



Annual Compliance Report

July 1st, 2018 – June 30th, 2019

Scope

The primary purpose of the internal audit was to assess conformity to the Department of Juvenile 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 a number of significant data input errors that impact overall process efficiency or are a part of an identified trend indicating a break down 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, Inc. conducted monitoring reviews at twenty of its twenty-one centers located in Alachua, Broward, Clay, Collier, Duval (Jacksonville), Escambia, Hernando, Hillsborough, Lee, Leon, Manatee, Marion, Miami-Dade, Orange, Palm Beach, Pasco, Pinellas, Polk, St. Lucie (Treasure Coast), and Volusia Counties. Pace Citrus opened in January 2019 and had not been operational for at least six months; therefore, was not subject to a review for the 2018-2019 review cycle. The scope of the monitoring review assessed compliance with the Department contract and Pace policies. Each of the twenty centers had 100% of data reviewed for a thirty-day period which was reported during the annual monitoring review. A monitoring summary of each review was completed and entered into the Department's Program Management and Monitoring (PMM) system.

Compliance monitoring was completed monthly by Pace National Office Compliance and Risk Department with each Pace center to ensure correction of any exceptions in reporting and discussion of trend data which 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 the organization'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 conduct training on policies and procedures. During the annual quality review, a member of the Pace Compliance and Risk Department and Department 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 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 twenty-one centers across the State of Florida, which offer a gender-responsive and strength-based program model. Girls are referred to Pace from a variety of sources, including community resources, educational settings, family members, or self-referral.

The organization's national office is located in Jacksonville, Florida and provides compliance oversight for all programmatic areas. The Pace national office staff conducts monthly monitoring of each center's services and coordinates with the Department's Bureau of Monitoring and Quality Improvement to conduct annual contract compliance reviews.

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

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FINDINGS

Background Screening of Employees

Pace's Organizational Development department is responsible for the oversight of all background screenings, including initial background screenings and five-year re-screenings. Pace policy indicates staff 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 100% of the 228 screenings required were completed within the required timeframe. There were fifteen five-year re-screenings completed past the deadline. A system review found screenings were completed based on the staff's hire date instead of the fingerprint screening date. The deficiency was documented in the Department's PMM system and corrective action was completed to prevent future deficiencies. An Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit on January 17, 2019.

Situational Risk Management and Incident Reporting

Individual centers are responsible for documenting and reporting incidents in a timely manner to both the internal Student Management System and the Department's Central Communications Center (CCC). Incidents which meet the criteria for reporting to the CCC are required to be reported within two hours of the incident. Internal incidents identified by policy are entered into an internal Student Management System, and reviewed by the executive director or designee, within twenty-four hours.

On-site observations at twenty centers found all centers had information related to CCC reporting posted in areas accessible to staff, youth, and visitors. The postings were in English and Spanish and included instructions for reporting, the CCC telephone number, and website.

Eighty-eight incident reports from twenty centers were reviewed as part of the annual monitoring review. Eighty-seven incident reports were reported within twenty-four hours and one incident report was completed one (1) day late. The center completed training related to the reporting process and expectations with no further exceptions noted for the year.

Pace centers had a total of 153 incidents reported to the Central Communications Center for FY 18-19 for incidents including: Medical-Transport, Failure to Report; Contraband Recovered/Discovered, Incidents involving Visitors, Missing Youth Property, Improper Supervision, Bomb Threat, Missing Facility Keys, Vehicle Traffic Crash, Loss/Theft/Destruction of Department Property, Investigation by Other Agency, Program Closure, Improper Conduct, Weapon Found and/or Recovered, Youth-on-Youth Battery, Arrest of Staff – Driving Under the Influence, Missing Medications, and Other-No Classification. A review of CCC reporting found seven instances where a center did not report an incident within the required two-hour time frame. Corrective action was completed to resolve future incidents, policy was updated on reporting incidents in a timely manner, and all volunteers are now required to complete training on the incident reporting.

Provision of an Abuse Free Environment

Pace Center for Girls has a policy 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 twenty centers reviewed found all centers had information posted in areas which were accessible to staff, youth, and visitors related to reporting suspected abuse or neglect, including the telephone number of the Florida Abuse Hotline, the Central Communications Center (CCC), and

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Inspector General. Postings were observed to be in English and Spanish and were in accordance with Pace requirements.

All staff sign an acknowledgement of 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 and/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 utilizing the organization's intranet on a continual basis. A review of internal incident reports found 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 youth record management system to maintain records. In December, the organization began to transition from the Efforts to Outcomes (ETO) system to a more youth-centered system called Pace Impacts. The transition was completed in June 2019, with all centers receiving training on the system and the completion of an audit on data integrity. Centers maintained hard copy records on each youth which 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 youth management system is password protected, with passwords given only to staff who require access for data input and only after completing training on the system. The youth management system creates audit trails for all staff who access youth 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 permissions. All centers were found to have a process in place to purge hard copy records seven years after a girl's transition date from the center.

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Social Services

OVERVIEW

Youth may be referred to a Pace center through community resources, educational settings, family members, or self-referral. When a referral is received, the center screens the youth to determine eligibility and appropriateness for the program. During the intake interview, program expectations are reviewed, and the youth and parent/guardian make the decision to participate or withdraw from the enrollment process. Youth and family members participate in a program orientation which 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 program, the center completes a Physical Ongoing Needs Assessment (PONA). The Department's Prevention Assessment Tool (PAT) is completed within seven days of enrollment and entered into the Department's Juvenile Justice Information System (JJIS). An Ongoing Needs Assessment (ONA) and Social Service Care Plan are completed within thirty days of enrollment. The ONA, PONA, and care plan are reviewed and updated, as needed, every six months, or sooner if 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 youth's stay in the program. Social services include case management, counseling, family support, therapy and transition services.

FINDINGS

Admission and Orientation

The admission and orientation process at each center includes 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, including the date, youth's name, date of birth, referral source, reason for referral, parent/guardian name, address, and telephone number. The monitoring review showed there were forty-three instances when Pace was determined to not be the most appropriate placement. Findings indicated in 100% of cases where the youth was determined to be ineligible, referrals were made for the youth and/or family for alternative community services.

A review of 916 case records where the youth was enrolled in the center found centers entered required data into the Student Management System 100% of the time. Demographic information is required to be entered in to JJIS was found to have a conformance rating of 96.5%. Three centers had four exceptions where records in JJIS were found to be entered past the three day timeframe. All three centers completed training on the process and did not show additional trending data to support a deficiency.

Assessment and Evaluation

In a review of 493 records entered into the Student Management System, 100% of instances found the Prevention Assessment Tool (PAT) information was entered. A review of the JJIS found centers were in conformance 92.2% of the time. There were nine out of 115 instances where the PAT was not entered in to JJIS within the seven day timeframe. Two centers had noted exceptions, with eight exceptions occurring in the same month, due to an issue with JJIS. The PAT was observed to have been entered into the system in all

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instances but was left “pending” when the center attempted to complete the assessments. The issue was caught during a compliance review and follow-up with the center determined several centers were having issues with JJIS at the time; however, the center did not follow-up with the DIO helpdesk. The center went back into the system and finalized the PAT; however, the completion date was recorded past the required time frame. The center completed training with staff to ensure the completion button is checked and JJIS issues are documented with a request to the DIO helpdesk.

The monitoring review found twenty-two instances where a youth revealed a positive indicator during the intake PAT that required additional assessment of suicide risk by a licensed mental health professional. There was documentation in twenty-one of the instances to show the youth was either assessed internally by a licensed mental health professional or referred to a community agency which completed the assessment. The center where the exception was noted had a licensed mental health professional on staff who completed the assessment and failed to document the referral in the case notes. The center completed a training with staff on the process for documenting internal referrals. In 100% of cases, there was a safety plan completed.

Centers complete a PONA within twenty-four-hours of enrollment and complete a review every six-months during the duration of the youth’s stay in the program. A review of ninety-two PONA records found centers had a 97.8% conformance rate. One center had two instances where the PONA was not completed within the required timeframe. In both instances, the youth had a previous enrollment and the staff reviewed the PONA; however, documentation of the review was not clearly indicated in the case record. The center completed training on proper documentation of the PONA for re-enrolled girls.

There were seventy-eight instances where a six-month review of the PONA was required and centers had an 84.6% conformance rating. There were twelve instances shared by seven centers which did not complete the PONA within the required timeframe. All centers completed a training on timeliness of completing assessments.

A review of case records indicated during day-to-day operations, there were forty-five instances where a girl had indications of suicidal risk which did not meet the criteria to be deemed an emergency by a licensed mental health professional. In all forty-five instances, a safety plan was completed and provided to the youth and family/guardian. There were an additional twenty-six instances found during the review where a youth had indications of suicidal risk which was deemed an emergency and in 100% of instances there was documentation of parent/guardian notification and immediate referral and transportation to a mental healthcare or emergency facility. Upon return to the center, a safety plan provided by the external agency was reviewed or, in instances when one was not available, a new safety plan was created.

Centers complete an ONA within thirty days of enrollment and complete a review of the ONA every six-months. A review of 180 case records found 95% met the criteria for timely completion within the 30-day timeframe. Five centers shared nine records found to be completed outside of the thirty-day timeframe. All centers completed a training on the timely completion of assessments.

A review of sixty-two case records which required a six-month ONA review found centers met conformance standards 91.9% of the time. There were five instances across four centers where the ONA was not completed within the six-month timeframe. All centers completed a training on the timely completion of assessments.

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Individualized Care Plan and Case Management

A monitoring review of 157 social service care plans found centers had a conformance rating of 91.7% regarding plans completed within a thirty-day timeframe. Six centers shared thirteen instances of the plans not being completed within the required timeframe. All centers completed training on the timeliness of completing plans.

A review of fifty-nine instances where a six-month review was required for the care plan found centers to have a 93.2% compliance rating. There were four instances where a six-month review was completed outside of the required timeframe at three centers. All centers completed training on timeliness of completing care plan reviews.

A review of bi-weekly reviews of the care plan found centers had an overall conformance rating of 98.4%. Fifteen out of 919 instances did not have documentation which clearly indicated a review of the care plan was completed on time. The eight centers which showed exceptions completed a training on the timely completion of bi-weekly reviews and steps to document attendance issues which impact completion in the case record.

A review of monthly parent/guardian contact (MPC) entries was completed on 933 case records with an overall conformance rating of 98.9%. Ten instances were found where documentation did not clearly indicate that the youth's progress was reviewed with the parent/guardian. Seven centers which had exceptions completed a training on requirements for monthly parent/guardian contact and steps to document when unable to make contact due to parent/guardian non-response. Sixty-three individual monthly parent/guardian contact forms were reviewed for signature and 100% of the forms had a signature indicating that the information was reviewed with the parent/guardian.

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

A review of transition planning was completed for 294 case records with an overall conformance rating of 98.8%. There were six instances at three centers where the transition plan was completed outside of the required timeframe. Training was completed at all three centers on timeframes and documentation of transition planning services.

A review of transition follow-up services was completed on 245 case records and found conformance to the requirements in 224 instances. There were twenty-one instances where services were provided outside of the required timeframe. Exceptions were noted at seven 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.

On-going Program 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 youth and are voluntary. Group topics

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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 groups are offered regularly, and participation is encouraged. A review of 300 records supported group attendance was entered into the Student Management System and group topics covered a range of topics relevant to youth needs.

Spirited Girls! Attendance: Spirited Girls! Curriculum is gender-specific and delivered as an academic course credit or through a specialized group using the Girls Circle model. Every youth is enrolled in Spirited Girls! Classes throughout enrollment. Class topics focus on life skills, health, communication and positive decision making. Daily attendance is entered into the Student Management System. A review of 300 case records found attendance is entered regularly and timely in all instances.

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 436 case records found documentation in 431 instances where a community & service-learning opportunity was offered to a youth. There were five instances at one center where attendance was not documented; however, the center was able to produce a schedule to show an opportunity was offered. The center completed training on proper documentation of community & service-learning events.

Community referrals for services are provided for youth and families when services needed are outside of the scope of center programming. External referrals may include referrals to agencies which provide substance abuse treatment, family counseling, and/or dental or medical needs. Referrals for services are documented in the individual case record in the Student Management System. A review of forty-eight case records found referrals were documented regularly across all centers.

Adherence to Dress Code

Upon enrollment, youth are provided a copy of the dress code guidelines as part of the Student and Family Handbook, which outlines authorized and unauthorized clothing. Youth are provided with a Pace T-shirt and are expected to wear it when in attendance at the center. Observations made at twenty centers found youth were appropriately dressed in Pace T-shirts 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 youth's feelings and privacy, including the use of a washer/dryer to clean clothes or purchase of clothing as necessary.

Transportation Process

Written policy and procedures outline the criteria for the safe transportation of youth for program-related activities and services. Each center has access to a center fleet van or the use of a rental vehicle to provide transportation of youth. Staff who transport girls must meet driver eligibility criteria and are screened by the Compliance & Risk Department. Driver logs are maintained for each center fleet vehicle, which include the driver's full name, date, 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 298 driver logs, with a total of 2,943 reviewed components, found there was .08% of minor clerical issues made in documentation. A process for more frequent reviews was implemented to correct these minor clerical issues in a timely manner.

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Behavior Management

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 used gender-responsive, trauma-informed, and strength-based approaches when interacting with youth. The G&C System has five stages and is an incentive-based program which supports a youth as she moves through the Pace program model. Each stage builds on the other to help youth achieve personal and academic success. At the completion of each stage, youth participate in a Growth and Change Ceremony which celebrates the youth’s achievements. The G&C System was built utilizing the Transtheoretical Model of Change and is designed to help build leadership and emotional intelligence skills.

De-escalation and Redirection

Centers utilize Crisis Prevention Institute (CPI) non-Violent 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 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 Department approved common assessment instrument and Standardized Testing and Reporting (STAR) assessment within ten days of placement and ten days prior to leaving the program. A Department of Education career assessment is completed within ten days of admission which assists in identifying vocational goals and is included in the design of the youth's Progress Monitoring Plan (PMP). Teachers receive information regarding exceptional student educational 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.

FINDINGS

Reading Curriculum and Instruction

Pace centers follow the Florida Sunshine Standards and offer reading curriculums approved by the Department of Education. A review of center schedules found the Reading curriculum is integrated through scheduled English courses or as a separate course as part of the regular academic schedule. A review of 289 STAR and common assessment reporting found centers had a 90% compliance rating for completing testing within the required time frame. Every center has a library which has a variety of reading materials available to each youth and supports reading initiatives. Observations during the annual compliance review found youth were knowledgeable of the library resources, had regular access to the library, and utilized it as part of their daily activities.

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 a youth's 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 IEP progress meetings.

Educational Personnel Qualifications

A review of twenty-seven teachers across all centers found twenty-five had current teacher certifications, Statement of Eligibility, or waiver from the Department of Education after submission of required documents for full certification. Two teachers were found to have certifications which expired on June 30, 2019. The two teachers were moved to substitute status for the allowed ninety-day period to provide time to obtain certification and then released from the center when certification was not obtained.

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Calendar Days and Staff-to-Student Ratio

Centers maintain a school year comprised of 250 days distributed over twelve months. Center calendars include 230 days of academic instruction, including summer months, and twenty teacher planning days. All centers request approval of center calendars from their Local Education Agency (LEA). A review of twenty center calendars found that all centers complied with Florida regulations. The required staff-to-youth ratio is one-to-fourteen in the classroom and one-to-twelve in common areas. Observations made during the annual compliance review found centers met or exceeded this requirement.

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Health Services

OVERVIEW

During the intake and enrollment process, each youth is screened for health-related conditions when completing the physical domain section of the Ongoing Needs Assessment (ONA) and reviewed for updates every six-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 and communicated to staff during briefings. Alerts provide applicable staff with information regarding allergies, common side effects of medications, and other medical or mental health conditions which may become emergency situations.

The provider has written a policy and procedures on the transportation, delivery, and documentation of medications for youth. 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 staff 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 which includes side effects is supplied by the parent/guardian, pharmacy, or printed from a reliable internet source. Any medications which are transported by the youth must have prior approval to self-carry ordered medication. Parents/guardians must complete and sign a Medication Form for medication administration. Upon termination of medication, a Medication Form, Medical Release Form, Medication Distribution Log, and Medication Variance report are maintained in the youth's hard record, in a locked cabinet.

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 according to pharmacy regulations and controlled substances are locked in a locked box inside a locked cabinet within a locked room. Medications which require refrigeration are stored in a locked refrigerator in a locked room or in a locked box inside of a refrigerator inside of a locked room. When medications are leftover or expired, a final inventory is completed in the presence of a parent/guardian 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 staff ensures the Six Rights for Administering Medication are followed. If a youth refuses medication or misses a dosage, the reason for the missed dose is documented on Medication Distribution Log. Medication errors are documented on a Medication Variance Report form.

FINDINGS

Healthcare Admission Screening/Physical Domain Ongoing Needs Assessment

A review of ninety-two records found the Physical Ongoing Needs Assessment (PONA) was completed on time in ninety records. Two exceptions were noted where the PONA was completed past the required timeframe. The center completed training on timely submission of the PONA and has implemented a tracking system to ensure future compliance. A review of seventy-eight records for compliance to a six-month review process found twelve exceptions across seven centers. Each center completed a training on timely

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completion of PONA reviews. A reporting process was developed in the Student Management System to assist centers in identifying due dates for assessments.

Verification of Authenticity of Medication Upon Admission

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

Medication Storage, Access, Inventories, and Disposal

A review of twenty centers found 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), and disposal of medication. Observations made during the annual compliance review found all twenty 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 267 Medication Distribution Logs found a log was maintained for each medication, and pertinent information related to the administration of the medication (dosage, length of time, parental approval, date administered, youth initials, and staff observing signature). Minor exceptions were noted in the demographic information (enrollment date missing, illegible staff signature) and trainings were completed with each individual center. No medication errors were found in the sample size of Medication Distribution Logs that were reviewed; however, a Central Communications Center report from May 15, 2019 noted one center had a medication error where a youth was not given a dosage of medication on one occasion. A uniform Medication Distribution Log was developed and implemented across all centers for standardization and to capture all required documentation. 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

Centers have policies and procedures to address medication administration, stating only staff trained may observe the self-administration of medications. Pace policy outlines the procedures for administering medication, indicating while youth are educated and encouraged to be responsible for taking medications as prescribed, it is the ultimate responsibility of center staff to ensure youth follow their medication regimen. Staff interviews at each center found 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 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 or medical conditions, medical or mental health concerns which require additional attention, and concerns about harm to self or others. The alert section of the Student Management System contains information which is HIPPA compliant with confidential medical or mental health information (i.e. mental or medical diagnosis, medication name/type) located in a separate section of the youth case record which has limited access by pertinent staff.

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A review of 131 records from the Student Management System (SMS) found alert information met requirements in all cases.

Emergency Medical Services

The provider has a policy addressing Emergency Medical and Dental care for youth, outlining each center will develop a center-specific plan. A review of twenty centers found all twenty 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 twenty centers found staff had unimpeded access to 9-1-1. The policy also states documentation of the contact to EMS shall be completed in the Student Management System (SMS). A review of the SMS found that centers document contact of EMS services in the Incident Reporting section of the youth'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 youth 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 Headquarter personnel. A Continuity of Operations Plan (COOP) is developed for each center which 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

Centers have written policies outlining 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 the buildings and grounds are maintained in compliance with written policies. A review of fifty-three facility inspection reports found pest control was up-to-date at all centers and chemicals were inventoried and kept in a secure location, with material safety data sheets and product safety data sheets. Thirteen exceptions were noted for bathrooms which had cosmetic or plumbing issues. Ten of the thirteen exceptions noted corrections by the next inspection report. Three indicated there was a plan of action to rectify cosmetic issues. In those three instances, the bathrooms were not the primary bathrooms used by youth. Observations of the centers during the on-site annual compliance reviews found the centers were clean and in good repair, with up-to-date yard maintenance and working bathroom facilities for youth.

Safety – Sight and Sound Supervision

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

Emergency Preparedness & Fire Prevention Plan

Every center has a site-specific Emergency Preparedness & Fire Prevention Plan which was reviewed and signed by the executive director and was provided to the local Fire Marshal/designee. A review of twenty centers found of the centers 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,

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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 fifty-three facility inspection reports found all centers have emergency contact numbers (hospital, law enforcement, fire department, poison control, animal control, etc.) visible and accessible. Additionally, all fifty-three facility inspection reports noted the alarm system trouble code check was operational and that every center had an Emergency Supply Kit. All twenty centers had at least one first aid kit on-site with inventories completed regularly. Fifty-three inspections of first aid kits found one exception where a wound wash was expired. The center immediately removed the wound wash and replaced it with a new container.

Vehicle Safety and Security

Centers have policies in place to address vehicle use and safety. A review of fifty-three facility inspection reports found during each inspection, center vehicles were found locked, with current insurance cards and vehicle registrations located inside the vehicles. All twenty centers had working fire extinguishers and emergency kits located inside the vehicles. Seatbelts were observed to be in working condition and tire treads were observed to be in good condition at all centers. Vehicle keys at all centers were secured in a locked location inside of the center.

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Training and Staff Development

OVERVIEW

Upon hire, new staff are provided with a New Employee's First Week Training Plan which outlines what job-specific trainings are required, whether on-line or in-person. Department required trainings are outlined in a QuickHelp guide to assist staff in identifying and ensuring completion of the correct trainings in the Department's Learning Management System (SkillPro). Executive directors are responsible for developing an annual training plan outlining annual training requirements for all staff and volunteers. All staff receive training in emergency and safety procedures during new hire orientation, as well as annually. Each center maintains individual training records for employees and volunteers.

FINDINGS

Staff Training

A total of 520 staff were reviewed for compliance in new hire or annual training. Each of 145 staff requiring new hire training completed the training. Of the 375 staff requiring annual training, 80.3% met the requirement on time. A review of the PMM system indicated the Pace National Office implemented a corrective action plan to resolve the deficiencies noted and trainings were monitored regularly until completed. The compliance department has created a training tracker to assist organizational development with projecting when staff trainings are due. The organizational development/training department will review the tracker monthly to identify upcoming due dates and communicate with staff and their immediate supervisor regarding training due dates. The compliance department will review the tracker monthly during the regular monthly monitoring process to assist in identifying breakdowns in system processes. If exceptions are noted during the compliance review, the Pace Corrective Action Process will be initiated to gain compliance for all trainings.

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STRENGTHS AND INNOVATIVE APPROACHES

- Helping girls and young women succeed is always at the forefront of each center’s mission. Over the past year, the centers have supported twenty-one youth towards graduation with their high school diploma or General Equivalency Diploma and helped to obtain approximately \$17,000 in scholarships from Ultimate Software Women in Leadership, Outstanding Youth Award, St. Bernadette’s Conference of St. Paul de Paul, and personal contributors.
- Pace Hillsborough has a Nutrition Works program which teaches youth about the benefits of a healthy lifestyle. As part of the program, youth visit the local farmers market where they use the strategies learned in the classroom to purchase items which have been identified as healthy snack options. The center also hosted a Healthy Snack Challenge where youth were separated into competition troops where their submissions were judged on nutritional value, presentation, creativity and teamwork.
- Pace Broward started an afterschool Science, Technology, Engineering, the Arts, and Mathematics (STEAM) Program to introduce STEAM-related programming to the youth. The program includes hands-on learning activities, presenters, evidence-based curriculum and dance which guides youth inquiry, dialogue, and critical thinking.
- At Pace Treasure Coast, the youth participate in the Youth Leadership Council of St. Lucie County. As members of the council, they plan community projects and participate in community events which include public speaking, advocacy, lobbying, and rallying.
- Pace Orange works with the Orange County courthouse to participate in mock trials. From lawyers, judges, witnesses, experts, etc., the youth all play a role in making the case. As part of an argumentative writing assignment, the center staff work with the youth on researching needed information for their role. Every subject is included and led by the teacher. The youth then present and conduct the trial at an actual courthouse in Orange County, where a local judge assists and oversees the “trial.”
- The Global Girls group at Pace Pasco aspires to elevate and activate the voices of the youth so they can create a positive and visible impact in their communities. Global Girls exposes youth to global challenges and the United Nations Global Goals agenda with the purpose of developing their leadership and global citizenship skills. Meeting weekly with one of our teachers who has a direct connection to the United Nations, youth learn about the issues communities face and the partnerships created to combat these issues. Youth are also taught four main action strategies: awareness, service, advocacy, and philanthropy. Throughout the year, the group works towards creating a student-organized and student-led community initiative. Youth work to identify local needs and frame them within the global goals, invest and build partnerships in the community, and prepare, plan and execute a project using one or multiple action strategies.
- Empowering girls and young women to find their voice remains a key focus for the organization. This past year, the organization took five youth from across the state to participate in the Girl Up Summit. The summit spanned three days and provided an opportunity for young leaders to learn from influential speakers, engaged in skill-based workshops, and participate in a day of action. While at the Girl Up Summit, the girls were able to participate in enriching, cross-cultural experiences that empowered, educated, and activated the potential of young changemakers. Summit participants also uncovered critical skills and came back empowered to serve their communities as defenders of gender equality.

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REVIEW TEAM MEMBERS

Adrienne Huggins, Pace Treasure Coast: Program Director
Alexandra Stark, Pace Broward: Executive Director
Amy Hutto, Department of Juvenile Justice: Regional Monitor
Amy Wick Mavis, Pace Manatee: Executive Director
Annita Kyles, Pace National Office: Compliance Analyst
April Brownlee, Pace Palm Beach: Executive Director
Atiya Goodin, Pace Jacksonville: Program Director
Bonita Williams, Department of Juvenile Justice: Regional Monitor
Brandi Fliegelman, Pace Orange: Social Services Manager
Brandi Gentry, Pace Escambia: Program Director
Brienne Long, Pace Pasco: Program Director
Camille Lewis Henry, Pace Broward: Program Director
Canitha Taylor, Department of Juvenile Justice: Deputy Regional Supervisor
Christopher Lemon, Pace Hernando: Program Director
Davia Lerebours, Pace Hillsborough: Associate Executive Director
Destani Shadrack, Pace Clay: Executive Director
Donna Connors, Department of Juvenile Justice: Regional Monitor
Ellen Katzman, Pace Polk: Executive Director
Ereka Romero, Pace Miami: Social Services Manager
Georgia McCurdy, Pace Volusia: 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 Coordinator
Jessica Hamilton, Pace Manatee: Social Services Manager
Jill Foy, Department of Juvenile Justice: Regional Monitor
Joselyn Bayona, Pace Palm Beach: Program Director
Judith Artis, Pace Pinellas: Executive Director
Kamille Payne, Department of Juvenile Justice: Regional Monitor
Kathleen Kupper, Pace Collier: Social Services Manager
Katina Horner, Department of Juvenile Justice: Regional Monitor
Kelly Otte, Pace Leon: Executive Director
Kelly Starke, Pace Collier: Program Director
Ken Phillips, Department of Juvenile Justice: Regional Monitor
Kendra Pugh, Pace Lee: Social Services Manager
Kerrie Maira, Pace Volusia: Social Services Manager
Kimberly Reed, Pace Jacksonville: Executive Director
Kimberly Vollmer-Smith, Pace Marion: Program Director

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Lashawn Gordon, Pace Leon: Program Director
Laurie Rodgers, Pace Escambia: Regional Executive Director
Margaret Connelly, Pace Polk: Program Director
Maxine Spence, Pace Miami: Program Director
Meg Geltner, Pace Lee: Executive Director
Melissa Johnson, Department of Juvenile Justice: Regional Supervisor
Natalya Bannister, Pace Alachua: Executive Director
Patrick McKinstry, Department of Juvenile Justice: Regional Monitor
Paul Sheffer, Department of Juvenile Justice: Regional Monitor
Paula Friedrich, Department of Juvenile Justice: Regional Monitor
Rebecca Tisthammer, Pace National Office: Associate Director of Operational Compliance
Rosene Johnson, Pace Orange: Executive Director
Sherry Thompson-Giordano, Pace Miami: Executive Director
Stacey Mednick, Pace Broward: Social Services Manager
Sylvia Woodberry, Pace Clay: Social Services Manager
Tara Frazier, Department of Juvenile Justice: Regional Monitor
Toni DelRegno, Department of Juvenile Justice: Regional Monitor
Vickie Colter, Pace Treasure Coast: Executive Director
Xonjanese Jacobs, Pace Hernando: Social Services Manager