

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Outward Bound  
North Carolina Outward Bound School  
(Contract Provider)  
3500 Sunset Boulevard  
Mims, Florida 32754**

*Review Date(s): October 9 - 11 & 16, 2018*



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY  
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



## Rating Definitions

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

<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:

Bonita Williams, Office of Program Accountability, Lead Reviewer (Standard 1)  
Teresa Andersen, Office of Program Accountability, Deputy Regional Supervisor (Standard 1)  
Paul Czigan, Office of Program Accountability, Regional Monitor (Standard 4)  
Tamara Mahl-Adkins, Office of Program Accountability, Regional Monitor (Standard 2)  
Bonnie Zeller, DJJ Probation, Juvenile Probation Officer Supervisor, Circuit 9 (Standard 3)

Program Name: Outward Bound  
 Provider Name: North Carolina Outward Bound School  
 Location: Brevard County / Circuit 18  
 year  
 Review Date(s): October 9-11 & 16, 2018

MQI Program Code: 1283  
 Contract Number: 10099  
 Number of Beds: 165 each  
 Lead Reviewer Code: 148

### 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) Assessment Services, (3) Intervention Services, and (4) Services, which are included in the Outward Bound Standards (September 2014).

#### Persons Interviewed

- |                                                      |                                |                                                  |
|------------------------------------------------------|--------------------------------|--------------------------------------------------|
| <input checked="" type="checkbox"/> Program Director | _____ # Case Managers          | _____ # Maintenance Personnel                    |
| <input type="checkbox"/> DJJ Monitor                 | _____ # Clinical Staff         | _____ # Program Supervisors                      |
| <input type="checkbox"/> DHA or designee             | _____ # Food Service Personnel | <b>1</b> # Other (listed by title): <b>Human</b> |
| <input type="checkbox"/> DMHCA or designee           | _____ # Healthcare Staff       | <b>Resource</b>                                  |

#### Documents Reviewed

- |                                                                  |                                                                      |                                                                |
|------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Accreditation Reports                   | <input checked="" type="checkbox"/> Fire Prevention Plan             | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character       | <input checked="" type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs                       |
| <input checked="" type="checkbox"/> CCC Reports                  | <input type="checkbox"/> Key Control Log                             | <input checked="" type="checkbox"/> Youth Handbook             |
| <input type="checkbox"/> Confinement Reports                     | <input checked="" type="checkbox"/> Logbooks                         | <b>8</b> # Health Records                                      |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <b>8</b> # MH/SA Records                                       |
| <input checked="" type="checkbox"/> Contract Monitoring Reports  | <input checked="" type="checkbox"/> PAR Reports                      | <b>5</b> # Personnel Records                                   |
| <input checked="" type="checkbox"/> Contract Scope of Services   | <input type="checkbox"/> Precautionary Observation Logs              | <b>5</b> # Training Records/CORE                               |
| <input checked="" type="checkbox"/> Egress Plans                 | <input checked="" type="checkbox"/> Program Schedules                | <b>3</b> # Youth Records (Closed)                              |
| <input type="checkbox"/> Escape Notification/Logs                | <input type="checkbox"/> Sick Call Logs                              | <b>5</b> # Youth Records (Open)                                |
| <input checked="" type="checkbox"/> Exposure Control Plan        | <input checked="" type="checkbox"/> Supplemental Contracts           | _____ # Other: _____                                           |
| <input checked="" type="checkbox"/> Fire Drill Log               | <input checked="" type="checkbox"/> Table of Organization            |                                                                |
| <input checked="" type="checkbox"/> Fire Inspection Report       | <input type="checkbox"/> Telephone Logs                              |                                                                |

#### Surveys

- |                  |                              |                                           |
|------------------|------------------------------|-------------------------------------------|
| <b>5</b> # Youth | <b>5</b> # Direct Care Staff | <b>1</b> # Other: <b>Program Director</b> |
|------------------|------------------------------|-------------------------------------------|

#### Observations During Review

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

#### Comments

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

## Standard 1: Management Accountability Outward Bound Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Initial Training	Satisfactory
1.04	Annual Training	Satisfactory
1.05	Episodic/Emergency Services	Satisfactory
1.06	Medication Management - Medication Storage	Satisfactory
1.07	Medication Management - Delivery of Medications	Satisfactory
1.08	Cleanliness and Sanitation	Satisfactory
1.09	Administration	Satisfactory
1.10	*Incident Reporting (CCC)	Satisfactory
1.11	*Abuse-Free Environment	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: Assessment Services Outward Bound Rating Profile

### Indicator Ratings

Standard 2 - Assessment Services		
2.01	Referral and Intake Process	Satisfactory
2.02	Intake Conference and Orientation	Satisfactory
2.03	Medication Management – Verification of Medications	Satisfactory
2.04	* Mental Health/Substance Abuse Screening	Satisfactory
2.05	Outward Bound School/F.I.N.S Program Needs Assessment or (PAT)	Satisfactory

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## Standard 3: Intervention Services Outward Bound Rating Profile

### Indicator Ratings

Standard 3 - Intervention Services		
3.01	Individualized Performance Plan (IPP) Process	Satisfactory
3.02	Individualized Performance Plan Reviews and Revisions	Satisfactory
3.03	Individualized Performance Plan Summary	Satisfactory
3.04	*Non-violent Physical Crisis Intervention and Reporting	Satisfactory
3.05	Behavior Management System	Satisfactory
3.06	Transition Plan/Contract	Satisfactory
3.07	Follow-up	Satisfactory

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## Standard 4: Services Outward Bound Rating Profile

Indicator Ratings		
Standard 4 - Services		
4.01	Disaster Preparedness	Satisfactory
4.02	Fire Prevention and Evacuation Procedures	Satisfactory
4.03	Water Activities	Satisfactory
4.04	Boating Activities	Satisfactory
4.05	Food Services	Satisfactory
4.06	Transportation	Satisfactory
4.07	Life Management Skills	Satisfactory
4.08	Supervisory Reviews	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 1: Management Accountability

## Overview

North Carolina Outward Bound School, Inc. provides a short-term wilderness expedition program for youth. The base camp for the program is located in Scottsmeer, Florida, in Brevard County. The youth are taken on a twenty-day wilderness expedition and receive case management services. The program serves youth from Orange, Brevard, Seminole, Osceola, Duval, St. Johns, Volusia, Lake, and Flagler counties. Youth are between the ages of twelve to seventeen and are willing to participate in the program. The criteria for admission to the program includes youth who have a history of exhibiting inappropriate behaviors, such as a history of running away from home, behavioral issues in school, or truancy. Youth are to be cleared by a physician before admission.

The program has a program director, human resources and compliance coordinator, logistics manager, associate program director, assistant logistic manager, course director, family programs manger, family coordinator, apprentices, and interns. There were no vacancies reported by the program at the time of the annual compliance review.

### 1.01 Initial Background Screening (Critical)

### Satisfactory Compliance

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

The program has a policy and procedures in regard to the background screening of all newly hired staff and interns. Since the last annual compliance review, the program hired six new staff and three interns. All nine staff had a completed background screening prior to their hire date. The program completed a criminal history, reviewed the Central Communications Center (CCC), Staff Verification System (SVS) module, and Florida Department of Law Enforcement automated training management system on each new staff and intern. In addition, the program conducts a check through the Department of Children and Families through the Florida Automated Child Welfare Information System (SACWIS) for abuse allegations. The program completed the Annual Affidavit of Compliance with Level 2 Standards on January 2, 2018, meeting the annual requirement. All new staff were added to the Clearinghouse employment roster. Seven of the nine staff were applicable for taking the pre-employment assessment tool. Two of the seven applicable staff were hired prior to the changes in policy in regard to the pre-employment assessment tool. Applicants are to pass the pre-employment tool with a 50% or higher score. Each of the seven applicable staff passed the pre-employment tool.

### 1.02 Five-Year Rescreening

### Satisfactory Compliance

*Background screening is conducted for all Department employees, contracted provider and grant recipient em-ployees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.*

The program has a policy and procedures in regard to the five-year rescreening process. The program had five staff applicable for a five-year rescreening. Each of the five staff had the five-



year rescreening completed on, or prior to, the anniversary date of their initial hire date. None of records were completed more than twelve months prior to their anniversary date.

<b>1.03 Initial Training</b>	<b>Satisfactory Compliance</b>
<i>Contracted non-residential Outward Bound staff are trained in accordance with Outward Bound Program Core Orientation policy. Contracted non-residential staff who have not completed essential skills training and untrained interns do not have any direct, unsupervised contact with youth.</i>	

Five staff records were reviewed for pre-service training. Each of the staff completed the Outward Bound Pre-Service training, as required. The staff participated in and completed both web-based and instructor-led training. The staff completed all required trainings prior to direct, unsupervised contact with youth. All Department trainings were entered into the Department's Learning Management System (SkillPro), except for cardiopulmonary resuscitation (CPR), first aid, Red Flag Behavior, and appropriate staff/youth interaction.

<b>1.04 Annual Training</b>	<b>Satisfactory Compliance</b>
<i>Contracted non-residential Outward Bound staff must complete forty hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training. Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.</i>	

Five staff training records were reviewed for in-service training. The program maintains an annual training calendar, which is updated as needed. All five staff had more than the required forty hours of training. The training included program-required trainings by policy. All Department trainings were entered into the Department's Learning Management System (SkillPro). All training was documented in each staff's annual training record. The staff training coordinator training record had documentation of completing a minimum of forty hours of training.

<b>1.05 Episodic/Emergency Services</b>	<b>Satisfactory Compliance</b>
<i>The program shall have a comprehensive process for the provision of Episodic Care, First Aid, and Emergency Care. The program shall be capable of facilitating an appropriate response to an emergency situation.</i>	

The program has a policy and procedures in the event emergency care is required. A review of the course log and five youth medical records documented one youth was provided emergency care; the youth was taken from the expedition to the dentist for a chronic toothache. Additional records were requested for youth who received emergency care; however, there was only one additional record for review. The second youth was taken to the emergency room by emergency medical services (EMS) and the youth returned to the expedition the same day. Documentation validated one youth's parent/guardian was contacted and there was no documentation the other youth's parent/guardian was contacted. An incident report form and medical chronological notes were completed, validating the emergency was documented for each youth. Of the five youth records reviewed, four were provided with first aid care and each incident was documented on the Medication Distribution Log, if medication was given, as well as in the medical chronological notes in each youth's record.

Through an interview with the human resource and compliance coordinator, it was determined the suicide kit, which contains the knife-for-life, wire cutters, and needle nose pliers, is attached to the red water-proof medical bag, which is taken on every expedition. First aid kits are maintained in each program vehicle. In addition, the red water-proof medical bags containing all medications are taken on every expedition. The red water-proof medical bags are monitored and replenished each time an expedition is completed. The items are also checked prior to each expedition, exceeding the monthly requirement, ensuring there are no expired items; on average, expeditions occur twice a month.

A review of the program’s drills documented the program provided emergency response training to staff on December 19, 2017. A review of the drills documented the program completed cardiopulmonary resuscitation (CPR) drills prior to each expedition. A total of nine CPR drills were conducted during the six-month review period, far exceeding the requirement. Each of the interviewed five staff reported being able to call 9-1-1 in case of any emergency.

<b>1.06 Medication Management – Medication Storage</b>	<b>Satisfactory Compliance</b>
<i>All medications (prescriptions, over-the-counter, topical, etc.) shall be stored in separate, secure (locked) and are inaccessible to youth and ensures proper inventory control.</i>	

The program has a policy and procedures in place which addresses medication management and storage. The program utilizes a medical kit bag, which is a large, red, water-proof duffle bag. Inside the large red bag are four smaller bags. Each of the four smaller bags are color coded; orange, yellow, red, and blue. Each of the colored bags contains Ziploc bags separating each medication. Medications are stored with perpetual inventories and a review of the last six months validated perpetual inventories are completed weekly. A review of the contents of the red bag validated each bag contained an inventory sheet documenting each item and expiration date of each item in each of the colored bags. The Epi-pen Auto-Injector is stored in accordance with the manufacturer’s recommendations and a perpetual inventory is completed. The program utilizes a Frio wallet for the Epi-pen, to maintain the required temperature. Oral medications are stored in the yellow bag, within another bag, and are not stored with the topical medications. In addition, the program utilizes a locked ammo can, with double combination locks, which contains the youth’s prescription medications, if any, and is in the custody and control of staff at all times. A review of three medications validated none were expired. A verification of expedition inventory was unable to be observed during the annual compliance review, as the youth had not returned in time.

<b>1.07 Medication Management – Delivery of Medications</b>	<b>Satisfactory Compliance</b>
<i>The program shall have a process in place to assist youth with self-administration of oral medications.</i>	

A review of five staff training records validated non-health care staff are trained in medication management and self-administration of medication, by a registered nurse, as required by the program’s policy. The policy clearly documents the process for staff training in medication management and the procedures for medication delivery. The medication containers are all controlled and maintained by trained staff. Through an interview with the human resources and compliance manager, it was determined there is a structure in place for youth to approach staff prior to providing medication. The process is each day, twice a day, the staff conduct sick call, sometimes referred to as “doctors in,” where a check is conducted to assess the physical and emotional well-being of each youth.

Each of the five reviewed medical records documented the youth’s medical history, allergies, immunization history, current medications, parent/guardian consent for medication, and a Medication Distribution Log, regardless if medication was administered. Each Medication Distribution Log documented all required elements, including youth and staff signatures indicating the dosage was given. All records contained a signed consent, by the parent/guardian, for both over-the-counter and prescription medications. Of the five records reviewed, two youth came on-site with prescriptions. Both records documented a perpetual inventory of the prescribed medication. One youth arrived on-site with a prescription to be administered as-needed.

One youth arrived on-site with a psychotropic medication for attention deficit hyperactivity disorder (ADHD), which based on the program’s policy and procedures, requires the youth to sign an ADHD Medication Contract. The ADHD Medication Contract located in the youth’s record, indicated the youth signed the contract, and the staff will distribute the medication based on the prescription bottle, the youth agreed to take medication, as prescribed, for the duration of the course, and if the youth refuses, he understands it could jeopardize his safety. A review of each of the five records, validated each Medication Distribution Log was reviewed weekly, with one exception. The youth’s medical record contained two Medication Distribution Logs; one documenting July 27 – July 31, 2018 and one documenting August 1 – August 11, 2018. The July log did not document a weekly supervisory review.

<b>1.08 Cleanliness and Sanitation</b>	<b>Satisfactory Compliance</b>
<i>The program provides a safe and appropriate treatment environment in a wilderness setting including maintenance and sanitation of the campsites.</i>	

The program has policies and procedures to address cleanliness and sanitation. The program provided a tour of the program to the annual compliance review team. The indoor areas and attached buildings were clean, neat, and well maintained. There were no observations of graffiti on walls, doors, or windows. During the morning staff meeting, the annual compliance review team observed team assignments for cleaning and sanitation duties, with staff who were assigned, written on a dry erase board for accountability. Five staff interviews indicated this was the daily process for cleanliness and sanitation maintenance.

A review of course logs for three expeditions revealed daily campsite inspections were completed by specific staff. Equipment check-out logs indicated equipment was in good working order and inspected including emergency lights, cellular phone, personal flotation devices, throw bags, stove, maps/charts, tents, first aid kits, weather radio, canoe flotation, repair kits, and compass. The repair kit included items such as needles, thread, zipper pulls, duct tape, ripstop tape, no-see-ums screen patch, various types of pliers and screw drivers, and adjustable wrench. None of the three selected course documents indicated equipment failure. The program provided documents for Course 494, which indicated a stove failed to operate properly. Records indicated attempted repairs were unsuccessful and a replacement was provided to the course the following day during resupply.

The group-issued gear list includes one student flashlight. Lighting lists include an emergency lantern and a lantern for lighting the immediate campsite. Five staff interviews regarding student flashlight availability revealed each of the three staff on each course take several individual headlamps and issue them to selected youth and/or tie one to a water jug for lighting during evening hours. However, these headlamps were not documented on the gear issue list.

Interviews indicated if youth requires a flashlight in the night, they can wake up staff to provide a light.

<b>1.09 Administration</b>	<b>Satisfactory Compliance</b>
<i>The Outward Bound program provides a safe and appropriate treatment environment including administrative and operational oversight.</i>	

The program submitted monthly reports to the Department during the annual compliance review period. The monthly reports included youth course information report (if applicable), Certified Minority Business Enterprise Utilization Form (CMBE), staff vacancy report, youth attestation form, Prevention Assessment Tool (PAT) results, parent/guardian workshop sign-in sheets, releases, and Date of Data Entry reports. A review of youth on the program's roster matched the census report in the Department's Juvenile Justice Information System (JJIS). A review of three closed records confirmed the date of admission and the date of termination correlated with JJIS.

A review of four course logs found documentation of activities, events, and incidents. The course logs were brief and written legibly. The staff initialed when corrections were made, and errors were struck through with a single line. The course log entries included the date and time of incidents, name of the youth and staff involved, a brief statement of pertinent information, and name of staff making the entry with the date, time of entry, and signature.

<b>1.10 Incident Reporting (CCC) (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

The program has a policy and procedures in regard to reporting incidents to the Department's Central Communications Center (CCC). Since the last annual compliance review, the program had five incidents reported to the CCC. Three of the five reports were reported within the two-hour time frame. One of the five reports, the staff did not have access to a telephone, as there was no reception; however, was able to report the incident upon having access to a telephone and reception. One of the five reports, the incident occurred on July 27, 2018; however, the call was not made until August 20, 2018. The program did not provide any information as to why the incident was reported late. Four of the five incidents were documented in course logs.

<b>1.11 Abuse-Free Environment (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Any person who knows, or has reasonable cause to suspect, a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined by Florida Statute, or a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.</i>	

The program has a policy and procedures in regard to the provision of an abuse-free environment. The program reported there were no allegations of abuse made against staff during the annual compliance review period. The program had zero substantiated incidents related to physical, psychological, or emotional abuse since the last annual compliance review. Program staff signed the code of conduct upon hire, which was located in each staff's personnel record. Telephone numbers to the Florida Abuse Hotline and the Department's Central

Communications Center (CCC) were posted throughout the facility. Interviews with five staff revealed the youth have access to self-report abuse allegations when requested. The program director reported the staff keep the Florida Abuse Hotline number on them while on course and it is posted in the facility. The program director reported youth can call the Florida Abuse Hotline anytime; staff will dial the number and allow youth to speak to the hotline representative. None of the five interviewed youth reported seeing staff refusing a youth to call the Florida Abuse Hotline; nor have any of the youth requested to call the Florida Abuse Hotline. All five youth reported feeling safe while in the program. The five staff interviewed were able to explain the process of how the youth and staff are to call the Florida Abuse Hotline. All staff reported being able to call the Florida Abuse Hotline and have a cell phone for the youth to call at any time. The program director reported the staff have access to a cell phone while on each expedition, with the Florida Abuse Hotline phone number. The program director, reported each staff sign the code of conduct upon hire. In addition, the program director was able to explain the process of incident reporting, including consequences.

## Standard 2: Assessment Services

### Overview

The program accepts male and female youth, between the ages of twelve and seventeen. The youth must be in good health and not in need of any specialized overlay services. Parents/guardians, schools, community agencies, or prevention/diversion programs may refer youth to the program. Upon receipt of the referral, the application will be reviewed and, if the youth is appropriate, a face-to-face interview is scheduled, and the youth is screened. The youth and parent/guardian participate in an orientation upon the youth's acceptance. During the orientation, program expectations, policies, and procedures are discussed with the youth, parent/guardian, and staff.

#### 2.01 Referral and Intake Process

#### Satisfactory Compliance

*Upon receipt of a student's referral packet, the pro-gram shall perform an initial screening to determine whether or not the student is eligible for program services.*

The program has a written policy and procedures regarding the referral and intake process. All five reviewed youth records included documentation of a review of the youth's application. All of the records had documentation the program scheduled a face-to-face interview with youth and parent/guardian, as well as a completed medical screening. Upon completion of the intake process, each youth and parent/guardian was notified of youth's acceptance. All five records had documentation of any contacts or attempted contacts by telephone, e-mail, or face-to-face with the family. All documentation was located in the chronological log located in each youth's record.

#### 2.02 Intake Conference and Orientation

#### Satisfactory Compliance

*The Outward Bound program shall perform a face-to-face interview with both the student and parent(s)/guardian(s) and, at a minimum, review the following:*

- *Video, if applicable*
- *Parent commitments and responsibilities*
- *Successful completion criteria as defined in policy 4.403*
- *Overview of program expectations and wilderness expedition realities*
- *Clothing list*
- *Consent to release information*
- *Student rights*

The program has a written policy and procedures regarding the intake conference and orientation process. Each of the five reviewed youth records had a checklist acknowledging youth were informed and understood the program's expectations. The checklist included all required elements. In each of the five youth records, there was documentation of the referral application, Outward Bound Participant Record and Physician Medical Record, Acknowledgement of Personal Responsibility, and photo release. All five records included the National School Lunch Program (NSLP) Individual Determination Report, Counseling Questionnaire, needs assessment, and any medical, mental health, or substance abuse issues.



**2.03 Medication Management – Verification of Medications****Satisfactory Compliance***The program shall determine a youth’s medication regimen upon admission to the program.*

The program has a written policy and procedures regarding the verification of medications. Two of the five youth records were applicable. An additional record was requested and reviewed for verification of medication. All three youth records documented the program only accepted medications distributed by a licensed pharmacist. All medications had a current label on the original container. All three youth records included a Medication Distribution Log which was initiated after medication verification. Staff documented the administering of medication on the Medication Distribution Log.

**2.04 Mental Health/Substance Abuse Screening (Critical)****Satisfactory Compliance**

*Youth are screened for mental health/substance abuse issues at the time of admission to determine if the youth has any conditions requiring further assessment and/or immediate attention. Screening may be performed by non-licensed staff during the admission process. The screening includes a review of available information and completion of a validated suicide risk screening instrument. The program ensures referral for further assessment of the youth, or immediate intervention, as indicated by the mental health/substance abuse screening. (For the entire indicator statement, please reference the Monitoring and Quality Improvement FY 2015-2016 Outward Bound indicators.)*

The program has a written policy and procedures regarding mental health and substance abuse screening for youth. None of the five youth reviewed were taking psychotropic medications. Two of the five youth records documented they were diagnosed with attention deficit and hyperactivity disorder (ADHD). An additional record was requested. The youth was also diagnosed with ADHD. One of the five youth had substance abuse issues and the youth admitting himself to Oasis was discussed. All five reviewed records documented a completed Suicide Risk Screening Instrument. None of the five youth indicated any suicidal ideation on their questionnaire. An additional youth record was requested, and the record indicated further assessment for suicidal ideation. The youth’s record documented the youth was referred to mental health professional for further assessment and the parent/guardian was provided written documentation the youth was not currently presenting any suicidal ideation.

**2.05 Outward Bound School/F.I.N.S Program Needs Assessment or Prevention Assessment Tool (PAT)****Satisfactory Compliance**

*The Outward Bound School/F.I.N.S Program Needs Assessment or the PAT is completed by program staff for all youth, regardless of risk to reoffend, during the face-to-face Intake Interview.*

The program has a written a policy and procedures regarding completion of the Prevention Assessment Tool (PAT) and the Families in Need of Services (FINS) program needs assessment. Each of the five reviewed youth records included both the PAT and needs assessment. The PAT was administered during the intake interview and was entered into the Department’s Juvenile Justice Information System (JJIS) within seventy-two hours of the start of the expedition. The needs assessment included information about the youth’s strengths, weaknesses, needs, and family dynamics. The youth’s needs were documented on the needs assessment in all five of the youth records.

## Standard 3: Intervention Services

### Overview

The program conducts a needs assessment on each youth prior to their river expedition. Information gathered from the assessment is utilized to create the individualized performance plan (IPP). The youth are provided with the program's guidelines and expectations, and consequences for inappropriate behaviors at orientation. The staff assists the youth and parent/guardian with the development of the IPP. Each youth's overall program behavior and progress is discussed during weekly reviews. Upon completion of the expedition, the staff completes an IPP summary and follow-up to inform the youth, parent/guardian, referring agency, school, and other parties of the youth's performance, overall adjustment, and progress made during the expedition. The follow-up plan focuses on the youth's issues at home and at school.

#### 3.01 Individualized Performance Plan (IPP)

**Satisfactory Compliance**

*Outward Bound staff shall complete an Individualized Performance plan for each youth within seven calendar days from the youth's admission. The Plan includes written Performance Plan goals, and action steps documented on corresponding Performance Goal forms. Staff shall document through the performance planning process individualized goals and objectives for each student stressing, at a minimum, social skills, education, transition, and family needs. The IPP shall include two or more, as indicated by assessment and screening, behavioral goals, family concerns, education and vocational goals, family living skills and family relations.*

The program has a written policy and procedures pertaining to the individualized performance plan (IPP). Five open records were reviewed. In all of the records, the IPP included input from the youth and the parent/guardian, incorporated strengths and challenges for the youth and family, and included individualized and measurable performance goals and actions steps based on the identified needs from each youth's needs assessment. The IPP included defined time frames to review and assess the youth's progress and/or completion of each goal, as well as defined responsibilities of the youth. The IPP had a general statement regarding the staff's responsibilities concerning assisting the youth in completing the goals on the IPP. The staff documented the IPP development process with the youth and parent/guardian in the chronological notes. In each of the records, the IPP was developed within seven calendar days of the youth's admission to the program and the youth and parent/guardian, as well the staff who prepared the IPP, and the course director reviewed and signed the initial IPP. The program director (PD) stated the IPP is carried in the wilderness student folder and is reviewed regularly by the youth and staff while on the wilderness expedition. Youth have access to their paperwork during the wilderness expedition.

#### 3.02 Individualized Performance Plan Reviews and Revisions

**Satisfactory Compliance**

*The Individualized Performance Plan shall be reviewed and revised as necessary at least once per week during the wilderness expedition. The review shall include re-negotiation of the performance to ensure the services provided to the youth while in the program compliment and support the youth's re-integration into the home and community.*

The program has a written policy and procedures pertaining to individualized performance plan (IPP) reviews and revisions. Five open records were reviewed. The initial IPP was reviewed at



least once a week, as documented in each youth’s chronological progress notes. None of the IPPs reviewed had any renegotiated goals and action steps. The course director (CD) or designee is responsible for ensuring each youth’s action steps are meeting the needs identified during the admission process. The CD reviewed the IPPs at least once a week, which was documented on the IPPs.

<b>3.03 Individualized Performance Plan Summary</b>	<b>Satisfactory Compliance</b>
<i>An Individualized Performance Plan Summary will be completed on each youth at the end of the wilderness expeditionary program and follow-up to inform the youth, parent/guardian, referring agency, school, and other pertinent parties the youth performance and status on his or her Individualized Performance Plan and overall adjustment and progress during the wilderness expedition.</i>	

The program has a written policy and procedures pertaining to the individualized performance plan (IPP) summary. Three closed records were reviewed. Each of the IPP summaries included the status of the IPP and overall program behavior, including adjustment to the wilderness expedition and interactions with peers and staff, and significant incidents both positive or negative in nature. The IPP summaries were signed by the course director (CD) or designee and were sent or provided in-person to the youth, parent/guardian, and, where applicable, juvenile probation officer (JPO), and it was documented in the chronological notes. In one of the three closed records, the IPP summary was dated April 18, 2018, but the chronological note indicated the document was sent to the parent/guardian and JPO on April 16, 2018; the program indicated it was a chronological note error.

The program director reported the CD completes the IPP summary after the wilderness expedition. Another performance summary is completed by the family coordinator (FC) when the follow-up portion is completed. This is a new practice and was not captured in the closed records reviewed. The closed records had one encompassing performance summary, which was completed by the family coordinator at the end of the follow-up period.

<b>3.04 Non-Violent Physical Crisis Intervention and Reporting (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Outward Bound staff will use only Non-violent Physical Crisis Intervention Techniques (NPCI) by the Crises Prevention Institute (CPI) to manage a potentially violent youth. Any staff member using physical intervention must be certified in the use of NCPI. Any physical intervention technique will be documented in an incident report within 48 hours of the incident and turned in to a base staff member at the next face-to-face meeting.</i>	

The program has a written policy and procedures in regard to physical interventions. The program policy states any physical intervention technique will be documented in an incident report within forty-eight hours of the incident and submitted to a base staff member at the next face-to-face meeting. The Non-Violent Physical Crisis Intervention (NPCI) technique reports are entered into an online incident report database maintained by the program. The two reviewed reports included eleven of the twelve required elements. The field form utilized in NPCI reports is destroyed after the information is entered into the online system. The signatures on the reports are computer generated with the date of entry. The program had two NCPI reports, which involved the same incident with two different youth, since the last annual compliance review. One of the two incident reports were completed within required forty-eight hours, the second report did not have clear documentation of when the report was completed. There was no clear documentation of who, their position, and the time the staff was notified of the incident.

The program director explained in an interview, every physical intervention is called into on-call staff and then the parents/guardians are called. The next step is a debrief conversation completed with the youth and staff involved, then with the entire group, and then with only the staffing team. An incident debrief occurs on the course director level and the incident form is completed within twenty-four hours.

3.05 Behavior Management System	Satisfactory Compliance
<p><i>The Outward Bound program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavior problem or demonstrated level of responsibility. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. All significant behavior problems, isolations and movement between Training, Main, and Final phases are documented in the course log.</i></p>	

The program has a written policy and procedures pertaining to the behavior management system (BMS). The program has a document including the Department’s mission to reduce juvenile crime, description of program design, and educational goals and objectives. The mission statement is displayed in the program’s meeting area. In the five open records reviewed, the non-negotiable rules were reviewed with youth during the pre-course interview and youth acknowledged this with a signature. The non-negotiable rules were also documented in the student handbook. The student handbook included the daily activities scheduled for the course and a review of the course log indicated it is substantially followed. The daily activities include structured outdoor recreational, leisure, and educational activities, teaching values and encouraging sportsmanship. A review of course logs revealed all instances of movement between Training, Main, and Final Phases were documented in the course log, dated, and signed by instructional staff. No youth or group of youth were allowed to control, have authority over, or otherwise discipline any other youth. The program utilizes a BMS providing privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavioral problem or demonstrated level of responsibility. Disciplinary procedures are carried out promptly. Prior to a consequence, a process exists wherein staff and youth discuss sanctions imposed, consequences, and alternative acceptable behaviors.

The program director indicated the program utilizes the Train, Main, and Final Phases overall structure as the BMS. They also use choice consequences, reality therapy, and Choice therapy to counsel individual youth on presenting behaviors. Five staff were interviewed and each reported knowledge of the BMS. The system works off the choices and consequences model. The system includes levels youth earn while on the expedition and rewards. All five youth interviewed were able to report the levels and how to move from one level to the next.

3.06 Transition Plan/Contract	Satisfactory Compliance
<p><i>Outward Bound staff shall assist in the development, with the youth and family/guardian, of a Transition Plan/Contract to focus on issues at home and in school utilizing tools learned during the wilderness expedition and parent/guardian meeting.</i></p>	

Each of the five reviewed records contained a written initial transition plan (ITP) focusing on issues at home and in school, where applicable. The ITP was agreed upon by all family members and “mediated” by a neutral staff member; in most cases, the course director. The ITP

was reviewed with the youth during face-to-face visits and updated as goals were met. There was clear documentation in each youth record of home visits being conducted. The contacts were documented in the chronological case notes. The ITP contained the required elements.

<b>3.07 Follow-up</b>	<b>Satisfactory Compliance</b>
<i>Outward Bound staff shall conduct follow-up visits with the youth at school and in the family to monitor the completion of the youth's Transition Plan/Contract goals and objectives.</i>	

The program has a written policy and procedures pertaining to follow-up contacts with the youth. In all three closed records reviewed, during the home and school visits, activities linked to the Initial Transition Plan goals were reviewed. The home visits included the youth and often the parents/guardians or other family members. The primary focus of the school visit, where applicable, was to review the initial transition plan specific to education and to establish support from school personnel for successful re-entry into the school environment. For each of the three records reviewed, the program made the minimum of twelve collateral and eight face-to-face contacts as required, reflected by review of the chronological notes.

## Standard 4: Services

### Overview

The program has a corporate plan and a local plan, specific to Scottsmeer, to provide for disaster preparedness and water and boating safety. The program has protocols to provide for food safety and vehicle maintenance. The river expedition plans include the provision of life skills and immediate oversight of the expedition/course director. The base camp includes a food preparation area in which meals are planned and packed for each expedition, according to the number of days and the menu requirements. Preventive vehicle maintenance is performed by program staff on the grounds using portable ramps.

The program maintains all camping and boating gear in cubicles designed to contain all requirements, other than the actual water craft and the food. This includes tents, personal flotation devices, water containers, and safety equipment. The program also maintains water craft and trailers for transport.

The program provides a safe environment for a variety of outdoor activities. The program has a written safety policy and procedures for water activities, boating activities, fire prevention, and disaster preparedness. Youth can participate in these types of activities while on a course expedition. Program staff are trained on the proper use of vehicles and trailers and are responsible for ensuring each youth's safety. All youth and staff are required to wear seat belts while a vehicle is in operation. During the course expedition, youth are provided with nutritional meals and snacks and fluids to maintain hydration. While youth are on a course expedition, each youth works on life management skills, leadership skills, and communication and coping mechanisms. The expedition director is required to make on-site visits to ensure youth are making progress on their individualized performance plan goals and action steps.

#### 4.01 Disaster Preparedness

#### Satisfactory Compliance

*Outward Bound shall have detailed safety policies and procedures. The program will produce an annual safety report.*

The program's continuity of operations plan (COOP) annex two is entitled Disaster Preparedness Plan. The COOP received an annual review on June 20, 2018. The disaster preparedness plan included sections on fire prevention, severe weather including lightning, hurricane, tornado, and floods, major disturbance, hostage situations, shooting, wilderness emergencies, bomb threats, and chemical spills. The program has a separate Exposure Control Plan (ECP) which addresses communicable diseases including methicillin resistant staphylococcus aureus (MRSA), common self-limiting illnesses such as the common cold and flu, common contagious illness of childhood like measles, mumps and chicken pox, pediculosis/lice, scabies, and serious infectious diseases which have a high likelihood of infecting others. The ECP does not address transport issues arising from illnesses described in the plan; however, the corporate safety policies and procedures includes medical emergencies transport procedures.

**4.02 Fire Prevention and Evacuation Procedures****Satisfactory Compliance**

*The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.*

The program has a policy and procedures in place addressing fire prevention and evacuation procedures. The program has guidance for fire prevention in the emergency preparedness response plan which includes an annual inspection, approval of the fire marshal, fire drill and evacuation procedures, and designation of key staff and their roles and responsibilities in an emergency. The plan includes the frequency of fire and evacuation drills: fire – monthly, evacuation – bi-monthly. The county fire marshal performed an inspection and approved the plan on March 29, 2018. A review of drills revealed one fire drill was documented each month for the entire annual compliance review period. Each drill documented the date, the time the drill was conducted, total time elapsed for the drill to be completed, staff completing specific actions in the drill, and fire drill attendee list. A review of drills revealed an egress drill was conducted bi-monthly for the entire review period. Each egress drill documented the date, time of drill, amount of time egress took, staff conducting the drill, number of students on base, and facility supervisor signature. The documentation included an attendance list with signatures. Informal interviews of two staff indicated they had participated in base fire drills. One staff indicated the last time he participated in a fire drill was two weeks ago. The other staff indicated she participated in fire drills usually monthly in the past year; however, since she does not live on the base, she could not recall participating in a drill recently.

The program conducts monthly safety meetings attended by key and supervisory personnel. A review of monthly safety meeting minutes revealed an inspection of fire safety equipment and alarms was completed each month of the annual compliance review period.

During a tour of the base camp facilities, fire prevention equipment was seen prominently positioned in key areas. Each of the equipment items contained a tag marked with the annual inspection date in July 2018. All of the fire suppression equipment meters were in the green zone. Egress plans were posted in each room/space accurately depicting the space, exit/evacuation route, and the fire prevention equipment and first aid kit location. The fire drill and the emergency egress drill form's attendee list contained signatures of staff participating in the drill; however, few of the names were discernable.

**4.03 Water Activities****Satisfactory Compliance**

*The Outward Bound program provides a safe and appropriate treatment environment including procedures for water activities. All students will complete a Water Comfort Assessment prior to participating in any water related activity. Non-swimmers will wear an approved Personal Floatation Device (PFD) at all times when on or near the water.*

The program has a policy and procedures related to water activities. A review of five youth records revealed each youth received a water comfort assessment/swim test on the first day of the applicable course; the results of each test indicated all but one youth were assessed as swimmers. One youth was assessed as a non-swimmer. A review of the course gear check-out log indicated the list included one personal flotation device for each youth and staff. Each swim test was conducted by the course director in a local swimming pool. Each course director holds certification in emergency water safety (EWS). A review of the water safety plan revealed the plan addressed all required elements.

**4.04 Boating Activities****Satisfactory Compliance**

*Outward Bound programs will provide ample canoe training to the students throughout the wilderness expedition and the instructional team will make periodic assessments to determine when additional training is needed, e.g. tidal changes, high water levels, open water, fast moving water, high winds, and actual student abilities.*

The program has a policy and procedures related to boating activities. A review of five youth records revealed each youth was swim tested prior to participating in water-related activities. Each of the three reviewed courses involved boating and swimming on rivers and lagoons supervised by staff qualified in facilitating canoe-related activities. One staff member on each course held a certification in emergency water safety (EWS). Canoe training/re-training was provided to youth throughout each expedition. A review of the course log indicated staff adjusted the training because of high water, fast water, and/or river hazards. There were no instances in which an injury resulting from boating activities required outside treatment. However, the program has policies and procedures in place to provide services in case of a boating injury.

Five youth were interviewed regarding activity participation. The youth indicated the instructors provide youth with paddling and canoeing training. Youth indicated their daily activities included loading and unloading canoes and paddling to the next campsite. At times, the youth eat lunch in the canoe.

**4.05 Food Services****Satisfactory Compliance**

*During the Outward Bound wilderness excursions, staff shall provide nutritional, well-balanced meals and snacks for each youth. The menus shall follow the meal patterns of the National School Breakfast and Lunch (NSBL) preparation requirements and all Florida Department of Education guidelines.*

The program has a policy and procedures in place to address food services. On June 14, 2018, the program received a waiver from the Department of Agriculture for provision of fresh milk requirements, allowing them to use nonfat dry milk as part of the National School Lunch Program (NSLP). The program provided a copy of the registered dietitian's review of the wilderness menu including two breakfast menus, two wilderness lunch menus, wilderness dinner menu, and snacks including the base resupply dinner and snacks and special menus. The dietitian review included placing the menus on the NSLP templates, meeting the requirements for grades 9-12. The menus followed the NSLP meal patterns. Meals included three servings daily, along with two snacks. The dietitian review indicated the NSLP requires one snack; however, the program provides two snacks daily. Five staff interviews indicated the program recognizes some students fit the definition of food insecure youth.

The team gear for each expedition included clean portable water stored in plastic containers. Interviews with staff indicated containers are sterilized prior to embarking on the expedition. A review of three course logs revealed one course had youth with tree nut and peanut butter allergies. Reviewed documentation revealed, and staff interviews confirmed, direct care staff on course during the normal course of issuing snacks observed pre-packaged material included in an individual youth's supply which did not conform to the youth's dietary restrictions. The direct care staff did not issue the non-conforming snack and requested base staff provide snacks which complied with the youth's dietary restriction the following day. The interviews indicated



the lapse did not involve all snacks, but a small number of pre-packaged snacks which were prepared in a facility which processes nuts.

<b>4.06 Transportation</b>	<b>Satisfactory Compliance</b>
<i>The Outward Bound program provides a safe and appropriate treatment environment including transportation.</i>	

The program has a policy and procedures in place to address transportation requirements. The program has four vans, two trucks, and two sedans along with four trailers. The program maintained current state vehicle registration and insurance for each of the vehicles and trailers. Three vehicles were available for review, two vans and one sedan. Each of the vehicles were locked upon first review. Each vehicle was equipped with securely anchored seatbelts and contained a currently inspected fire extinguisher and fully stocked first aid kit. The program maintained a maintenance log for each vehicle including monthly inspections and vehicle repairs, along with receipts from vehicle repair shops. All three vehicles were in good working condition. There were no opportunities to observe youth and staff transports during the annual compliance review.

<b>4.07 Life Management Skills</b>	<b>Satisfactory Compliance</b>
<i>Outward Bound will provide each youth with life management skills training. This shall occur on a daily basis through structured lessons/activities around identified topics and circle-ups. All groups shall spend a minimum of twenty hours in activities linked to life management skills.</i>	

The program has a policy and procedures addressing life management skills instruction. A review of three wilderness expedition courses revealed two of the three courses documented in excess of thirty hours of life management skills during program participation. The life skills management course is based on the Department of Education Health 1 – Life Management Skills curriculum. The curriculum incorporates life skills management topics, counseling in the progress of the skill, and challenges to practice such skills. The lesson activities offered opportunities to focus on topics such as emotional and personal safety, goal setting, personal boundaries, hygiene, consequences versus punishment, positive leadership, patriarchy/racism, asset-based thinking, trigger words, asking for help, full value contract, grief and loss, coping skills, context of hope, and ownership of the challenge.

Five youth were interviewed regarding the groups in which they participated, and the new skills learned. The youth described groups such as map reading, team building, coping skills, concerns-feelings-and-request (CFR) groups, communication circles, and survival skills. The new skills they learned included working on my attitude, being assertive, be more appreciative, how to control emotions and get the point across, step-back from the confrontation, soothers to help cool down, what's up for going back to the group to discuss a concern, being passive and/or assertive, cooking, setting up tents, respecting others, leading others, and keeping a positive mindset. Four of the five youth indicated they practiced the new skills in group and on the trip. The fifth youth did not provide a substantive response. One youth expanded on the practice by indicating if there is a situation, they would all get together and address it using the skills they learned. Another youth indicated they held each other accountable and just kept doing the right thing.

**4.08 Supervisory Reviews****Satisfactory Compliance**

*The Course Director shall visit the course at least twice during the wilderness expedition to review each youth's progress on his/her Habilitation Plan. The supervisor ensures instructional staff are reviewing any instructions given during the review, and ensures any directives were followed during the subsequent review.*

The program has a policy and procedures which address supervisory reviews. The course director is required to make a minimum of two visits to each course in the field, documenting the visit on a special form which would include any directions or feedback for field staff. Following the supervisory review, field staff are required to sign an acknowledgement of the review and special directions following which the course director signs a second time ensuring field staff read the director's notes.

A review of three courses revealed the course director/supervisor completed two required supervisory visits to two courses, completing the required documentation. On the third course, the required supervisory documentation was entered indicating one visit to the course in the field. The field staff on the third course signed acknowledgement of the director's review. However, there was no documentation the course director reviewed the staff signature acknowledgment of his review. A second supervisory review was not documented in the course director log; however, the course log contained a note on day twelve at campsite Crescent indicating he had been on-site a second time; however, during this visit the required documentation of the supervisory review was left blank. The program indicated the subject course was shorter than usual due to the start of the school year. In the confusion the shorter course brought, the supervisory review was missed.

Five staff were interviewed concerning supervisory involvement in the course. The interviews revealed the course director goes into the field the day between the fourth and the sixth day and between the eleventh and thirteenth day of each expedition to observe staff. The team uses the training plan to plot out the course. The supervisors review the plans and makes adjustments, if conditions arise indicating the need. During the supervisory visits, the course director observes nightly meetings, the process of the solo experience, and read the course logbook. At the end of each supervisory visit they conduct an instructor meeting, providing feedback, discussing trends, and documenting observations in the instructor course log. Each instructor reviews the feedback. The supervisors are on-site for each expedition three days and two nights.



Program Name: Outward Bound  
Provider Name: North Carolina Outward Bound School  
Location: Brevard County / Circuit 18  
year  
Review Date(s): October 9-11 & 16, 2018

QI Program Code: 1283  
Contract Number: 10099  
Number of Beds: 165 each  
Lead Reviewer Code: 148

### **Overall Rating Summary**

<b>Overall Rating Summary</b>
<b>All indicators have been rated Satisfactory and no corrective action is needed at this time.</b>