;</i></li> <li><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></li> <li><i>3. Appeal phase, wherein the youth may appeal the outcome of the formal phase to the Superintendent or designee.</i></li> </ol>	

The center has a policy and procedures addressing grievances. The center has not had any grievances in the past six months. An interview with the Superintendent indicated he is aware of the process and three phases of the grievance procedure. The youth can request a grievance from staff, who input the grievance into the facility management system in the Department's Juvenile Justice Information System. Seven interviewed staff indicated they have a clear



understanding of the phases of the grievance process. None of the interviewed youth indicated they have ever filed a grievance.

2.19 Trauma-Informed Care	Satisfactory Compliance
<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"><li>• <i>A recognition of the high prevalence of trauma</i></li><li>• <i>Assessment for traumatic histories and symptoms</i></li><li>• <i>Recognition of culture and practices that may be re-traumatizing</i></li><li>• <i>Collaboration of caregivers</i></li><li>• <i>Training of staff to improve trauma knowledge and sensitivity</i></li><li>• <i>Increased staff understanding of the function of behavior (rage, self-injury, etc.) as an expression of trauma</i></li><li>• <i>Use of objective and neutral language (avoids labeling of youth)</i></li></ul>	

The center has painted the walls on every module to softer, soothing colors. There are murals and youth art posted throughout the facility. The Superintendent advised the center is a recipient of the Very Special Arts (VSA) grant. The youth participate in multiple art projects throughout the year and their art is posted throughout the center. The center also has a multi-purpose room where youth are allowed to participate in regular activities they would participate in normally outside of the center, such as playing card games, board games, video games, table tennis, and make phone calls. Six of seven reviewed staff training records reflected staff completed trauma-informed care in-service training in the Department's Learning Management System (SkillPro). An interview with the Superintendent indicated the key to trauma-informed practices is staff training so staff can learn the impact of trauma on youth. The Superintendent reported the facility environment has been structured with trauma-informed care in mind.

## Standard 3: Mental Health and Substance Abuse Services

<b>3.01 Designated Mental Health Clinician Authority (DMHCA) [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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 Designated Mental Health Clinician Authority (DMHCA) is a licensed marriage and family therapist with a clear and active license in the State of Florida. The DMHCA's license expires on March 31, 2019. Sign-in sheets confirmed the DMHCA is on-site forty hours each week and is on-call twenty-four hours a day. The DMHCA is a contracted position through Camelot Community Care. An interview with the DMHCA confirmed they provide oversight of the mental health program at the center. The DMHCA reported they provide clinical supervision and direction to mental health professionals in the center, as well as, being responsible for the planning, management, and supervision of clinical services and mental health staff. The DMHCA ensures services are provided to the youth to include mental health and substance abuse screenings upon admission, comprehensive assessments, psychotherapy or professional counseling, psychopharmacological therapy, suicide prevention, and crisis intervention and emergency services.

<b>3.02 Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider] (Critical)</b>	<b>Satisfactory Compliance</b>
<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 DMHCA is a licensed marriage and family therapist who has a clear and active license in the State of Florida with an expiration date of March 31, 2019. The DMHCA conducts suicide risk assessments, provides individual counseling for mental health and substance abuse counseling, develops treatment plans, Initial Treatment Plans, and Individualized Treatment Plans. The licensed staff also develops mental health and substance abuse assessments, when needed, and supervises group counseling. The center has a Psychiatrist who is a medical doctor, board certified in Psychiatry by the American Board of Psychiatry and Neurology. The Psychiatrist has a clear and active license in the State of Florida with an expiration date of January 31, 2020. The psychiatrist is on-site four hours each week for medication management and evaluation. The psychiatrist is on-call for any questions or concerns related to mental health.

<b>3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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 one non-licensed mental health professional. The non-licensed staff has a master's degree from an accredited university in a related human services field. This position is contracted through Camelot Community Care. The non-licensed mental health professional is on-site thirty hours a week, Monday through Friday, and ten hours a week Saturday and Sunday. Documentation reflected the non-licensed mental health clinical staff received twenty hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The non-licensed staff receives at least one hour a week of on-site face-to-face supervision by the Designated Mental Health Clinical Authority (DMHCA).

<b>3.04 Mental Health and Substance Abuse Admission Screening [Detention Staff/Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>  <i>Detention center Superintendent has established procedures for a thorough review of preliminary screening conducted by the Office of Probation and Community Intervention.</i>	

The center has a policy and procedures in place for mental health and substance abuse admission screening. A review of seven youth treatment records reflected documentation of each youth having a Suicide Risk Screening Instrument (SRSI) completed at intake in the Department's Juvenile Justice Information System (JJIS) with each section of the instrument being completed by the Juvenile Probation Officer (JPO), Juvenile Justice Detention Officer (JJDO), and by a mental health or medical professional. Each record also contained documentation of a Positive Achievement Change Tool (PACT), Massachusetts Youth Screening Instrument - Version 2 (MAYSI-2), and a Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) completed by a JPO. Each PACT had a JJDO signature. All seven youth records reviewed had positive responses on the SRSI, PACT, MAYSI-2, and/or VSAB and required an Assessment of Suicide Risk (ASR) and placement on suicide precautions. All records contained appropriate referrals documented in the records and JJIS. All youth requiring an ASR had a completed assessment within twenty-four hours or less of admission. An interview with the Superintendent reflected a SRSI is completed by intake/probation staff, detention staff, and medical and mental health staff. The Superintendent confirmed knowledge of the practice for admission screening.

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

The center has a policy and procedures to complete a mental health and a substance abuse evaluation for all youth during the admission process. One of the seven records reviewed was applicable for a comprehensive substance abuse and mental health evaluation. The assessment was completed within thirty days of the referral and was completed by the Designated Mental Health Clinician Authority (DMHCA). The Comprehensive Mental Health/Substance Abuse Evaluation was uploaded in the Department’s Office of Health Services Electronic Medical Record. When comprehensive assessments are completed by a community provider, the Department’s probation office provides a copy to the center electronically.

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

The center has a policy and procedures for mental health and substance abuse treatment. Three of the seven reviewed youth records were applicable for treatment services. Each record contained a signed Authority for Evaluation and Treatment (AET). Each record contained documentation of referrals and mini-treatment team involvement by all required participants. Both records indicated weekly individual counseling sessions. All services provided were documented on Office of Health Services (OHS) mental health forms. A treatment team meeting was observed during the annual compliance review. Attendees included education, medical, probation, residential, detention, mental health staff, and the youth. Seven youth were interviewed regarding how they would rate the mental health and substance abuse services they are receiving. One youth reported the services are very good, two youth reported the services are good, one youth reported the services as being fair, and the three remaining youth reported they are not receiving any mental health or substance abuse services. An interview with the Designated Mental Health Clinician Authority (DMHCA) confirmed individual counseling for mental health and substance abuse, as well as, group counseling is provided to youth, as needed. A review of group sign in sheets confirmed mental health groups had ten or less youth participating in groups, while the substance abuse groups had fifteen or less.

**3.07 Treatment and Discharge Planning [Contract Provider]****Satisfactory Compliance**

*The Superintendent and DMHCA or mental health and substance abuse clinical staff are responsible for ensuring the development and review of an initial and/or individualized mental health/substance abuse treatment plan for each youth receiving mental health and/or substance abuse treatment in the facility.*

*All youth who receive mental health and/or substance abuse treatment while in a detention facility shall have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.*

The center has a policy and procedures in place for treatment and discharge planning for each youth. Three of the seven reviewed youth records were applicable for treatment and discharge planning. Each of the records contained the appropriate referrals, Authority for Evaluation and Treatment forms, and treatment plans, both the initial and individualized, completed within seven days of initiation of treatment. Psychiatric services included psychotropic medication and frequency of monitoring. All treatment plans were developed and signed by the Designated Mental Health Clinician Authority (DMHCA), youth, and members of the mini-treatment team. Parent/guardian contact or attempts at notification were documented in each record. Three closed treatment records were reviewed and were applicable for a Discharge Summary. Each Discharge Summary was signed by the DMHCA and a mini-treatment team member. Copies of the summaries were given to the parent/guardian at release, or when the parent/guardian was not present for the discharge, the summaries were mailed. If the youth's Juvenile Probation Officer (JPO) was not present for the discharge, the DMHCA or designee sent a copy of the Discharge Summaries, by email, to the youth's assigned JPO.

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

*Psychiatric services include psychiatric evaluation, psychiatric consultation, medication management, and medical supportive counseling provided to youth with a diagnosed DSM-IV-TR or DSM-5 mental disorder and each youth receiving psychotropic medication in the program as set forth in Rule 63N-1, F.A.C.*

The center has a policy and procedures for providing psychiatric services. Three of the seven reviewed youth records were applicable for youth admitted with or reporting use of psychotropic medication. Each record contained a referral and current Authorization for Evaluation and Treatment (AET). Each youth was evaluated within fourteen days of admission. The Psychiatrist used the Office of Health Services (OHS) forms for each evaluation. The initial psychiatric interviews included all required information. The Clinical Psychotropic Progress Notes (CPPN) reviewed were completed in their entirety. The three plans indicated the Psychiatrist did contact by telephone, the parent/guardian, and explained the youth's treatment plan, medications risk, benefits, and alternatives. Each plan was signed by the Psychiatrist. The three youth records contained documentation of the medical staff monitoring each youth on psychotropic medication for symptoms of Tardive Dyskinesia.



<b>3.09 Suicide Prevention Plan [Detention Staff] (Critical)</b>	<b>Satisfactory Compliance</b>
<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 suicide prevention plan in place detailing suicide prevention procedures. The plan includes the identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral system, communication, notifications, documentation, immediate staff response, and review process. The plan was reviewed and signed by the Superintendent and Designated Mental Health Clinician Authority on August 7, 2018.

<b>3.10 Suicide Prevention Services [Detention Staff/Contract Provider] (Critical)</b>	<b>Satisfactory Compliance</b>
<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>	
<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>	
<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>	

The center has a policy and procedures for suicide prevention services. The center completes a Suicide Risk Screening Instrument (SRSI) for each youth at intake. Seven youth treatment records were reviewed, and each youth was determined to be at risk of suicide upon admission. Each youth was referred for an Assessment of Suicide Risk (ASR) and each ASR was completed by a licensed mental health professional. One of the seven youth was stepped down from precautionary observation to close supervision and six youth were stepped down from precautionary observation to standard supervision. A Follow-Up ASR was completed for the youth who was stepped down from precautionary observation to close supervision. Each youth was assessed within twenty-four hours of the youth being admitted. The Department's Juvenile Justice Information System (JJIS) alerts were entered and closed appropriately for all youth. There was a logbook entry placing the youth on precautionary observation, and when the youth were stepped down to standard supervision. Five interviewed youth stated they were watched at all the times while on precautionary observation. Seven interviewed staff members described what to do if a youth expresses suicidal thoughts. The staff indicated the youth is placed on constant sight and sound and searched for sharp and dangerous items. The shift supervisor will contact the Designated Mental Health Clinician Authority and Superintendent. The seven staff members were aware of the location of the suicide response kits in master control, the module sub controls, and the medical office.

None of the youth records reviewed were applicable for a youth being placed in secure observation; therefore, three additional youth records were reviewed. The three records indicated placement was authorized by the Superintendent or designee and the DMHCA, and the secure room assignments were in writing. A health status checklist was completed for each youth. The suicide precautions observation logs were completed in their entirety. Each record had documentation and a chronological note stating within eight hours of placement, new/follow-up suicide risk assessment was completed. All three youth's parents/guardians, the Department

of Children and Families (DCF), and the Juvenile Probation Officer (JPO) were notified of the youth's potential suicide risk. Two of the three youth were continued on secure observation after twenty-four hours. One youth was stepped down to standard supervision.

The center has an established review process for every serious suicide attempt or serious self-inflicted injury and a mortality review for completed suicide. The review includes the circumstances surrounding event, procedures, relevant training by involved staff involved, medical and mental health services involving the victim, possible precipitating factors, and recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and/or operational procedures.

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

The center has a policy and procedures for documenting suicide precaution observations. Seven youth treatment records were reviewed, and each youth was placed on precautionary observation upon admission. All precautionary observation logs were completed in their entirety, including signatures for review by the shift supervisor and Designated Mental Health Clinician Authority (DMHCA). All records documented warning signs, and immediate referrals or notification to the DMHCA were completed. All checks were completed in the required time frames. All logs included documentation of safe housing requirements. Five youth on suicide precaution were interviewed and stated while on suicide precaution, a staff member remained with them at all times.

<b>3.12 Suicide Prevention Training [Detention Staff] (Critical)</b>	<b>Satisfactory Compliance</b>
<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>	

The center has a policy and procedures to ensure staff are trained on suicide prevention services. A review of fourteen (pre-service and in-service) staff training records were reviewed for documentation of annual suicide prevention training. The seven pre-service records had documentation of six hours of training. Five of the seven in-service records had documentation of six hours of suicide prevention training. One in-service record had the four hours of instructor-led training but did not have the two hours in the Department's Learning Management System (SkillPro). One in-service record did not have any of the required training. Training included, but was not limited to, the Department's Learning Management System (SkillPro) courses (Suicide Prevention Part One and Two), detention services suicide prevention four-hour training module, knife for life training, annual review of mental health plans, and recognizing mental health and substance abuse emergencies module. The center maintains a drill binder to document mock suicide drills. The suicide drills were conducted on a quarterly basis on each shift with drills being conducted on both shifts on April 11, 2018, August 23, and 29, 2018, and December 13 and 14, 2018. All staff with direct contact, on a day-to-day basis, with youth participated in at least one quarterly mock drill on a semi-annual basis.

<b>3.13 Mental Health Crisis Intervention Services [Detention Staff] (Critical)</b>	<b>Satisfactory Compliance</b>
<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 a Mental Health Crisis Intervention Plan in place. The components of the plan include procedures to respond to youth in crisis with the least restrictive means possible while maintaining the safety of the youth and others. The plan also includes procedures for verbal de-escalation and use of Protective Action Response (PAR), notifications and alert system, means of referral (including youth self-referral), Crisis Assessment and follow-up mental status examination, communication, supervision, mental health supportive services, documentation, and review. The plan was reviewed and signed by the Superintendent and Designated Mental Health Clinician Authority on August 7, 2018.

<b>3.14 Emergency Care Plan [Detention Staff] (Critical)</b>	<b>Satisfactory Compliance</b>
<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 maintains an Emergency Care Plan for mental health and substance abuse emergency procedures when youth who are believed to be an imminent danger to themselves or others. The Emergency Care Plan includes steps for immediate staff response, notifications, communication, supervision, authorization for transport, documentation, training, mock drills, and review. The plan also outlines procedures for follow-up care once a youth returns to the center from a stabilization unit. The plan was reviewed and signed by the Superintendent and Designated Mental Health Clinician Authority on August 7, 2018 and is located in master control, accessible to all staff.

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

The center maintains a written policy and procedures regarding Crisis Assessments. The center did not have any incidents requiring the use of a Crisis Assessment during the annual compliance review period. The Designated Mental Health Clinician Authority (DMHCA) has



knowledge of the required process and forms to use to complete a Crisis Assessment, if needed. A review of the Crisis Assessment Tool and staff training records determined the center is adequately prepared to conduct Crisis Assessments.

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

The center has a policy and procedures for Baker and Marchman Acts. The center did not have any Marchman Acts during the annual compliance review period. The center had two Baker Acts since the last annual compliance review period. One youth did not return to the program after being discharged from the Baker Act facility, as they were placed in the custody of the Department of Children and Families. The other youth was placed on suicide precautions upon re-admission to the center. A mental health referral was completed for a mental status examination by the licensed mental health professional. The youth was placed on constant supervision until transitioned to a lower level of supervision. The youth had an alert entered into the Department's Juvenile Justice Information System (JJIS). The center utilizes Halifax Behavioral Services for crisis stabilization services to include Baker Acts.

## Standard 4: Health Services

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

A medical doctor (MD) serves as the Designated Health Authority (DHA). The DHA has a clear and active license to practice in the State of Florida and his specialty is in family medicine. Documentation showed the DHA has been on-site at least once a week during the past six months. The contract outlines services to be provided by the DHA and it meets Department requirements. The DHA is available by phone twenty-four hours a day, seven days a week. The DHA approved all medical policies, procedures, and protocols within the past year. The provider has an Advanced Registered Nurse Practitioner (ARNP), who works in collaboration with the DHA. The ARNP is on-site twenty hours a week and has a clear and active license to practice in the State of Florida. There is a collaborative agreement between the DHA and ARNP on file at the center. Interviews with the DHA and ARNP showed they clearly understood their roles at the center. Documentation related to healthcare services and the review of youth healthcare records showed the DHA provides oversight for all healthcare provided at the center.

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

Healthcare policies and procedures were reviewed and signed by the Designated Health Authority (DHA) and Superintendent on July 5, 2018. One healthcare policy was later updated in September 2018 and was signed at the time of the update. Treatment protocols were developed and signed by the DHA as well. All nursing staff signed a form acknowledging the healthcare policies and procedures and treatment protocols. All nursing staff completed an orientation training on medical policies and procedures when Maxim took over the contract in 2018. One nurse hired since Maxim took over completed the orientation training when hired.

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

Seven youth healthcare records were reviewed for the completion of Authorization of Evaluation and Treatment (AET) forms or court orders authorizing treatment. Six records contained an AET signed by a parent/guardian and the remaining record had a court order authorizing care. Five of the AETs were originals. The remaining AET was a copy pulled from the Department's Juvenile Justice Information System (JJIS), though it was not marked as a copy. The AETs and court order were in place prior to treatment services being provided. A Limited Consent for Evaluation and Treatment was needed and completed for two applicable youth pending the completion of an AET or court order.

<b>4.04 Parental Notification [Contract Provider]</b>	<b>Limited Compliance</b>
<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>	

An interview with the nurse, who serves as the Clinic Manager, found she was familiar with the requirements for parental notifications. Policy and procedures outline parental notification requirements in accordance with Department requirements. Seven youth healthcare records were reviewed, which included two parental notifications for emergency care and six parental notifications for new medications. Written parental notifications were completed in each record. Notification or attempted notification of the parent/guardian by telephone was documented for the two emergency cases, but not for the new medications. Nursing staff reported phone notifications are typically completed for new medications, but not always documented.

<b>4.05 Notification – Clinical Psychotropic Progress Note (CPPN) [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>	

Policy and procedures address obtaining parent/guardian written consent for psychotropic medication being initiated and/or adjusted. Three youth taking psychotropic medication were reviewed. Each youth was prescribed their medication prior to entry, though two youth did not have their medications brought to the facility immediately by the parents/guardians. The psychiatrist reviewed each youth record and confirmed parental consent to continue the psychotropic medication. No youth have been started on new psychotropic medications or had adjustments made to existing psychotropic medications during the annual compliance review period.

<b>4.06 Immunizations [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>	

The center has a policy and procedures addressing immunizations. Youth are taken to the health department if immunizations are needed. According to the nurse, there have not been any youth needing any immunizations during the annual compliance review period. A review of seven youth healthcare records found each contained an immunization record showing all shots were current. Each immunization record was reviewed by a nurse during the admission process. In addition, an information sheet explaining the flu vaccine was in each record reviewed.

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

Seven youth healthcare records were reviewed for admission screening. A Medical and Mental Health Screening Form was completed on the date of admission in all records. Each screening

was completed by a Juvenile Justice Detention Officer (JJDO) or JJDO Supervisor during the intake process and then reviewed by a nurse within twenty-four hours. Interview forms completed by the nurse and Superintendent found they knew the healthcare admission screening process.

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

The center utilizes the Department's Juvenile Justice Information System (JJIS) for alerts. Seven youth healthcare records were reviewed and compared to the center's JJIS alert list. Medical and mental health alerts identified in youth records were reflected on the JJIS alert list. Alert information is communicated to direct care staff during shift briefings and staff receive a copy of the alert list. The kitchen is provided alert information for youth with food allergies or special diet needs. The interview form completed by the Superintendent clearly reflected the center's alert process. Seven staff were interviewed. Each staff stated alerts are discussed during shift briefings and they receive an alert list during the briefings. When asked to rate how effective the process for communicating alert information was at the center, three of seven staff rated the process as good and four rated it as very good.

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

The Clinic Manager reported nursing staff sometimes complete the nursing/mental health section of the Suicide Risk Screening Instrument (SRSI). The Clinic Manager stated this typically happens when there are several admissions. Further, nursing staff complete the screening only for youth who have no hits identified on the SRSI. A review of three applicable records in which nursing staff completed the nursing/mental health section found a nurse completed the screening within twenty-four hours.

<b>4.10 Youth Orientation to Healthcare Services [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<i>All youth are to be oriented to the general process of healthcare delivery services at the facility.</i>	

A review of seven records found each youth received an orientation to healthcare services and health education within twenty-four hours of admission, which was documented on the Health Education Record. The orientation and education covered required topics, to include but not limited to, access to medical care, what constitutes an emergency, medication administration, the right to refuse care, the Prison Rape Elimination Act (PREA) and what to do case of a sexual assault or attempted sexual assault, the sick call process, and non-disciplinary role of the healthcare providers.

**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 addressing the notification of the Designated Health Authority (DHA) when youth are admitted with chronic conditions. Three of the seven reviewed youth healthcare records required notification of the Designated Health Authority (DHA) upon admission, due to youth being admitted with a chronic condition. The notification was documented within twelve hours in two of the three records. Each youth was referred to and seen by the Advanced Registered Nurse Practitioner (ARNP) for an evaluation, with the one youth for whom the notification was not documented being seen by the ARNP within forty-eight hours. The center began a new process, documenting the DHA notification in a binder, with forms completed each day. The binder showed DHA notifications are routinely completed. The nurse interview indicated the DHA was to be notified of youth with chronic conditions on the day of intake.

**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.*

It is the center's policy to complete a new healthcare admission screening on all youth presented at intake for admission, to include readmissions. One youth had multiple readmissions due to having charges and court dates in two different circuits. A new Medical and Mental Health Screening Form was completed each time the youth returned to the center. The screening forms were completed by a JJDO or JJDO Supervisor and reviewed by a nurse 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.*

Seven youth healthcare records were reviewed. A new Health-Related History (HRH) was completed by a nurse within seven days of admission in four records. In three records, a nurse completed an update to an existing HRH within seven days of admission. The Advanced Registered Nurse Practitioner (ARNP) documented a review of the HRH in each record as well. When necessary, a nurse or the ARNP documented updates to the HRHs to reflect updates in a youth's medical condition, medication status, and/or alerts after admission.

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

Seven youth healthcare records were reviewed. In four records, a new CPA was completed by the Advanced Registered Nurse Practitioner (ARNP) within seven days of admission. The remaining three records contained a current Comprehensive Physical Assessment (CPA) completed within the past year and a review of the CPA was documented by the ARNP within seven days of admission. All sections of the CPA were completed or noted sections of the

examination were refused by youth, not clinically indicated, or deferred by clinician. For sections youth refused, the youth either signed next to the section on the CPA or a Refusal of Treatment form was completed. Updates to CPAs were documented whenever a youth's medical grade changed and Department Problem Lists were updated, as needed.

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

Four applicable youth healthcare records were reviewed, which included three pregnant youth. Female specific screenings and pregnancy tests were documented once consent was obtained in each record. The nurse interview indicated the center refers youth needing OB/GYN examinations and care to off-site providers, if requested or medically needed. Referrals were evident for the three pregnant youth and not needed in the remaining case. Of the seven youth interviewed, one was female, and she reported she has received female-related care, as needed.

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

The center has a policy and procedures for screening youth for tuberculosis at admission and completing a tuberculin skin test (TST) for each youth once consent is obtained. The policy includes the response if a youth exhibits symptom of tuberculosis or has a positive TST. The nurse interview reflected the policy. A review of seven records found each youth was screened for symptoms of tuberculosis during the admission process, which was documented on the Medical and Mental Health Screening Form. A TST was documented in each record. All records documented when the TST was placed, when it was reviewed, and the results. None of the youth tested positive or displayed symptoms of tuberculosis. The results of the TST were documented on the Comprehensive Physical Assessment (CPA) and Infectious and Communicable Disease (ICD) form.

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

Seven youth healthcare records were reviewed. Each record documented a Sexually Transmitted Infections (STI) Screening Form was completed by a nurse upon the youth's admission. The Advanced Registered Nurse Practitioner (ARNP) reviewed each STI Screening Form and referred youth for STI testing based on the screening results. Five applicable records documented youth were tested. Results of the testing were pending for two youth. For three youth, the results were documented on the Infectious Communicable Disease (ICD) form and in the lab section of the record. An interview with the nurse showed she was familiar with the process for STI screening, testing, and care.



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

Human immunodeficiency virus (HIV) services are provided at the center by a certified counselor from a community provider, Outreach. Seven records reviewed found all youth were offered HIV testing during the medical intake process, with each youth indicating they consented or did not consent to be tested. Four of the seven reviewed youth records were for youth who consented to testing. Testing results were properly filed in sealed envelopes marked “confidential” within the healthcare records. Pre-test and post-test counseling was documented for three of the four youth. There was one pregnant youth reviewed, who refused testing. The youth’s refusal was documented in the record. The nurse interviewed found she was able to clearly explain HIV services at the center. All seven youth interviewed said they could ask for a HIV test.

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

Sick call is provided by nursing staff seven days a week. Youth inform staff when they need to be seen for sick call. Staff enter sick call requests in the Facility Management System (FMS), which generates a notice of the sick call request to supervisors and administration for review, if nursing staff are unavailable. Two youth required a review by a supervisor within four hours due to nursing staff not being on-site, which was documented in each record. Seven sick calls were reviewed, all of which were documented in accordance with Department requirements. No youth presented with a similar complaint three times in a two-week period, though youth were referred to the Advanced Registered Nurse Practitioner (ARNP) or Designated Health Authority (DHA) by nursing staff for conditions beyond the scope of their care. No youth complained of pain with which staff were not familiar. Seven youth were interviewed. Four youth said they could see a nurse immediately or within one day of making a sick call request, one youth said within two days, and two youth said they never made a sick call request. The nurse interview indicated sick call is conducted seven days a week and youth are referred to the ARNP and/or DHA when nursing staff determine care needed is beyond the scope of their licensure.

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

Seven sick calls were reviewed. Sick call documentation found nursing staff saw youth within twenty-four hours of making a sick call request. Four sick calls were completed by a Licensed Practical Nurse (LPN), three of which documented consult and/or review with the Designated Health Authority (DHA), Advanced Registered Nurse Practitioner (ARNP), or Registered Nurse (RN) within twenty-four hours and one was reviewed within forty-eight hours. The remaining three sick calls were completed by a RN. The sick call log is kept electronically through the Facility Management System (FMS). Youth initials or signatures were on the sick call log printout or on the sick call form for six of the seven sick calls. Seven youth and seven staff were interviewed. All seven staff reported nursing staff conduct sick call. Five of the seven youth

reported a nurse conducts sick call and the remaining two youth said they had never submitted a sick call request.

**4.21 Restricted Housing [Contract Provider]**

**Satisfactory Compliance**

*All youth in Restricted Housing/Confinement shall have timely access to medical care, as required by the Department.*

The nurse interview indicated youth in confinement are seen daily to assess medical needs and youth may request to be seen through the sick call process. Five instances of restricted housing were reviewed, which required twelve daily visits by nursing staff. Documentation showed nursing staff made the daily visits with youth in confinement with one exception. The visits addressed the youth's medical complaints or noted the youth had no medical complaints. Youth in confinement received medications, as prescribed.

**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 written policy and procedures addressing first aid and episodic care. Youth needing episodic care are taken to the clinic to see nursing staff, who are at the center during almost all hours youth are awake at the center. Seven instances of on-site episodic care were reviewed. The episodic care was provided by medical staff in each case. The medical staff documented the care in accordance with Department requirements in each record. All seven instances were documented on the episodic care log.

The Designated Health Authority (DHA) has identified and approved first aid kit contents. The center has first aid kits in each sub-control, master control, kitchen, intake, staff break room, and each vehicle. Documentation showed first aid kits are checked monthly by nursing staff to ensure all required contents are present. Break away ties secure the first aid kits, thus it is known when first aid kits are opened, and supplies used. Supplies are restocked whenever items are used or when they expire. All first aid kits observed were fully stocked with items approved by the DHA. The nurse interview confirmed the center's episodic care policy and procedures.

**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 written policy and procedures to address emergency medical care. The detention center has two new automated external defibrillators (AED), with one located in the clinic and one in the shared sub-control for Charlie dorm and Delta dorm. The batteries for the unit are good for four years according to the manufacturer's specifications. Pads for each AED were within date. Each AED was ready for use. Documentation showed the AEDs were checked monthly by nursing staff. Emergency phone numbers are posted in master control and not accessible to youth. Policy and procedures state emergency medical drills will be conducted quarterly on each shift, with a cardiopulmonary resuscitation (CPR) demonstration at least once a year for each shift. Documentation showed mock emergency medical drills were conducted monthly on each shift and at least one of the drills, on each shift, in the last six months included a CPR demonstration. All drills were properly documented. Fourteen staff training records



reviewed found all staff held current certifications for first aid, CPR, and use of an AED. Nursing staff also held current first aid, CPR, and AED certifications. Seven staff were interviewed. All staff reported they were able to call 9-1-1, if needed, in the event of an emergency. The nurse interview confirmed the center's emergency care policy, procedures, and practice.

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

Three instances of off-site care were reviewed. An Off-Site Summary of Care Form was utilized and completed by the off-site provider in each case. Discharge paperwork was returned with all three youth as well. The Off-Site Summary of Care forms and discharge paperwork were reviewed by the Advanced Registered Nurse Practitioner (ARNP) or Designated Health Authority (DHA). Follow-up care was scheduled, as needed, and/or information regarding follow-up care was documented on health discharge summary forms.

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

Three of the seven youth reviewed were identified with chronic conditions. Another three youth were taking medication on a regular basis. None of the youth were in the center over ninety days, though evaluations were completed, and care was provided for each youth. Treatment orders were clear for each youth and all youth with chronic conditions and/or taking medication on a regular basis were identified in a binder maintained for the Designated Health Authority (DHA). The nurse interview confirmed youth with chronic conditions have an evaluation with the completion of the Comprehensive Physical Assessment (CPA) and are evaluated at least every ninety days thereafter.

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

The center has a written policy and procedures for verification of medication. Seven youth healthcare records were reviewed. Admission paperwork showed five youth were prescribed medication at the time of their admission. In two records, the center had the medication in stock, confirmed the prescription by history and with the parent/guardian, and an order was given by the Designated Health Authority (DHA) or Advanced Registered Nurse Practitioner (ARNP) to provide the medication. In three records, the parent/guardian was contacted by nursing staff and brought the medication to the center after admission. A form documenting receipt of the medication was completed in each record. Medication orders were given by ARNP or DHA for each of these three youth once the medication was received. During the annual compliance review, a parent/guardian brought medication to the center. A nurse met the parent/guardian in the lobby to receive the medication, documenting the receipt and verification of the medication. The nurse interview reflected the center's policy, procedures, and practice for verification of medication.

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

Five of the seven youth reviewed were on medication. Each applicable youth’s record contained an order for their medication. Youth on medication at the time of admission continued their medication, with two being provided their medication from the center’s stock supply and three getting their medication once their parent/guardian brought the medication to the center. Prescription bottles or packets, including those brought in by parents/guardians or with youth, clearly listed dosage instructions.

<b>4.28 Medication Management – Storage [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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 modified class II pharmacy permit. Documentation showed a consultant pharmacist conducted monthly on-site reviews. Only medical staff and supervisory staff trained in medication administration have access to medications. All medications were securely stored, with active medications stored in a secured medication cart and bulk supply or stock medication stored in secured cabinets. Controlled medications are secured in a lockbox within the secured medication cart. Medications were separated by type (i.e., oral, topical, drops) and by youth within the medication cart. There is a secured refrigerator designated for medications requiring refrigeration. All sharps were secured in cabinets. Medications requiring disposal were disposed during monthly consultant pharmacy visits. All disposals were properly documented.

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

Documentation showed all over-the-counter (OTC) stock medications are inventoried weekly and all active OTCs were inventoried perpetually. Sharps are inventoried weekly and perpetually. Prescription medication inventories were kept perpetually in Medication Administration Records (MAR). Three sharps, three active OTC medications, three stock OTC medications, and three prescription medication inventories were reviewed. Two sharps inventories were accurate and one was off by one. The OTC medication inventories were found to be accurate, though the most recent dose was not noted for an active OTC and the transfer of one OTC from stock to the cart was not documented, though all pills were reflected on the inventory. The three prescription medication inventories were accurate. There is a process in place to reconcile any discrepancies in inventories.

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

Controlled medications are stored in a lockbox within the secure medication cart. The center had two youth on controlled medication during the annual compliance review. There were no other records for youth who had been on controlled medications available for review. The

Medication Administration Records (MAR) and controlled medication inventories for the two youth found the inventories were documented for each shift and each time the controlled medication was administered. Documentation showed two signatures/initials were documented for each inventory. The inventories were accurate.

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

Seven youth healthcare records were reviewed. Medication Administration Records (MARs) were present for each youth. The Department’s MAR form is used. The MARs were completed by month, with MARs including prescription medication and over-the-counter (OTC) medications given based on standing orders. Six of the seven MARs included all required information, to include the youth’s name, Department identification number, date of birth, allergies, precautions, and medical grade. One youth’s MAR did not have precautions listed, though include all other required information. Start and stop dates were documented for each medication. Monitoring for side effects was documented each time medication was administered. Observation of medication administration revealed the nurse asked each youth about side effects when giving them their medication.

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

Nursing staff administer almost all medication at the center. Policy and procedures state only medical staff may administer or watch youth self-administer parenteral medication. There have not been any youth at the center on parenteral medication during the annual compliance review period. Medication administration by nursing staff was observed, finding it occurred, as scheduled, in an organized manner. Youth were brought to the nurse one at a time. The nurse followed the Five Rights of Medication Administration and questioned youth regarding side effects and allergies. Seven youth were interviewed. Six of the youth reported nursing staff administer medication and one said he/she does not take medication.

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

There is a list of supervisors who have been trained and are authorized to administer medication kept with the Medication Admission Record (MAR) binder. The supervisors administer medication only when nursing staff are not on-site, which includes only Over-The-Counter medication in accordance with the Designated Health Authority’s (DHA) protocols or emergency medications, such as asthma inhalers or epinephrine. Staff and youth initial the MAR when medication is administered by detention staff. Of the seven direct care staff interviewed, one was a supervisor, who confirmed he/she does administer medication.

<b>4.34 Medication Management – Psychotropic Medication Monitoring [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>	

Three youth who were taking psychotropic medication were reviewed. Each youth was on psychotropic medication at the time of their admission and continued taking their medication(s) once it was brought to the center by their parent/guardian. A psychiatric evaluation using the Department's Clinical Psychotropic Progress Note (CPPN) was completed on each youth within fourteen days of the medication being brought to the center. Two of the youth on psychotropic medication had been in the center over a month and were reviewed by the Psychiatrist every thirty days, with the monitoring being documented on a CPPN.

<b>4.35 Infection Control – Surveillance, Screening, and Management [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>	

Infection control is addressed in the center's policy and procedures. The procedures address prevention, containment, treatment, and reporting requirements for infectious diseases. The procedures cover hand washing, childhood diseases, contagious illnesses, viral and bacterial diseases, tuberculosis, hepatitis, blood borne pathogens, pediculosis, scabies, methicillin-resistant staphylococcus aureus (MRSA), food borne illnesses, bio-terror, and chemical exposures. Hepatitis B immunizations are available to all staff and staff are informed of the availability of the immunization upon hire. Staff have access to protective equipment. The program has not had any incidents related to infection control during the annual compliance review period. The nurse interview confirmed the center's infection control procedures.

<b>4.36 Infection Control – Education [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<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>	

Seven youth healthcare records were reviewed. All youth received training on infection control during the medical intake process. The infection control education was documented on each youth's Health Education Record. A review of fourteen training records found all staff received training on universal precautions, which was provided by a nurse. The interview with the nurse indicated she provides infection control training for staff annually.

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

The center's Exposure Control Plan was updated June 2018 and is written in accordance with requirements of Occupational Safety and Health Administration (OSHA). The plan lists the job classifications for staff at risk, the proper disposal of needles and other sharps, procedures for

maintaining the work site, specified signs and labels to communicate hazards, the handling of contaminated laundry, post-exposure evaluation and follow-up with maintenance, and documentation. The exposure control plan is available to staff, which was confirmed in the nurse interview.

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

Three pregnant youth have been admitted to the center since the last annual compliance review. An initial assessment was conducted on each youth and prenatal care along with special diet and other special accommodations were immediately ordered. Two of the pregnant youth were released shortly after admission. Health discharge summaries documenting continuing care needed were completed in each record. The remaining pregnant youth was still in the center at the time of the annual compliance review and had been in the center for just over twenty days. This youth’s record documented she was seen at the health department just prior to admission. A referral was made for a follow-up visit, though the visit was not yet due. There was documentation of daily monitoring of her pregnancy, which was reflected on her Medication Administration Record (MAR) when she received her prenatal vitamins. None of the youth reported any issues related to their pregnancy while at the center.

<b>4.39 Prenatal Care – Nutrition and Education of Youth [Contract Provider]</b>	<b>Satisfactory Compliance</b>
<i>The facility shall provide nutritious foods in sufficient quantities meeting the standards of the minimum daily allowances for pregnant youth. Each pregnant adolescent shall receive prenatal, postpartum, and parenting education including topics directly related to healthcare issues and medical risk for pregnant adolescents.</i>	

Three applicable records were reviewed. Each youth was placed on a special diet and prenatal vitamins upon confirmation of their pregnancy. The center has a pregnancy education packet, which addresses topics related to healthcare issues and medical risk for pregnant adolescents, to include alcohol and drug use, smoking, nutrition, sexually transmitted infections (STIs), contraception, prenatal care, and basic child care. Documentation in each record showed the education packet was reviewed with the youth. The nurse interview indicated special diets are ordered for pregnant youth.

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

A review of fourteen training records in the Department’s Learning Management System (SkillPro) revealed all non-healthcare staff involved in the supervision or treatment of pregnant youth received appropriate training and education.



## Standard 5: Safety and Security

5.01 Active Supervision of Youth (Critical)	Satisfactory Compliance
<p><i>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.</i></p> <p><i>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).</i></p> <p><i>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.</i></p> <p><i>When a youth leaves the group or program area of the facility for any reason, all staff assigned to supervise the youth are informed.</i></p> <p><i>Master Control authorizes all movement of youth prior to the actual movement, and no movement occurs until cleared by Master Control.</i></p> <p><i>Staff moves youth from one area of the facility to another in accordance with Florida Administrative Code.</i></p>	

Youth and staff were observed on daily basis throughout the annual compliance review on the recreational yard, in the classroom, in the dining hall, moving through the hallways, and in the modules. Observations were completed in person, from master control, preparing for a transport, and by listening to radio traffic and intercom. Master control logbooks and module logbooks were reviewed which documented counts being conducted, as well as, appropriate youth movement through the facility and to and from court. Master control authorized all movement of youth prior to the youth being moved. Interactions between the youth and the staff appeared appropriate and the staff were adequately positioned to supervise the youth. The center utilizes a white board in master control to track the daily census, as well as, the Department's Juvenile Justice Information System (JJIS) alphabetical listing. Numerous counts were observed during the annual compliance review and the youth were accounted for and accompanied by staff at all times.

Seven staff were interviewed, and six staff reported they think there have been enough staff at the center to provide for the safety and security of the youth and staff. One staff reported the center has been short staff for the last two months. Each staff reported youth counts are conducted at the beginning and end of each shift, before and after meals, and before and after school. The staff also reported random counts are conducted, a mid-shift count is conducted, and when any movement is made. When the counts are not reconciled, staff reported all movement is stopped, and a recount is counted.



**5.02 Ten-Minute Checks (Critical)****Satisfactory Compliance**

*Staff shall visually observe youth on standard supervision at least every ten minutes while they are in their sleeping quarters, either during sleep time or at other times, such as during an illness or room restriction.*

*Staff conducts observations in a manner ensuring the safety and security of each youth and documents real-time observation manually or electronically. Documentation must include the actual time of each visual observation and initials of the staff conducting the check; pre-printed times are not acceptable.*

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

*If an officer, in the course of completing visual observation, is unable to see the youth or any part of the youth's body, the officer shall, with the assistance of another officer, open the door to verify the youth's presence.*

The center has forty-eight cameras which all appeared operational. The center has three digital video recording devices which have the capability of storing video recordings for approximately thirty days. Ten-minute checks were reviewed, and the checks are completed by utilizing the Guard One Electronic System. The checks are downloaded to a computer and are documented electronically. The checks are then reviewed by the management team. A review of six random dates of video showed ten-minute checks were consistently done with no exceptions. Checks were completed at varied intervals of four, six, seven, eight, nine, and ten minutes, which were all within the required time frames. During the tour, all windows seen on the youth rooms and modules were free from obstructions and offered a clear view into the room. Seven staff were interviewed, and each staff reported ten-minute checks are conducted when a youth is placed in their room for sleeping or non-punishment purposes.

**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).*

Multiple master control logbooks and module logbooks for the past six months were reviewed, as well as, observations of master control completing status checks focused on census, counts, and tracking. Population counts are maintained within the center using the electronic, alphabetical list in the Department's Juvenile Justice Information System (JJIS), a white board in

master control, master control logbook counts, and individual module logbooks. All movements documented numbers of youth being moved. Youth counts are routinely completed multiple times throughout the day and following releases, new admissions, and drills. Observations during the annual compliance review confirmed the practice of counts being conducted.

Seven staff interviews were conducted, and each staff reported youth counts are conducted at the beginning and end of each shift, before and after meals, and before and after school. The staff also reported random counts are conducted, a mid-shift count is conducted, and when any movement is made. Each staff also reported emergency counts are counted when a youth is believed to be missing, when visibility is hindered, and after a major disturbance.

5.04 Logbook Maintenance	Satisfactory Compliance
<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Log entries regarding Medical, Special Needs, and Mental Health alerts, or other issues impacting facility safety and security shall be highlighted.</i></p>	

The center maintains a logbook in master control, and for each module. A separate logbook is maintained for visitors and contracted staff. The logbooks are bound with numbered pages and the date is written at the top of the page. Multiple samples of master control logbooks and module logbooks since August 2018 were reviewed. Log books were detailed in nature and included entries tracking youth movement, youth counts, confinements, mental health status, and alerts. Logbooks also included admission and youth release information, as well as, shower times, contraband checks, meal times, school movement times, recreation times, and other youth activities. The entries included the date, time, a brief description of the event being logged, and the staff's initials. During one master control logbook review for the month of October 2018, there were multiple examples of lines left blank following a confinement review entry; however, this was isolated to a few weeks' time frame and was addressed by management and corrected. This was not found in any other logbook reviews. Any errors were struck through with a single line and dated and initialed by the person correcting the error. The master control logbooks also documented emergency situations, incidents, and all drills with the exception of one drill which was conducted in December 2018. The logbooks documented the presence of law enforcement, names of youth and times of confinement, and youth placed on precautionary or secure observation.

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

Master control logbooks and module logbooks for the past six months were reviewed. Master control logbook reviews were completed on a regular basis by shift supervisors and administrators. Module log books are reviewed on a daily basis by supervisors. The Superintendent or designee documented a review of the logbook, at a minimum of, at least once each week. Staff for each shift change documented a review of the module logbook to ensure they were aware of any alerts, security risks, incidents, or other pertinent issues.

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

The center maintains a policy and procedures for key control, which also addresses the procedures for missing or lost keys and reporting and replacing damaged keys. The center utilizes a hub-style tamper-resistant key ring set system which includes a hub lock on a key ring, a brass designation with the key number and the number of keys on each key ring. The center uses an inventory key system which designates what each key on each key ring provides access to. There are two emergency key boxes maintained in the administration area which contain master copies of all keys with an attached inventory and a spare key box which contains an inventory sheet of types of spare keys. A check of the secure key box reflected the actual keys in use match the key inventory. Keys are assigned by master control and documented in the master control logbook, as well as, in each shift report. Observations of the distribution and collection of keys was observed during the annual compliance review. Staff provide their personal keys to master control, who are then issued a facility key. Personal keys are placed on the number of the facility key assigned in the secure lock box in master control. Seven staff interviews confirm staff understand the key assignment process to include securing personal

keys, receiving facility keys, ensuring the youth do not have access to keys, as well as, what to do in the event keys are missing. Each staff reported keys to medical, the property area, mental health, case management, and the kitchen are restricted. Within the past six months, the center has not had any incidents of lost keys or staff ending their shift and leaving the facility the center's keys. A random check of staff for personal keys was also conducted.

<b>5.07 Vehicles and Maintenance</b>	<b>Satisfactory Compliance</b>
<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 maintains a policy and procedures addressing transportation, which is included in each van. The detention center currently has six vans being utilized for youth transportation. A seventh van was recently received by the center and is not currently being utilized for youth transportation. The center also has one van being utilized only for maintenance and a sedan only utilized by staff and not for the transportation of youth. All of the vans utilized for transportation had an annual safety inspection conducted in March or May 2018. The annual safety inspection indicated the inspection was conducted by a certified mechanic. Each annual safety inspection included a check of the first aid kit, fire extinguisher, and the seat belts to ensure they are anchored securely. Each van has an assigned log book, which was reviewed. The maintenance mechanic maintains all records of vehicle inspections and invoices for service. Records documented a weekly vehicle inspection to include a check of the water coolant, transmission fluid, oil, lights, controls, brakes, horn, interior/exterior, and if the vehicle was clean. Vehicle inspections are conducted by the transportation staff five days a week to include a check of the oil/engine, water and coolant, tires, all controls, lights, gauges, brakes, seat belts, steering, horn, wipers, interior/exterior, and the first aid kit. The vehicles were all secured upon inspection and all contained the necessary emergency devices to include the appropriate number of seatbelts, seat belt cutter, window punch, fire extinguisher, and approved first aid kit. Four youth were observed being prepared for court and loaded into the van with a staff in the rear of the van. The youth were searched prior to having restraints placed on them, and prior to being loaded into the van for transport. Each youth and staff were observed wearing a seatbelt.

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

The center maintains a policy and procedures addressing tools and maintenance equipment. The maintenance office is located on the main floor and access is limited through key control and key assignment. The maintenance department utilizes a shadow board for all Class A tools. An inspection of the shadow board indicated all tools were accounted for and matched the inventory. Each tool has been etched to identify it as property of the Department. The maintenance mechanic conducts a monthly inventory of tools and adds comments on the bottom of the form for any needed information. The maintenance staff also maintains a daily inventory for Class A tools. A perpetual inventory is maintained in accordance with the center's policy and the inventories are signed by the Assistant Superintendent. The Maintenance Mechanic described the policy for replacing tools, the practice for missing or damaged tools,

and the escort policy for moving throughout the center with vendors. The maintenance mechanic reported no tools were in need of replacement during the annual compliance review period. Maintenance also maintains a logbook for outside vendors and indicated vendors when they bring their own tools for any maintenance work. Tool check out forms are kept in the maintenance department in the event staff need to utilize a tool and staff would then sign the tool in and out.

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

The center has a policy and procedures for the use of kitchen tools. The kitchen utilizes a shadow board and sharps are secured in a drawer within the kitchen. A check of the kitchen tools matched the inventory sheets. A daily inventory sheet is maintained for the sharps, which was signed by the Superintendent. The kitchen inspection form in Department’s Juvenile Justice Information System (JJIS) was also reviewed which documented a check of the coolers, freezers, dry storage, hand sinks, the preparation area, utensils, the dishwasher, garbage disposal, floors and walls, pest control, equipment, food items, and administration. Seven youth and seven staff interviewed all reported youth are not allowed to use kitchen knives.

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

During the annual compliance review, no youth were not observed using any tools or cleaning items. The youth are not permitted to use tools, including kitchen and medical equipment. The youth may use cleaning items such as mops and brooms under the direct supervision of staff. Seven youth and seven staff interviews reflected mops and brooms are allowed to be used by youth and staff handle all use of any cleaning chemicals, but this practice was not observed during the annual compliance review.



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

The center maintains a policy and procedures for inventory, handling, and use of toxic materials. All such items are stored at the rear of the facility outside in a locked cabinet through which access is limited through key control and key assignment. This area is not accessible to the youth. The material safety data sheet (MSDS) books were located next to chemicals and an accurate inventory was reviewed. The MSDS book was reviewed and contained a sheet for all chemicals present.

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

The center maintains a policy and procedures for handling, access, and use of flammable, toxic, caustic, and poisonous items. All such items are stored at the rear of the facility outside in a locked cabinet through which access is limited through key control and key assignment. This area is not accessible to the youth. The material safety data sheet books were located next to the items. Six of seven interviewed youth reported they do not clean with any cleaning agent such as bleach, laundry soap, window, or toilet cleaners. One youth reported they do use the items, but they do not handle the bottles. Four of seven interviewed staff reported youth are not allowed to clean with toxic, flammable, or poisonous substances, and three staff stated youth are allowed to clean with such products.



<b>5.13 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items</b>	<b>Satisfactory Compliance</b>
<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>	

The center maintains a policy and procedures for the disposal of all flammable, toxic, caustic, and poisonous items, which the maintenance mechanic was able to describe. In the past six months, the center has not had any instances of chemical spills, or any disposal of flammable, toxic, caustic, or poisonous items. Volusia County’s recycling center is utilized to dispose of all items and hazardous waste. The kitchen has a container designated for grease for disposal. The center has designated sinks for the disposal of liquid waste from work details, such as mopping.

<b>5.14 Confinement Under Twenty-Four Hours</b>	<b>Satisfactory Compliance</b>
<i>Staff shall use behavioral confinement as an immediate, short term response strategy during volatile situations in which a youth’s sudden or unforeseen onset of behavior imminently and substantially threatens the physical safety of others or self.</i>	

During the tour during the annual compliance review, all windows seen on the youth rooms and modules were free from obstructions and offered a clear view into the room. The center utilizes the youth rooms in the modules for confinement, when needed. Confinement rooms contain no no-fixed items. When youth are placed in confinement, they are afforded showers, meals, clothing, bedding, and hygiene items. When placed in confinement, the youth do not have contact with the general population. Seven confinement reports for under twenty-four hours were reviewed. All reports included documentation the room was searched prior to the youth entering the room, all non-fixed items were removed from the room, initial supervisory reviews were completed on time, administrator reviews were completed on time, justification for all confinements was included, and education was notified the youth were in confinement. Each confinement report was completed within one hour and submitted to the supervisor. The supervisor reviewed each report within two hours and documented the need for continued confinement every three hours. Seven staff interviewed were able to explain the process of what is needed when a youth is placed in confinement to include completing a confinement report, conducting and documenting ten-minute checks, and searching the confinement room.

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

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

*The Superintendent shall approve confinements extended beyond twenty-four hours and every twenty-four hours afterwards. Reasons for extended confinement must be clearly documented on the confinement report.*

*The JJDOS(s) shall continue to evaluate and document the youth's status every three hours. Current youth behavior and/or conversation with the youth shall be documented on the confinement report as evidence for the need to continue or terminate confinement.*

*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.*

*The length of confinement shall not exceed three days unless the release of the youth into the general population would jeopardize the safety and security of the facility as documented by the Superintendent. No youth shall be held in confinement beyond three days without a confinement hearing, conducted by an employee of the Department who holds a management or Supervisory position.*

Seven confinement reports for over twenty-four hours were reviewed. All reports included documentation the room was searched prior to youth entering the room, all non-fixed items were removed from the room, initial supervisory reviews were completed on time, administrator reviews were completed on time, justifications for all confinements were included, and education was notified of the youth in confinement. The need for continued confinement was documented in all of the confinement requests. The initial request for confinement beyond twenty-four hours was completed for all seven youth; however, the final request for the final twenty-four hours was not completed in any of the reports. A mental health professional reviewed the status of the youth in confinement every twenty-four hours in each record. No confinements exceeded seventy-two hours.

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

*COOP drills shall be conducted and documented, at minimum, twice a year, with one drill being completed prior to the hurricane season, which begins June 1st.*

The center has a Continuity of Operations Plan (COOP) in place. The plan was both thorough and addresses multiple types of disasters. The center conducted at least two COOP drills during the annual compliance review period, with one conducted prior to hurricane season. The drills were conducted in May 2018 and December 2018. One of the COOP drills conducted in December 2018 was not recorded in the master control logbook but was documented on the drill checklist. Seven staff interviewed reported they participated in a variety of drills within the last six months to include a drill for weather, major disturbances, bomb threat, hostage situation, medical, suicide, chemical spill, flooding, terrorism, escape, and fire.

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

The center's escape prevention plan is incorporated into the facility operating procedures. The center documented escape drills were conducted on a quarterly basis for each of the center's two shifts. Escape drills for the first shift and second shift staff were conducted in February, June, September, and December 2018, with an extra drill conducted in January 2018 during the second shift staff. A review of the logbook reflected the documentation of the drills. Each of the seven staff interviewed reported they participated in an escape drill in the past six months. Five of seven staff training records reflected they received escape prevention training.

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

The center has a fire prevention plan in place. The center utilizes a comprehensive drill recording sheet which easily shows the frequency of the drills and when they were completed. Documentation reflected fire drills were conducted on a monthly basis on each shift. Exit/egress plans are posted throughout the facility in the event of a fire or fire drills. Five of seven interviewed youth reported they have been instructed on what to do in the case of a fire. Seven interviewed staff reported they participated in a fire drill within the past six months and fire drills take place on a monthly basis.

Program Name: Volusia Regional Juvenile Detention Center  
Provider Name: Department of Juvenile Justice  
Location: Volusia County / Circuit 7  
Review Date(s): January 15-18, 2019

MQI Program Code: 139  
Contract Number: n/a  
Number of Beds: 50  
Lead Reviewer Code: 37

### **Overall Rating Summary**

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

Limited Ratings	Failed Ratings
1.07 In-Service Training	
4.04 Parental Notification	
5.15 Confinement Over Twenty-Four Hours	