



DJJ Annual Compliance Report

July 1st, 2019 – June 30th, 2020

Scope

The primary purpose of the internal audit was to assess conformity to the Department of Juvenile Justice contract and Pace policies and procedures. The information used in this report was collected through the review of relevant documents, inputs entered into the Student Management System and visual inspections of safety measures on-site at each location.

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RELEVANT DEFINITIONS

A **deficiency** in data is several significant data input errors that impact overall process efficiency or are part of an identified trend indicating a breakdown in a system.

An **exception** is a single occurrence or small number of data input errors that do not impact the overall efficiency of a process.

A **trend** is a pattern of gradual change in a process or general tendency of a series of data points to move in a certain direction over time.

METHODOLOGY

Pace Center for Girls conducted a monitoring review at twenty-one centers: Alachua, Broward, Citrus, Clay, Collier, Escambia, Hernando, Hillsborough, Jacksonville, Lee, Leon, Manatee, Marion, Miami, Orange, Palm Beach, Pasco, Pinellas, Polk, Treasure Coast, and Volusia. The scope of the monitoring review assessed compliance with Department of Juvenile Justice contract and Pace policies. Each of the 21 centers had 100% of data reviewed for a 30-day period that was reported during the annual monitoring review. A monitoring summary of each review was completed and entered into the Department of Juvenile Justice's Program Management and Monitoring (PMM) system.

Compliance monitoring was completed monthly with each Pace center by Pace National Office Compliance and Risk Department to ensure correction of any exceptions in reporting and discussion of trend data that could lead to deficiencies and/or corrective action steps.

The quality reviews addressed the following six areas:

- Leadership, Management, Accountability, and Fiscal Responsibility
- Social Services
- Academic Services
- Health Services
- Program Safety, Sanitation, and Emergency Procedures, and
- Training and Staff Development.

As part of Pace's continuous quality improvement program, 100% of center data is reviewed monthly for exceptions, deficiencies, and trends. Pace National Office and center staff work collaboratively throughout the process to resolve exceptions and/or deficiencies immediately. Technical assistance was provided to correct system breakdowns and train on policies and procedures. During the annual quality review, a member of the Pace Compliance and Risk Department and DJJ monitoring staff reviewed outcomes related to the monthly compliance reviews and observed on-site center practices.

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Leadership, Management, Accountability, and Fiscal Responsibility

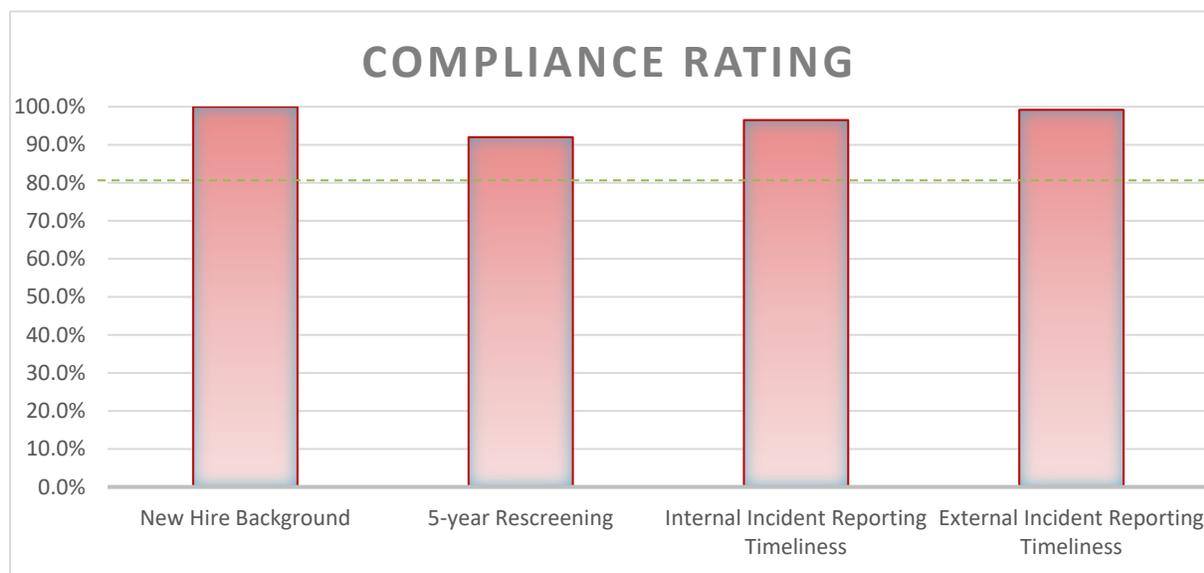
OVERVIEW

The Department of Juvenile Justice contracts with Pace to provide prevention services to girls and young women aged eleven to seventeen who are at risk for involvement with the juvenile justice system. Pace operates 21 centers across the state of Florida that offer a gender-responsive, trauma-informed, and strength-based program model. Girls are referred to Pace from a variety of sources, including community programs, individual referrals, government agencies, and self-referral.

The organization's national office is in Jacksonville, Florida and provides compliance oversight for all programmatic areas. Pace National Office staff conduct monthly monitoring of the centers' services and coordinate with the Bureau of Monitoring and Quality Improvement to conduct annual contract compliance reviews.

Centers use a variety of communication efforts to ensure that employees are notified of daily operational events, alerts, emergency information, student updates, staff outages, scheduled program events/meetings, maintenance issues, etc. Some of the communication efforts include daily debriefs, weekly/monthly all staff meetings, email/telephone/text communications, memo/meeting board/information bulletin board, e-newsletter, weekly departmental meetings, morning announcements over PA system, morning assembly, 1:1 meetings, established phone trees for emergencies and shared electronic calendars. The review found that all centers had a structured process to communicate with students, between staff members, and for emergency procedures.

FINDINGS



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Background Screening of Employees

Pace’s Organizational Development Department is responsible for the oversight of all background screenings, including initial background screenings and 5-year re-screenings. Pace policy indicates that employees are not to engage in work activities prior to the completion of a pre-hire background screening. A review of pre-hire background screenings found that 100% of the 120 screenings required were completed on time. Thirty-seven (37) of the 40 required 5-year re-screenings were completed on time. Three (3) re-screenings were completed within two (2) days of the required timeframe. Two (2) of the late re-screenings were completed during the COVID-19 closure and timeliness was impacted due to local and state office closures. An Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department’s Background Screening Unit on January 6th, 2020.

Situational Risk Management and Incident Reporting

Individual centers are responsible for documenting and reporting incidents in a timely manner to the internal Student Management System (SMS) and the Department of Juvenile Justice’s Central Communications Center (CCC). Incidents that meet the criteria for reporting to the CCC are required to be reported within two (2) hours of the incident. Internal incidents identified by Pace policy are entered into the internal SMS and reviewed by the executive director or designee within 24-hours. On-site observations at 21 centers found that all centers had information related to CCC reporting posted in areas accessible to staff, girls, and visitors. The postings were in English and Spanish and included instructions for reporting, the CCC telephone number and website.

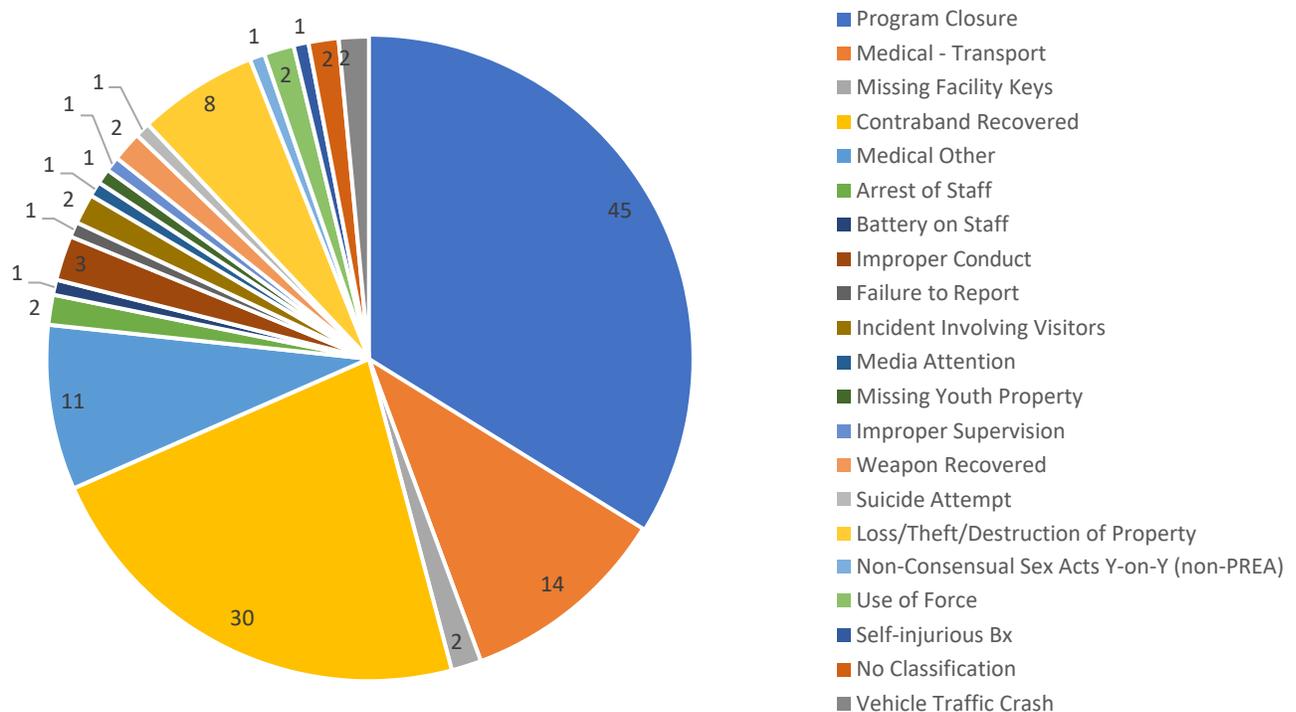


Figure 1: Incidents reported to the Central Communication Center by Category

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Pace centers had a total of 133 incidents reported to the Central Communications Center for FY19-20. Findings were noted in four (4) instances: one (1) incident was reported as Substantiated by Provider and three (3) were inconclusive. Actions were taken in three (3) instances: two (2) resulted in Termination/Resignation, and one (1) resulted in training. A review of incident reporting to the Central Communications Center found that 99% were reported within the required two-hour timeframe. One (1) center had a failure to report incident and training was completed with the center to ensure proper reporting practices. A review of trend reporting from FY18-19, found that incidents reported to the Department of Juvenile Justice decreased overall by 13.1%, with a reduction in contraband incidents of 37.5%. Training on Incident Reports with trend reporting continues to be a priority for Pace. Of special note, 22 of the Program Closures were due to COVID-19 quarantine ordered by the Governor in March 2020.

Internal Incidents to Pace are required to be entered into the SMS for all students enrolled at Pace centers and are reviewed by the Executive Director for follow-up requirements within 24-hours. A review of 2,335 internal incident reports found that 96.5% reports entered into the SMS were reviewed by the Executive Director within the required timeframe. Training on internal incident report documentation was completed with centers to ensure reviews of all incident reports are properly noted in the student management system.

Provision of an Abuse Free Environment

Pace Center for Girls has policies and procedures in place to address staff adherence to an abuse free environment and response to information received regarding abuse or suspected abuse or neglect. Observations made at each of the 21 centers reviewed found that all centers had information posted in areas that were accessible to staff, girls and visitors related to reporting suspected abuse or neglect, including the telephone phone number of the Florida Abuse Hotline, the Central Communications Center (CCC), and Inspector General. Postings were observed to be in English and Spanish and were in accordance with Pace requirements.

All staff sign an acknowledgement in the Employee Handbook indicating their responsibility to know and follow the organization's policies, including the duties of staff to report suspicions and/or reports of physical, sexual, or mental abuse of students. Policies and procedures are made available to all staff and reviewed during the new hire process. Policies and procedures are also made available via the organization's intranet on a continual basis. A review of internal incident reports found that staff are familiar with the steps for reporting suspicions and act upon allegations in a timely manner by reporting them to the appropriate reporting agency.

Records Retention

Pace utilizes an electronic student file management system to maintain records. Centers maintained hard copy records on each youth that included orientation information, consents, and medication records on-site. On-site observations found hard copy records were marked "Confidential" and maintained in a secure area in a locked cabinet, behind a locked door. Access was limited only to staff who needed access for charting purposes. Access to the electronic SMS is password protected, with passwords being given only to staff who require access for data input and only after completing training on the system. The SMS creates audit trails for all staff who access student records and enter information. Case records are not purged from the electronic system; however, data is archived after two years and is accessible by individuals with restricted

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permissions. All centers were found to have a process in place to purge hard copy records seven (7) years after a girl's transition date from the center.

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Social Services

OVERVIEW

Girls may be referred to a Pace Day or Reach Program through community resources, educational settings, family members or self-referral. When a referral is received, the program staff screen the girl to determine eligibility and appropriateness for the program of enrollment. During the intake interview, program expectations are reviewed, and the girl and parent/guardian make the decision to participate or withdraw from the enrollment process.

Day Program

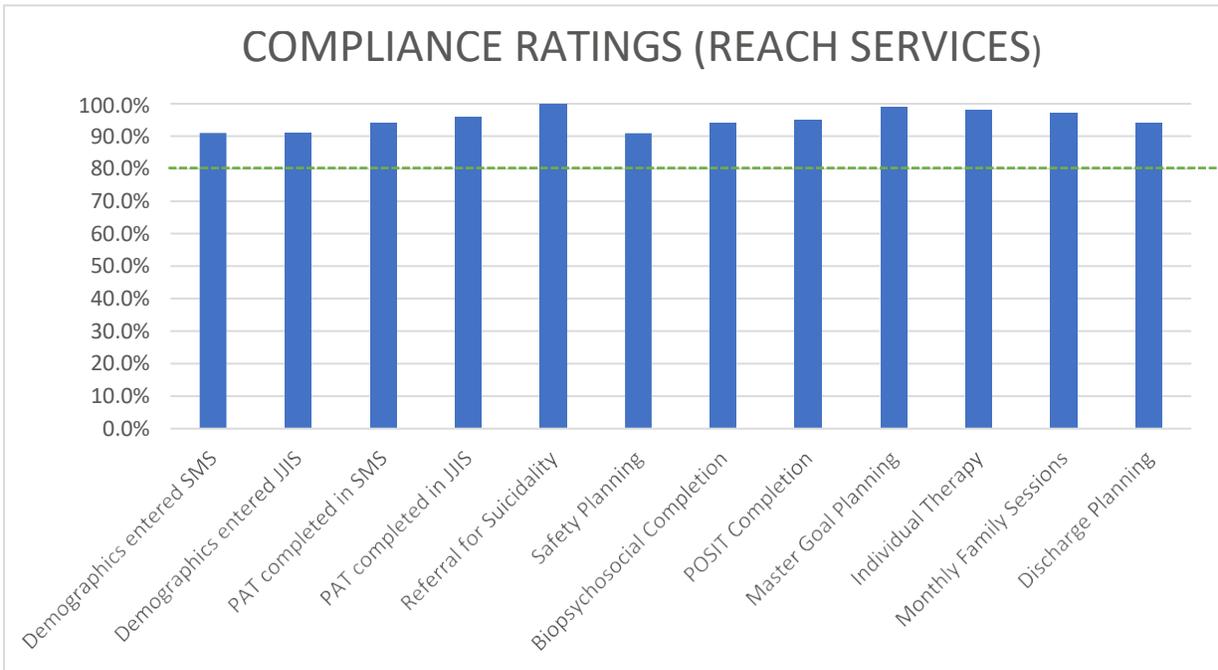
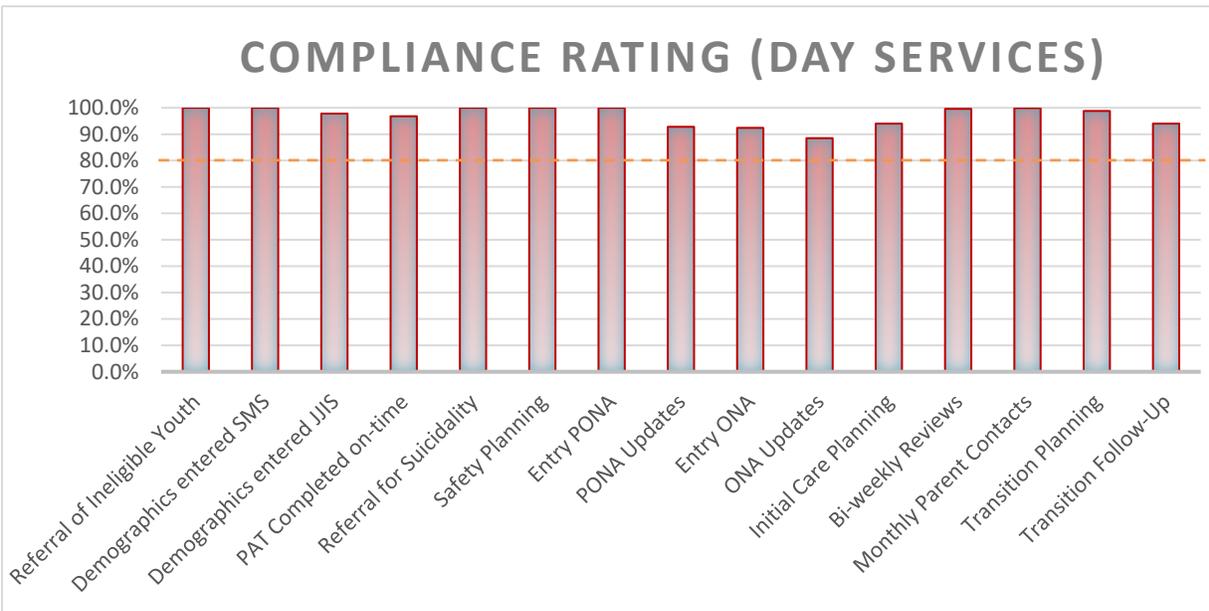
For Day Services, girls and family members participate in a program orientation that also includes a tour of the center, review of safety practices, introduction to staff, completion of academic schedule, description of the Growth & Change System, transportation services, and confidentiality limits and practices. Upon enrollment in the Day program, the staff completes a Physical Ongoing Needs Assessment (PONA). The Department of Juvenile Justice's (DJJ) Prevention Assessment Tool (PAT) is completed within seven (7) days of enrollment and entered into the DJJ Juvenile Justice Information System (JJIS). An Ongoing Needs Assessment (ONA) and Social Service Care Plan are completed within 30 days of enrollment. The ONA, PONA and care plan are reviewed and every six (6) months, or as needed. The Social Service Care Plan includes information from the intake assessments, family information and other relevant information and is reviewed on a bi-weekly basis for the duration of the girl's stay in the program. Social services include care management, counseling, family support, therapy, and transition services. The overall performance rating of Day Program Services improved 8% from FY18-19 to FY19-20.

Reach Services

For Reach Services, girls and family members participate in a program orientation that includes a review of safety procedures related to Reach services, introduction to staff, description of services provided and program expectations, and confidentiality limits and practices. Upon enrollment in the Reach program, the staff completes an intake interview and a family/caregiver interview. The Department of Juvenile Justice's (DJJ) Prevention Assessment Tool (PAT) is completed within seven (7) days of enrollment and entered into the DJJ Juvenile Justice Information System (JJIS). A biopsychosocial assessment, Legal Assessment and Problem Oriented Screening Instrument for Teenagers (POSIT) is completed within thirty (30) days of enrollment. These assessments are used in the development of the Reach Goal Plan that is also completed within thirty (30) days of enrollment and guides weekly Individual Session discussions. The Biopsychosocial Assessment and Reach Goal Plan are reviewed and updated as needed every six (6) months while the girl is enrolled in the program. Family counseling/support services are provided to the student's family at least once per month. The overall performance rating of the Reach Program services improved by 21% from FY18-19 to FY 19-20.

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FINDINGS



Admission and Orientation

DAY SERVICES

The admission and orientation process at each center included a review of eligibility criteria, completion of screenings, consents, and a review of the program rules and expectations. Demographic information is entered into the Student Management System (SMS), including date, name, date of birth, referral source,

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reason for referral, parent/legal guardian name, address, and telephone number. The monitoring reviews of 21 centers showed that there were 73 instances when Pace was determined to not be the most appropriate placement. Findings indicated that in 100% of cases where the girl was determined to be ineligible, referrals were made for the girl and/or family for alternative community services.

A review of 1,207 Day program case records where the girl was enrolled in the center found that centers entered required data into the SMS 100% of the time. Demographic information that is required to be entered into the DJJ Juvenile Justice Information System (JJIS) was found to have a compliance rating of 97.8%. Two (2) centers had a total of two (2) exceptions where records in JJIS were found to be entered past the three (3) day timeframe. Both centers completed training on the process and did not show additional trending data to support a deficiency.

REACH SERVICES

A review of 94 Reach program case records found that centers had a 91% compliance rating for entering required data into the SMS. Eight (8) records were found where the center had not entered the emergency contact telephone number for the girl. Training was completed with centers to review policy on gathering pertinent information and entering the data into the case record. Demographic information that is required to be entered into the DJJ Juvenile Justice Information System (JJIS) was found to have a compliance rating of 91%. Four (4) locations shared a total of five (5) exceptions where records in JJIS were found to be entered past the three (3) day timeframe. All four (4) centers completed training on the process for entering data within required timeframes into JJIS.

Assessment and Evaluation

DAY SERVICES

In a review of 85 Day Services records in the SMS, 100% of instances found that the Prevention Assessment Tool (PAT) information was entered. A review of the DJJ Juvenile Justice Information System (JJIS) found that centers had a compliance rating of 96.8% for timeliness of entry of the PAT. There were three (3) out of 94 instances where the PAT was not entered in to the DJJ JJIS within the seven (7) day timeframe. Two (2) centers had a combined total of three (3) exceptions.

The monitoring reviews found 11 instances where a girl revealed a positive indicator during the intake PAT that required additional assessment of suicide risk by a licensed mental health professional. The centers were found to be in compliance 90.1% of the time. In one (1) instance, documentation of the referral for further evaluation was not found in the file; however, the girl was assessed by a licensed mental health professional and determined not to warrant further action. The center was trained on Pace policy requiring complete documentation of the referral and review process for licensed mental health professionals.

In instances where a girl was provided a Suicide Ideation Questionnaire after enrollment while in the program, 26 records were reviewed that scored significantly enough to be deemed an emergency. In all 26 instances, documentation of parent/guardian notification was found, and the girl was transported for further emergency services. In 40 instances where a Suicide Ideation Questionnaire was provided, and the girl was

determined to not warrant emergency services, a safety plan was found documented in the SMS and provided to the girl. Fifty (50) safety plans were reviewed for staff and girl signatures and in all 50 instances, documentation of signatures was found.

Centers complete a PONA within 24-hours of enrollment and complete a review every six (6) months during the duration of the girl's stay in the program. A review of 85 records where the PONA was due at enrollment

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found that centers had a 100% compliance rating. There were 111 instances where a 6-month review of the PONA was required and centers had an 92.8% compliance rating. There were eight (8) instances shared by two (2) centers that did not complete the PONA within the required timeframe. Both centers completed a training on timeliness of completing assessments.

Centers complete an Ongoing Needs Assessment (ONA) within 30 days of enrollment and complete a review of the ONA every six (6) months. A review of 132 case records found that 92.4% met the criteria for timely completion within the 30-day timeframe. Seven (7) centers shared ten (10) records found to be completed outside of the 30-day timeframe. All centers completed a training on the timely completion of assessments.

A review of 104 case records that required a 6-month ONA review found that centers had a compliance rating of 88.5%. There were 12 instances across five (5) centers where the ONA was not completed within the 6-month timeframe. All centers completed a training on the timely completion of assessments. Continued monitoring of this indicator found that minor process exceptions did not indicate a deficiency.

REACH SERVICES

A review of 66 Reach Services records in the SMS found that centers had a 94% compliance rating for entering the Prevention Assessment Tool (PAT) information. Four (4) records indicated that the PAT was completed outside of the required seven (7) day timeframe. A review of the DJJ Juvenile Justice Information System (JJIS) found that Reach locations had a compliance rating of 96% for timeliness of entry of the PAT. There were two (2) instances where the Pat was entered late. Both centers completed training on the policy and timeliness of entering the PAT. The four (4) centers who had exceptions in this area completed training around timeliness of completing and entering assessments.

The monitoring reviews found 29 instances where a girl revealed a positive indicator during the intake PAT that required additional assessment of suicide risk by a licensed mental health professional. The centers were found to be in compliance 100% of the time.

In instances where a girl was provided a Suicide Ideation Questionnaire after enrollment while in the program, eight (8) records were reviewed that scored significantly enough to be deemed an emergency. In all eight (8) instances, documentation of parent/guardian notification was found, and the girl was transported for further emergency services. In 11 instances where a Suicide Ideation Questionnaire was provided and the girl was determined to not warrant emergency services, a safety plan was found documented in the SMS in 10 instances for a compliance rating of 90.9%. In the one (1) instance where a safety plan was not found, there was documentation that the girl was referred for evaluation by a licensed mental health person.

Reach services centers complete a Biopsychosocial and POSIT assessment within 30 days of enrollment in the program. A review of 69 records where the Biopsychosocial was due at enrollment found that centers had a 94.2% compliance rating. There were four (4) instances where a Biopsychosocial was not completed within the required timeframe. A review of 66 Reach records found that centers had a 95% compliance rating for completing the POSIT within the required 30-day timeframe. Three (3) exceptions were noted for being out of compliance. Reach staff completed a training on timeliness of completing assessments.

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Individualized Care Plan and Case Management

DAY SERVICES

A monitoring review of social service care plans found that centers had a compliance rating of 94% regarding plans completed within a 30-day timeframe. Four (4) centers shared seven (7) exceptions where the care plan was not completed within the required timeframe. All centers completed training on the timeliness of completing assessments. One (1) center fell below the compliance threshold to meet the minimum requirements of the indicator related to the completion of the Social Service Care Plans within 30 days of a student's enrollment. As a result, this indicator was listed as a deficiency in the 2019/2020 review year and noted in the PMM system. The deficiency was corrected and there were no additional deficiencies found with continued monitoring oversight.

A review of 1,036 bi-weekly reviews of the care plan found that centers had an overall compliance rating of 99.6%. Four (4) out of 1,036 total instances did not have documentation that clearly indicated a review of the care plan was completed on time. The three (3) centers that showed exceptions completed a training on the timely completion of bi-weekly reviews and steps to document attendance issues that impact completion in the case file.

A review of monthly parent contact (MPC) entries was completed on 1,051 case records with an overall compliance rating of 99.9%. One (1) instance was found where documentation did not clearly indicate that the girl's progress was reviewed with the parent/guardian. The center with the noted exception completed a training on requirements for monthly parent contact and steps to document when unable to make contact due to parent/guardian non-response. Two hundred thirteen (213) individual monthly parent contact forms were reviewed for signature and 100% of the forms had a signature indicating that the information was reviewed with the parent/guardian in person or via telephone, when the parent/guardian was unable to attend in person.

Transition Planning: Every girl enrolled at a Pace center receives transition services, regardless of the length of stay. For girls enrolled a minimum of ninety (90) days, transition services are provided for at least six (6) months. Transition Exit plans are completed for all planned transitions and reviewed with the girl and parent/guardian prior to the girl exiting the day service program. In the event of an unplanned transition, where a girl leaves unexpectedly, a transition plan is completed within five (5) days and reviewed with the girl and parent/guardian during a follow-up service. Follow-up services begin when the girl enters the transition phase. Girls enrolled a minimum of 30 days receive services monthly for the first three (3) months, and then quarterly for nine (9) months.

A review of transition planning was completed for 82 case records with an overall compliance rating of 98.8%. There was one (1) instance where the transition plan was completed outside of the required timeframe. Training was completed at the center with the noted exception on timeframes and documentation of transition planning services.

A review of transition follow-up services was completed on 398 case records with an overall compliance rating of 94%. There were 24 instances where services were provided outside of the required timeframe. Exceptions were noted at six (6) centers. All centers completed training on the timeliness of completing follow-up services and a tracker was developed to assist in identifying target completion dates.

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A monitoring review of Master Goal Plans found that centers had a compliance rating of 99% for plans completed within a 30-day timeframe. One (1) exception was noted, and the Reach staff completed training on the timeliness of completing assessments.

A review of 843 instances of required individual therapy sessions found that Reach centers met the weekly requirement in 98% of the instances. Twenty (20) exceptions were noted where one (1) weekly session was missed during the month. The Reach staff received training on the policy related to requirements and timeliness of service completion.

A review of monthly family sessions was completed on 788 Reach case records with an overall compliance rating of 97%. There were 20 instances found where documentation did not clearly indicate that the girls progress was reviewed with the parent/guardian. The centers with the noted exceptions completed a training on requirements for monthly family sessions and steps to document when unable to make contact due to parent/guardian non-response.

A review of discharge planning was completed for 48 Reach case records with an overall compliance rating of 94%. There were three (3) instances where the exit plan was completed outside of the required timeframe. Training was completed at the center with the noted exceptions on timeframes and documentation of transition planning services.

On-going Program Services - Day Services

Psycho-educational Groups: Each center offers psycho-educational groups based on needs identified from assessments and social service planning. Groups are available to all girls and are voluntary. Group topics include: Self-esteem topics, Anger Management, Empowering Others, Resilience, Healthy Relationships, Making Good Choices, Effective Communication, Body Image, Teen Parenting, Health and Wellness and Financial Management, among others. A review of each center's group schedule and topic list found that groups are offered regularly, and participation is encouraged. A review of FY19-20 group participation found 12,246 instances where girls were offered the opportunity to attend a group session.

Spirited Girls! Attendance: Spirited Girls! Curriculum is gender-responsive and delivered as an academic course credit or through a specialized group using the Girls Circle model. Every girl is enrolled in Spirited Girls! Classes throughout enrollment. Class topics focus on life skills, health, communication, and positive decision making. Based on a review of 160,688 instances, daily attendance was entered into the Student Management System (SMS) 100% of the time.

Community & Service Learning: Community & Service-Learning opportunities are offered to each girl at least every ninety (90) days during enrollment. Community & Service-Learning opportunities are structured to benefit outside agencies or non-profits and build upon a girl's sense of self-efficacy and develop skills around teamwork, leadership, and communication. A review of 2,353 instances where girls participated in community service activities were found to be documented in the student management system 100% of the time.

Community Referrals for services are provided for girls and families when services needed are outside of the scope of center programming. External referrals may include referrals to agencies that provide substance abuse treatment, family counseling, and dental or medical needs. Referrals for services are documented in the individual case record in the SMS. A review of 1,827 instances found that a girl was provided referral services 100% of the time.

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Adherence to Dress Code - Day Services

Upon enrollment, girls are provided a copy of the dress code guidelines as part of the Student and Family Handbook, which outlines authorized and unauthorized clothing. Girls are provided with a Pace T-shirt and expected to wear it when in attendance at the center. Observations made at 21 centers found that girls were appropriately dressed in Pace T-shirts, Pace polos or Pace sweatshirts. When clothing is observed by staff to be in disrepair or in need of cleaning, supportive services are offered respectful to the girl's feelings and privacy, including the use of a washer/dryer to clean clothes or staff purchase of clothing as necessary.

Transportation Process - Day Services

Written policy and procedures outline the criteria for the safe transportation of girls for program-related activities and services. Each Pace center has access to a Pace Fleet van or the use of a rental vehicle to provide transportation of girls. Employees who transport girls must meet driver eligibility criteria and are screened by the Compliance and Risk Department. Driver logs are maintained for each center fleet vehicle that include the driver's full name, dates, departure time and odometer mileage, return time and odometer mileage, purpose of trip, gas level and any problems identified with the vehicle during the trip. A review of 178 driver logs with a total of 1,602 reviewed components found that there was less than 1% of minor clerical issues made in documentation. Vehicle logs continue to be monitored on a quarterly basis to ensure safe working condition of all vehicles.

Behavior Management - Day Services

Pace centers use redirection and de-escalation techniques when behavior interventions are needed. Interventions focus on changing behavior by teaching socially appropriate alternatives. The "Pace Growth and Change System" (G&C System) includes Pace's Foundation Pillars and uses Gender-responsive, Trauma-informed, and Strength-based approaches when interacting with girls. The G&C System has five (5) stages (Opportunity, Responsibility, Dignity, Serenity, and Grace) and is an incentive-based program that supports a girl as she moves through the Pace program model. Each stage builds on the previous stage to help girls achieve personal and academic success. At the completion of each stage, girls participate in a Growth and Change Ceremony that celebrates her achievements. Each stage has additional incentives and rewards established for the girls and focuses on a specific area of behavioral growth related to Caring, Learning, Purpose or Results that align with Pace's overall values. The G&C System was built utilizing the Transtheoretical Model of Change and is designed to help build leadership and emotional intelligence skills. The G&C System focuses on advancement through the stages; girls can never be demoted from a stage.

De-escalation and Redirection – Day Services

Pace centers utilize Crisis Prevention Institute (CPI) Nonviolent Crisis Intervention, conflict resolution, group sessions, role modeling, peer mediation, and reflective practices as intervention techniques for behaviors that are disruptive to the academic environment. Disciplinary actions are addressed individually and reinforce the mission, philosophy, and program model of Pace. Centers follow their local school district's Student Code of Conduct to address suspensions for severe infractions. Pace policy outlines disciplinary practices that are strictly prohibited.

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Academic Services

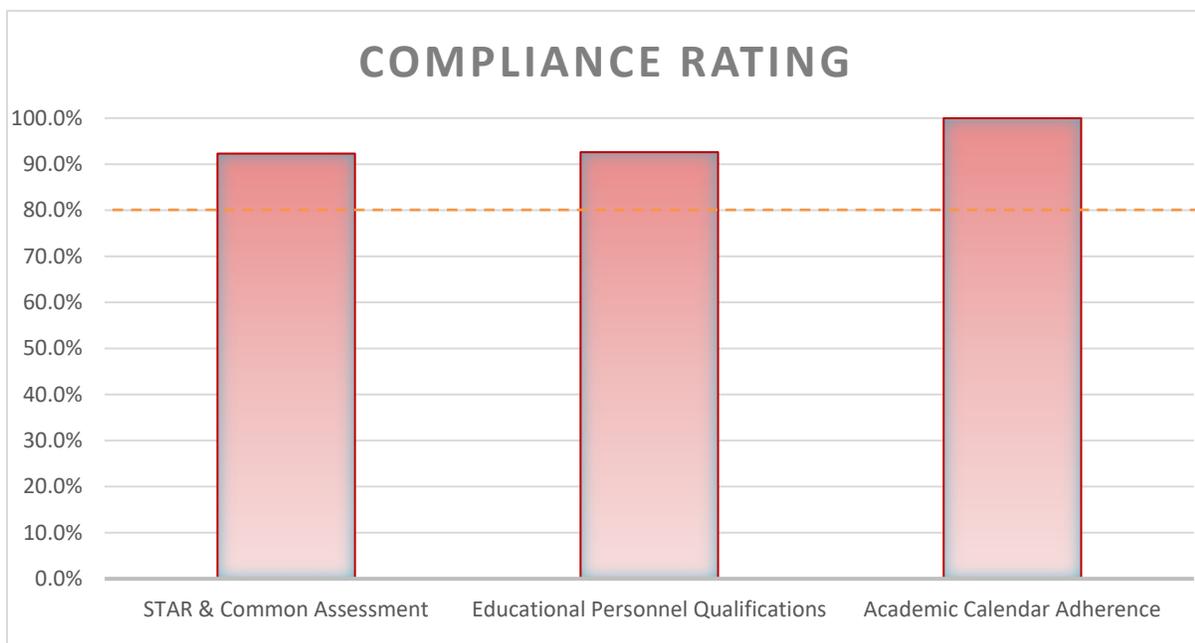
OVERVIEW

Pace centers provide middle school and high school classes and are funded through a contract with local school districts. The annual monitoring review covers educational services related to entrance/exit testing, academic planning, teacher certifications and annual calendar planning. Academic testing includes completion of the DJJ approved common assessment instrument and Standardized Testing and Reporting (STAR) assessment within ten (10) days of placement and ten (10) days prior to leaving the program. A Florida Department of Education approved career assessment is completed within ten (10) days of admission that assists in identifying vocational goals and is included in the design of the girl's Progress Monitoring Plan (PMP).

Teachers receive information regarding ESE needs through communication or copies of academic plans from the district and incorporate needs into the PMP on an individual basis. Breakfast and lunch are provided at the center through the National School Lunch Program. The overall performance rating of Academic Services improved 6.1% from FY18-19 to FY19-20.

Deviation from normal practices: In March 2020, Pace Center for Girls, Inc. took steps to prioritize the health and safety of its students and staff by moving all academics and operations to a virtual learning platform. While alternative methods were used to provide education services to the students through Innovative Learning Environments, administering of the common assessment was paused at the direction of the School Board until the FY20-21 academic year started.

FINDINGS



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Reading Curriculum and Instruction

Pace centers follow the Florida Sunshine Standards and offer reading curriculums that are FL-DOE approved. Review of center schedules found that the Reading curriculum is integrated through scheduled English courses or as a separate course as part of the regular academic schedule. A review of 985 STAR and Common Assessments found that centers had a 92.3% combined compliance rating for completing testing within the required time frame. Every center has a library that has a variety of reading materials available to each student and supports reading initiatives. Observations during the annual monitoring review found that students were knowledgeable of the library resources, had regular access and utilized it as part of their daily activities.

Deviation from normal practices: In March 2020, the Board of Education suspended Common Assessment testing until the start of the FY20-21 academic year. Reporting does not include testing data from March 2020 – June 2020.

Exceptional Student Education (ESE) and Related Services

Pace centers follow ESE service guidelines set by the local school district where the center is located. Each center hires an ESE certified teacher to provide services or contracts with the local school district to ensure a liaison is in place to provide services as needed. Teachers are made aware of student ESE needs during a review of Individual Education Plans (IEP) obtained during the intake process. Academic staff at each center coordinate with the local school district liaison to conduct regular IEM progress meetings.

Educational Personnel Qualifications

A review of 94 teacher records across all centers found that 87 had a current teacher certification, Statement of Eligibility, or waiver from the Department of Education after submission of required documents for full certification. The overall compliance rating in this area is 92.6%. Seven (7) teachers were found to have certifications that had expired or were unable to be verified through the Department of Education licensure lookup system. The seven (7) teachers were required to and submitted eligibility documentation to National Office for validation. In some cases, license documentation was delayed due to COVID-19 closures of state offices.

Calendar Days and Staff-to-Student Ratio

Centers maintain a school year comprised of 250 days of instruction distributed over 12 months. Center calendars include 230 academic instruction, including summer months, and 20 teacher planning days. All centers request approval of center calendars from their Local Education Agency (LEA). A review of 21 center calendars found that all centers complied with Florida regulations. The required staff-to-student ratio is one-to-fourteen in the classroom and one-to-twelve in common areas. Observations made during the annual monitoring review found that centers met or exceeded this requirement. Modifications were made to the academic calendar during the COVID-19 quarantine in conjunction with the local school districts response to the pandemic.

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Health Services

OVERVIEW

During the intake and enrollment process, each student is screened for health-related conditions when completing the Physical Ongoing Needs Assessment (PONA) and reviewed for updates every six (6) months. Information is confirmed and shared with parents/guardians either in person or by telephone depending on the identified need. Referrals based on individual needs are recorded in the student's case record. Medical and mental health alerts are documented in the Student Management System (SMS) and communicated to staff during briefings. Alerts provide applicable employees with information regarding allergies, common side effects of medications, and other medical or mental health conditions that could result in emergency situations.

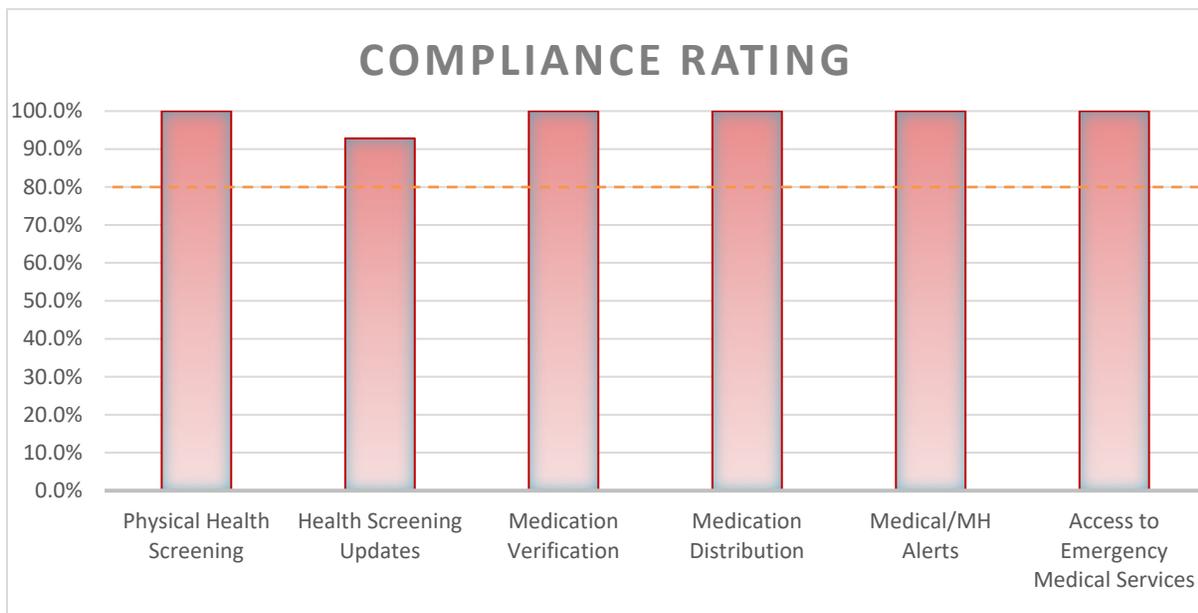
Pace has written policy and procedures on the transportation, delivery, and documentation of medications for students. Parents/guardians are responsible for transporting medications to and from the center with direct delivery to designated Pace employees. Upon receipt of medication, the designated employee completes an initial medication inventory in the presence of the parent/guardian and documents the information on the Medication Distribution Log. A printed medication fact sheet that includes side effects is supplied by the parent/guardian, pharmacy or printed from a reliable internet source. Any medications that are transported by the student must have prior approval to self-carry ordered medication as outlined in Florida Statute 65G-7.0025. Parents/guardians must complete and sign a Prescription Medication Form and Over-the-Counter Medication form for medication administration. Upon termination of medication, a Prescription Medication Form, Over-the-Counter Medication form, Medical Release Form, Medication Distribution Log, and Medication Variance Report are maintained in the student's on-site file, in a locked cabinet inside of a locked room.

Written policy outlines procedures for storage and disposal of medications. All medication is stored in a locked cabinet, within a locked room. Medications are stored per pharmacy regulations and controlled substances are locked in a locked box inside a locked cabinet within a locked room. Medications that require refrigeration are stored in a locked refrigerator in a locked room or in a lockbox inside of a refrigerator inside of a locked room. When medications are leftover or expired, parents/guardians are notified, and a final inventory is completed in the presence of a witness and documented on the Medication Distribution Log. Disposal of medication is witnessed by two employees.

Only staff who have received training may observe the self-administration of a medication. The employee ensures that the Six (6) Rights for administering medication are followed. If a girl refuses medication or misses a dosage, the reason for the missed dose is documented on Medication Distribution Log and reported to the Central Communications Center. Medication errors are documented on a Medication Variance Report form.

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Healthcare Admission Screening/Physical Domain Ongoing Needs Assessment

A review of 85 records found that the Physical Ongoing Needs Assessment (PONA) was completed at enrollment on time in 100% of the instances reviewed. A review of 111 records to determine if 6-month re-evaluations occurred on time found that centers had a compliance rating of 92.8%. Twelve (12) exceptions were noted between two (2) centers. Both centers completed a training on timely completion of PONA reviews and continued monitoring found that there were no deficiencies in this area.

Verification of Authenticity of Medication Upon Admission

The Pace Medication policy outlines the process for receiving medication at the facility. If a girl has the need to take medication while attending a Pace center, the girl's parent/guardian must bring the medication(s) to the center in the original container and complete and sign a Prescription Medication Form, including instructions and possible side effects. A review of 37 Prescription Medication Forms, including prescribed and over-the-counter medications, found that all forms were completed prior to the center administering the medication.

Medication Storage, Access, Inventories, and Disposal

A review of 21 centers found that all centers had policies and procedures in place to address storage of medication, access to medication, inventories of medication, return of medication to parent(s)/guardian(s),

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and disposal of medication. Observations made during the annual monitoring review found that all 21 centers stored oral, topical, and/or injectable medications separately in a locked room that was accessible only to approved staff. Controlled medications, when stored on-site, were maintained in an additional locked box within the locked room. A review of 405 Medication Distribution Logs found that a log was maintained for each medication, along with pertinent information related to the administration of the medication (dosage, length of time, parental approval, date administered, girl initials, and staff observing signature). Minor exceptions were noted in the demographic information (enrollment date missing, illegible staff signature) and informal trainings were conducted via Microsoft Teams with each individual center. A review of the Central Communications Center (CCC) reports found no incidents of medication errors. Perpetual or weekly inventories were noted on Medication Distribution Logs in all instances, with a second staff observing and signing on the form.

Medication Observation

Pace centers have policies and procedures to address medication administration, stating that only staff trained may observe the administration of medications. Pace policy outlines the procedures for administering medication, indicating that while girls are educated and encouraged to be responsible for taking medications as prescribed, it is the ultimate responsibility of Pace staff to ensure that girls follow their medication regimen. A review of the Medication Distribution Logs supports the finding that staff ensure girls' adherence to their medication routine. Employee interviews at each center found that staff who are responsible for the observation of youth received training from a licensed nurse and understand the guidelines for administering medications, including the Six (6) Rights, verification procedures and documentation.

Medical and Mental Health Alert Process

Pace Medical and Mental Health Alert System procedures outline the steps for documenting alerts in the Student Management System (SMS), including medication side effects, known allergies, and medical or mental health concerns that may require additional attention. The Alert section of the SMS contains information that is HIPPA compliant, and confidential medical or mental health information (i.e. mental or medical diagnosis, medication name/type) is maintained in a separate section of the student case record that has limited access by approved staff. A review of the Alert section of the SMS is conducted quarterly and non-conformities are immediately corrected. A review of 693 records from the SMS found that alert information met requirements in 692 instances. In one instance a diagnosis was noted, and the center immediately corrected the alert section.

Emergency Medical Services

Pace has a policy that addresses Emergency Medical and Dental care for girls, outlining that each center will develop a center-specific plan. A review of 21 centers found that all 21 centers had procedures addressing emergency medical and dental care within the center's Emergency Preparedness and Fire Prevention Plan or as a separate procedure within the facility. All staff are required to have access to contact Emergency Medical Services (EMS) and observations at 21 centers found that staff had unimpeded access to 911. The policy also outlines that documentation for contact of EMS shall be completed in the SMS. A review of the SMS found that centers document contact of EMS services in the Incident Reporting section of the student's case record.

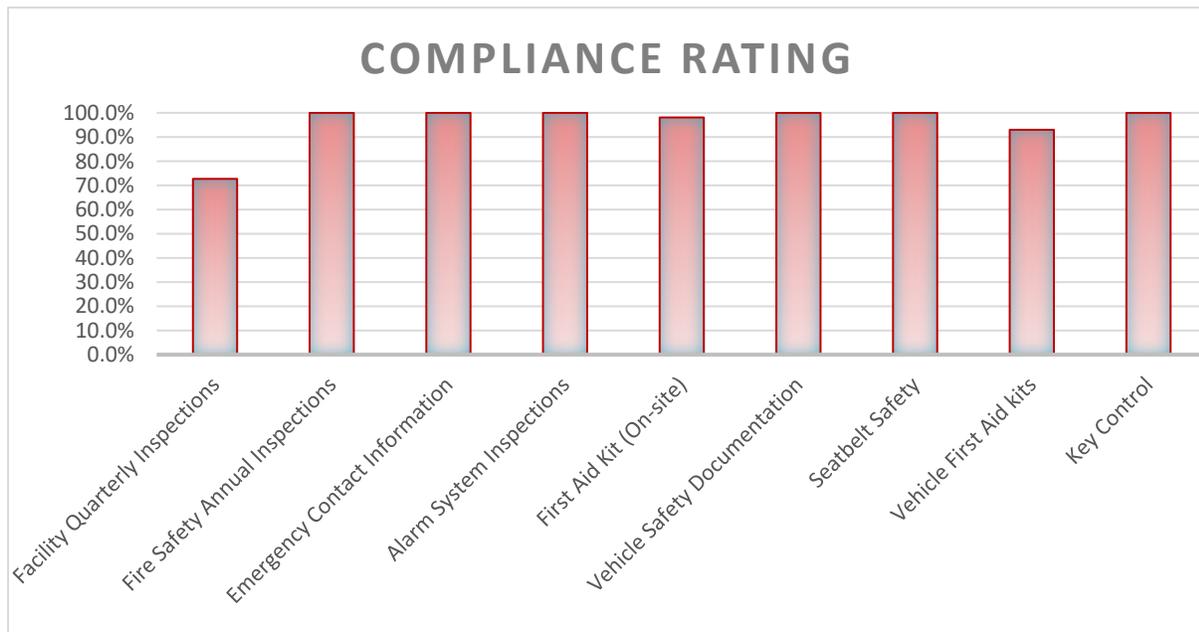
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Program Safety, Sanitation, and Emergency Procedures

OVERVIEW

Pace has written policy and procedures to address program safety, sanitation, access and use of toxic materials, vehicle safety, key control, and emergency procedures. Centers are responsible for maintaining the physical environment as outlined in policy. Staff are trained on emergency procedures upon hire and students are informed of emergency procedures during the admission process. Designated staff at each center complete monthly checks related to safety, maintenance, and emergency preparedness with the support of National Office facilities personnel. A Continuity of Operations Plan is developed for each center that outlines specific procedures for addressing various types of emergencies, including fire, weather related incidents, hostage situations, active shooter incidents, chemical spills, and bomb threats. Each center conducts fire drills monthly and other-type emergency drills quarterly. First aid kits are available to all staff at each center and contents are reviewed at regular intervals.

FINDINGS



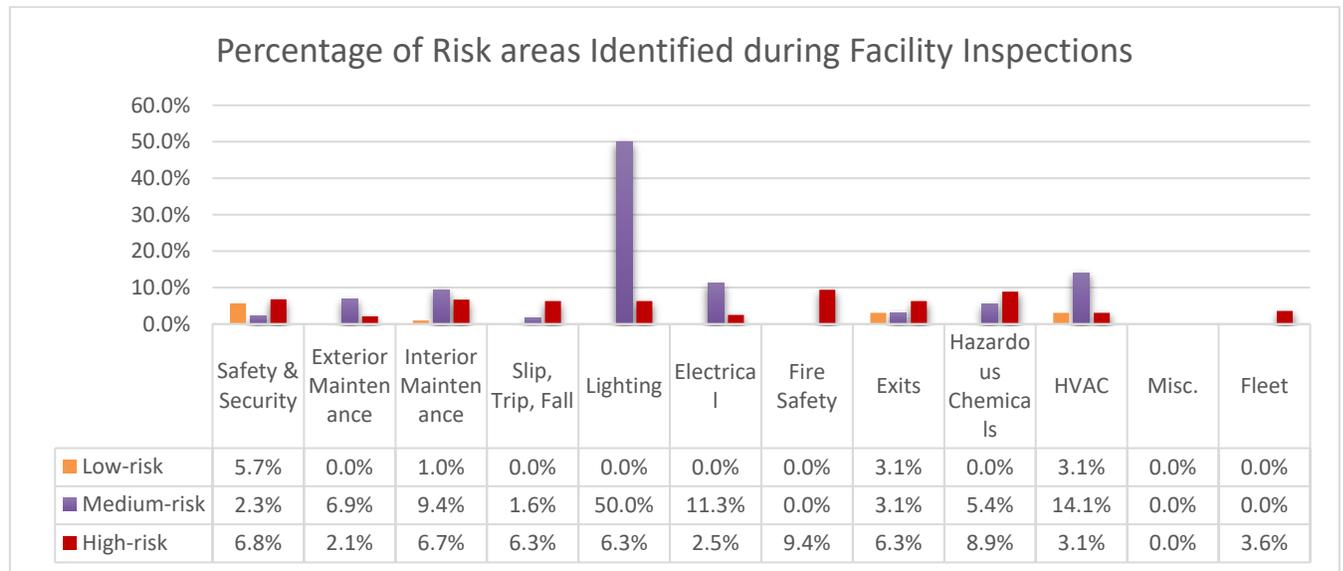
Center Cleanliness, Maintenance, and Safety

Pace centers have written policies that outline the standards for cleanliness, maintenance, and safety of the centers. Each center has designated areas for classroom instruction, counseling services, meals, recreational activities, and administrative offices. Pace National Office support staff conduct regular facility inspections of all centers to ensure that the buildings and grounds are maintained in compliance with written policies. A review of 16 facility inspection reports was completed; six (6) centers did not have an inspection due to _____

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COVID-19 closures resulting in a 72.7% compliance rating for Inspections. Inspection reports cover 72 components in areas of Safety & Security, Exterior maintenance, Interior maintenance, Slip, Trip & Fall Hazards, Lighting, Electrical safety, Exits, Fire safety, Hazardous Materials, HVAC, Miscellaneous and Fleet. The review of documentation found that pest control was up to date at all centers, Electrical panels were properly labeled with no open slots, fire extinguishers were properly maintained, chemicals were labeled properly, ladders and stepping stools were properly stored, dryer vents were clean, emergency supply kits were up-to-date, key control inventory was current, and vehicles were locked and properly documented.



Areas noted as high priority were corrected immediately with oversight from National Office staff. For areas noted as moderate and low priority, centers were provided with an action plan for correction and monitored for completion by National Office facilities staff. Lighting issues rated as moderate or high-risk were noted at nine (9) centers where bulbs were noticed as needing replacement. The bulbs were replaced on the same day as inspection and issue resolved. Seven (7) centers were noted for having electrical cords in high-traffic areas. The cords were secured to prevent trips/falls. Five (5) centers had identified risks in the HVAC area that required filters to be replaced. In all instances, the filter was replaced immediately. Observations of the centers during the on-site annual reviews found the centers clean, in good repair, with up-to-date yard maintenance and working bathroom facilities for students.

Deviation from normal practice: Facility inspections were paused in March 2020 due to COVID-19 quarantine travel restrictions. Normal practices of inspections were resumed prior to the opening of centers in September 2020.

Safety – Sight and Sound Supervision

Each center maintains procedures in place for staff to provide and maintain a safe environment for girls and staff. Observations at 21 centers observed staff providing sight and sound supervision of girls during program activities. A review of incident reports supported that when disruptions occurred in the program, staff took appropriate steps to respond and document incidents in the student’s case management record.

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Emergency Preparedness & Emergency Response

Every center has a site-specific plan for Emergency Preparedness & Emergency Response Fire Prevention Plan that was reviewed and signed by the Executive Director and is provided to the local Fire Marshal/designee for signature. The Continuity of Operations Plan is organization – wide and is located at every center. A review of 21 centers found that all had up-to-date annual Inspections completed by the Fire Marshal and the Fire Safety Log was current. The emergency plan includes emergency contact numbers and phone tree, emergency codes, media communications and fire safety plan. The plan also outlines procedures to address general emergency procedures, medical emergencies, hurricanes, tornados, chemical spills, hostage situations, riots, bomb threats, floods, power outages, water loss and use of alternate sites. A review of 24 facility inspection reports found that all centers have emergency contact numbers (hospital, law enforcement, fire department, poison control, animal control, etc.) visible and accessible. Additionally, all 24 facility inspection reports noted that the Alarm System trouble code check was operational and that every center had an Emergency Supply Kit. All 21 centers had at least one (1) first aid kit on site with inventories completed regularly. There was one (1) exception noted in this area; however, the center immediately rectified the issue.

Vehicle Safety and Security

Pace centers have policies in place to address vehicle use and safety. A review of 16 facility inspection reports found that during each inspection, center vehicles were found locked, with current insurance card and vehicle registration located inside the vehicle. Vehicles were observed to have a working fire extinguisher and emergency kits located inside the vehicle 93% of the time. Seatbelts were observed to be in working condition during 100% of the inspections. Keys were observed to be secured in a locked location inside of the center 100% of the time. Centers made vehicle repairs as needed and corrected any exceptions noted during the inspections within a reasonable amount of time. No vehicles were noted as undriveable during the inspections.

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Training and Staff Development

OVERVIEW

Upon hire, new employees are provided with a New Employee's First Week Training Plan that outlines what job-specific trainings are required, whether online or in-person. DJJ required trainings are outlined in a QuickHelp guide to assist staff in identifying and ensuring completion of the correct trainings in the SkillPro System. Executive Directors are responsible for developing an annual training plan that outlines annual training requirements for all employees and volunteers. All employees receive training in emergency and safety procedures during new hire orientation, as well as annually.

FINDINGS



Staff Training

A total of 551 staff were reviewed for compliance in new hire or annual training. Of the 122 staff requiring new hire training 66% completed the training on time, 21% completed the trainings late, and 13% had not completed all required trainings at the end of the fiscal year. Of the sixteen (16) staff who had not completed the required trainings as of July 1, 2020, three (3) were terminated or resigned (unrelated to training); 11 completed the training; and two (2) had documentation of corrective action placed in their personnel file.

A review was completed of 429 staff requiring annual training in Human Trafficking, Sexual Harassment and PREA. The review of staff requiring Human Trafficking annual training found that 35% of staff completed the training on time, 36% completed the training late, and 29% had not completed the training at the end of the fiscal year. Of the 30 staff who had not completed the training as of July 1, 2020, two (2) were terminated or resigned (unrelated to training), 27 completed the training prior to the completion of the annual report, and one (1) had documentation of corrective action placed in their personnel file.

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The review of staff requiring Sexual Harassment training found that 45% completed the training on time, 30% completed the training late, and 25% had not completed the required training at the end of the fiscal year. Of the seven (7) staff who had not completed the training as of July 1, 2020, 100% completed the training prior to the completion of the annual report.

The review of staff requiring PREA training found that 43% completed the training on time, 32% completed the training late, and 25% had not completed the required training at the end of the fiscal year. Of the eight (8) who had not completed the training as of July 1, 2020, 100% completed the training prior to the completion of the annual report.

A review of the PMM system indicated that Pace National Office implemented a corrective action plan to resolve the deficiencies noted and trainings were monitored regularly until completed. The Compliance and Risk Department works closely with centers to identify breakdowns in completing trainings on time. Regional Associate Directors are responsible for notifying centers of upcoming trainings and conducting timely follow-up of any trainings that will fall out of compliance. The Executive Leadership Team has mandated corrective actions for centers that do not meet compliance with this indicator. The Compliance and Risk Department will continue to monitor for system breakdowns regularly throughout the year.

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REVIEW TEAM MEMBERS

Adrienne Huggins, Pace Treasure Coast: Program Director
Alexandra Stark, Pace Broward: Executive Director
Amber Procter, Pace Orange: Social Services Manager
Amy Hutto, Department of Juvenile Justice: Regional Monitor
Amy WickMavis, Pace Manatee: Executive Director
Annita Kyles, Pace National Office: Compliance Analyst
April Brownlee, Pace Palm Beach: Executive Director
Atiya Goodin, Pace Jacksonville: Program Director
Brandi Gentry, Pace Escambia: Program Director
Brenda Comadore, Department of Juvenile Justice: Regional Monitor
Brienne Long, Pace Pasco: Program Director
Carolynn White, Pace Marion: Social Services Manager
Chantell Miles, Pace Pinellas: Executive Director
Chris Lemon, Pace Hernando: Program Director
Crystal Westman, Pace Citrus: Social Services Manager
Davia Lerebours, Pace Hillsborough: Executive Director
Destani Shadrack, Pace Clay: Executive Director
Dolly Ferraiuolo, Pace Pinellas: Social Services Manager
Ellen Katzman, Pace Polk: Executive Director
Ereka Romero, Pace Miami: Social Services Manager
Felicia Goldstein, Department of Juvenile Justice: Regional Monitor
Georgia McCurdy, Pace Volusia-Flagler: Executive Director
Gwen Nelson, Department of Juvenile Justice: Regional Monitor
Hannah Wald, Pace Pasco: Social Services Manager
James Conoly, Pace National Office: Risk Administrator
Jayson Colon, Pace National Office: Facility Risk Specialist
Jennifer Cellitti, Pace Lee: Program Director
Jennifer Schad, Department of Juvenile Justice: Regional Monitor
Jessica Bone, Pace Alachua: Program Director
Jessica Hamilton, Pace Manatee: Program Director
Jill Foy, Department of Juvenile Justice: Regional Monitor
Kathleen Kupper, Pace Collier: Social Services Manager
Keith Bennis, Department of Juvenile Justice: Regional Monitor
Kelly Otte, Pace Leon: Executive Director
Kelly Starke, Pace Collier: Program Director
Kendra Pugh, Pace Lee: Social Services Coordinator
Kerrie Sagrini, Pace Volusia-Flagler: Program Director
Kimberly Reed, Pace Jacksonville: Executive Director
Kimberly Vollmer Smith, Pace Marion: Program Director
Laurie Rodgers, Pace Escambia: Regional Executive Director

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LaVita Johnson Spears, Pace Broward: Program Director
Margaret Connolly, Pace Polk: Program Director
Marianne Kearns, Pace Collier: Executive Director
Marissa Stress, Department of Juvenile Justice: Regional Monitor
Maygan Johnson, Pace Treasure Coast: Executive Director
Meg Geltner, Pace Lee: Executive Director
Michael Norowski, Pace Alachua: Social Services Manager
Mike Marino, Department of Juvenile Justice: Regional Monitor
Natalya Bannister, Pace Alachua: Executive Director
Nicole Horton, Pace Palm Beach: Program Director
Rebecca Tisthammer, Pace National Office: Associate Director of Operational Compliance
Rosene Johnson, Pace Orange: Executive Director
Sherry Thompson-Giordano, Pace Miami: Executive Director
Shiela Jordan, Pace Citrus: Executive Director
Stacey Mednick, Pace Broward: Social Services Manager
Stephanie Koszalka, Pace Hillsborough: Social Services Manager
Sylvia Woodberry, Pace Clay: Social Services Manager
Tamara Mahl-Adkins, Department of Juvenile Justice: Regional Monitor
Tamara McKlveen, Pace Palm Beach: Social Services Manager
Tonya Gittens, Department of Juvenile Justice: Regional Monitor
Warren Garrison, Department of Juvenile Justice: Regional Monitor
Willie Williams, Pace Leon: Program Director
Xonjanese Jacobs, Pace Hernando: Social Services Manager
Yolanda Wallace, Pace National Office: Associate Director of Programs