

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

[AMI Boys Prevention-Hillsborough

AMIkids, Inc

(Contract Provider)

1730 Maritime Boulevard

[Tampa], Florida [33605]

Review Date(s): October 13-15, 2020



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

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

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

Jonathan Thompson, Office of Accountability and Program Support, Lead Reviewer (Standard 1)

Marvin D. Bliss, Office of Accountability and Program Support, Regional Monitor (Standard 2)

Eddie Gonzalez, Eckerd Connect Pathways, Program Manager (Standard 1 & 2)

Program Name: AMIkids Boys Prevention - Hillsborough
Code: 1415
Provider Name: AMIkids, Inc.
Location: Hillsborough County / Circuit 13
Review Date(s): October 13-15, 2020

MQI Program

Contract Number: 10520
Number of Beds: 44
Lead Reviewer Code: 176

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 & Intervention Services, which are included in the AMIkids Prevention Standards.

Overall Rating Summary

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

Standard 1: Management Accountability AMIkids Prevention Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreenings	Satisfactory
1.03	Pre-Service/Certification Requirments	Satisfactory
1.04	In-Service Training	Satisfactory
1.05	* Incident Reporting (CCC)	Satisfactory
1.06	Administration	Satisfactory
1.07	*Provision of an Abuse-Free Enviornment	Satisfactory
1.08	Food Services	Satisfactory
1.09	Transporation Services	Satisfactory
1.10	Fire Prevention and Evacuation Procedures	Satisfactory
1.11	Cleanliness and Sanitation	Satisfactory
1.12	Youth Records	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 & Intervention Services
AMIkids Prevention Rating Profile

Indicator Ratings

Standard 2 - Youth Management		
2.01	Eligibility	Satisfactory
2.02	Orientation	Satisfactory
2.03	*Gender-Specific Programming	Satisfactory
2.04	Prevention Assessment Tool (PAT)	Satisfactory
2.05	Individualized Care Plan	Satisfactory
2.06	Transition Plan	Satisfactory
2.07	*Referrals for Mental Health and Substance Abuse Assessment and Treatment Services	Satisfactory
2.08	Individualized Care Plan Re-Evaluation	Satisfactory
2.09	Educational Access	Satisfactory
2.10	Vocational and Career Training	Satisfactory
2.11	Youth Development	Satisfactory
2.12	Release	Satisfactory

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

Program Overview

AMIkids Boys Prevention - Hillsborough is operated by AMIkids, Inc. through a contract with the Department. This gender-specific prevention program provides delinquency prevention services to male youth who are between eleven and seventeen years of age. The program is comprised of an executive director, a business manager, a behavioral interventionist, two case managers, and two drivers. The program operates on the Hillsborough County School District schedule and offers a non-traditional school setting each day, including the provision of transportation, dietary, and case management services. Delinquency prevention services provided to the youth in the program include individualized case management, family education and support, service learning, exposure to the community, healthy social and recreational activities, transition services, and, when appropriate, referrals to appropriate community-based agencies for needed services including mental health counseling.

The program provides youth with opportunities to develop an array of gender-specific life management skills through the application of a curriculum with demonstrated effectiveness in diminishing the risk of delinquency with at-risk youth entitled, "The Council for Boys and Young Men." Once admitted to the program, the youth have access to individualized services (focused on meeting identified academic/employment readiness, behavioral, and social needs) specifically designed to reduce the risk factors while enhancing protective factors, in an effort to reduce the youth's risk for involvement in delinquent behaviors/activities. An integral component of the delinquency prevention services is the completion of an assessment of a youth's dynamic risk factors to identify the youth's core needs and enable the program to deliver youth-specific services during enrollment in the program. At the time of the annual compliance review, the program had one vacancy for a science teacher position.

Standard 1: Management Accountability

1.01 Initial Background Screening	Satisfactory Compliance
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. A contracted provider may provide training and orientation to a potential employee before the screening process is completed. However, these individuals may not have contact with youth or confidential youth records until the screening is completed, the determination is "Eligible," a copy of the criminal history report has been reviewed and the employee demonstrates he or she exhibits no behaviors warranting the denial of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a policy and procedures addressing pre-employment background screenings. Three applicable staff records were reviewed for background screenings. All three records reflected a completed background screening from The Agency of Healthcare Administration (AHCA) Clearinghouse through the Department's Background Screening Unit (BSU). Review of the three applicable records verified background screenings were completed prior to the date of hire, criminal histories were reviewed, and a pre-employment assessment tool was administered to direct care applicants. Reviewed documentation confirmed the hiring authority reviewed the status of the Department's Central Communications Center (CCC) Person Involvement Report, the Staff Verification System (SVS) module, and the Florida Department of Law Enforcement's (FDLE) Automated Training Management System (ATMS). The program's Annual Affidavit of Compliance with Level 2 Screening Standards was completed for the program and sent to the BSU on January 24, 2020.

1.02 Five-Year Rescreening	Satisfactory Compliance
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse.</i>	

The program maintains a policy and procedures to address five-year background rescreenings. The policy dictates a rescreening to be completed every five years, calculated from the staff's original hire date with the program or five years from the date the staff was screened through the Department's Background Screening Unit (BSU)/Clearinghouse. During the annual compliance review, one staff was applicable for a five-year rescreening. A rescreening was submitted to BSU/Clearinghouse at least ten business days prior to the five-year anniversary or retained prints expiration date. Additionally, there were no volunteers eligible for a five-year background rescreening.

1.03 Pre-Service/Certification Training	Satisfactory Compliance
<p><i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i></p> <p><i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, or completed pre-service/certification training do not have any direct contact with youth.</i></p>	

The program has a policy and procedures addressing pre-service training. The program utilizes a pre-service training plan curriculum for all new staff which was signed submitted to the Department's Office of Staff Development and Training on and approved on January 24, 2020. The six-month pre-service training is facilitated for new employees by utilizing a combination of instructor-led, web-based courses, and on-the-job training. Three applicable staff training records were reviewed for pre-service training. Two staff training records reflected they were still in their 180-day training window and one staff completed the certification process within 180 days of hire and completed all required trainings inclusive of Protective Action Response (PAR), first aid, cardiopulmonary resuscitation (CPR), professionalism and ethics, suicide prevention, emergency procedures, and child abuse reporting prior to having any contact with youth, as required.. One of the three staff training records showed documentation of employment exceeding the 180 days of employment and reflected the completion of 120 hours of required training. The other two of the three records reflected employees were in the first 180 days of hire. Both staff, within 180 days of hire, reflected active progress of training and are on track to have it accomplished before the 180 day deadline. All three records reviewed accurately reflected pre-service training progress within the Department's Learning Management System (SkillPro) which met the contractual requirements for training. The program utilizes a corporate trainer to facilitate PAR training on-site for applicable members. The program utilizes a corporate trainer to facilitate cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) training on-site. The all trainers' qualifications were validated during the annual compliance review. All seven staff interviewed indicated they felt adequately trained to do their job.

1.04 In-Service Training	Satisfactory Compliance
<p><i>Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i></p> <p><i>Supervisor 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></p>	

The program maintains a policy and procedures which governs annual in-service training. The program has an in-service annual training plan which was submitted and approved by the Department's Office of Staff Development and Training on February 25, 2020. Reviewed documentation confirmed the training plan is a fluid document which is updated as changes occur. Seven staff training records, including three supervisory records, were reviewed for completion of in-service training and all applicable records contained certifications in Protective Action Response (PAR), first aid, and cardiopulmonary resuscitation (CPR). Each of the seven staff training statistics exceeded the twenty-four hours of required in-service training. Five of the

seven members had completed all required trainings associated with their training requirements. Two staff were in the process of completing their first year of in-service training. Both staff exceeded the twenty-four-hour requirement and are actively pursuing their training requirements. Supervisory staff are contractually required to complete eight hours of management training and twenty-four hours of in-service training. Review of three supervisors' records validated the completion of required supervisory related training in the Department's Learning Management System (SkillPro), as required. All five staff reviewed accurately reflected in-service training progress within the SkillPro which met the contractual requirements for training. All seven staff interviewed indicated they felt adequately trained to do their job.

1.05 Incident Reporting (CCC)	Satisfactory Compliance
<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 maintains a policy and procedures to address reporting incidents occurring at the program to the Department's Central Communications Center (CCC). The program had three operational incidents reported to the CCC during the last six months, all of which, were reviewed. The reviewed documentation validated all three incidents were reported to the CCC within the mandatory two-hour time frame and in accordance with CCC reporting procedures. All three reviewed CCC's required an accompanying logbook entry and all entries were properly documented. A comparison of reportable incidents during the last annual compliance review period showed an increase of the reportable incidents from one incident during the previous review period, to three incidents this year. The program's executive director stated the increase is related to a couple of sports related injuries which were incurred during recreation.

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

The program has a policy and procedures in place which ensure a safe and appropriate treatment environment. The administration staff includes an executive director, administrative assistant/business manager, one behavior interventionist, two case managers, and two drivers. Staff members requiring a bachelor's-level degree all contained a copy of their degree in each applicable staff record. The Council for Boys and Young Men is the utilized gender-specific intervention with demonstrated effectiveness for young men. The program has assigned staff who are on-call twenty-four hours a day, seven days a week, in the event of an emergency. The program is open at least eight hours a day, five days a week, excluding holidays. The program also provides services during non-traditional hours (weekends). The program accepts referrals Monday through Friday.

1.07 Provision of an Abuse-Free Environment**Satisfactory Compliance**

Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth 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.

The program has a policy and procedures for abuse reporting and for providing an abuse-free environment. The policy reflects youth and staff have unhindered access to report alleged abuse to the Florida Abuse Hotline. Staff adhere to a code of conduct, as indicated by the receipt of the employee handbook which is signed by the staff and contained in the employment record. A facility tour was conducted and postings of the Florida Abuse Hotline and Central Communications Center (CCC) telephone numbers throughout the program were observed. The program's policy clearly outlines reporting procedures for all staff in the event of a youth reporting abuse. A resident handbook includes the youth's rights, the program's grievance process, and the Florida Abuse Hotline and CCC telephone numbers is provided to each youth upon admission. Youth are informed at intake they have unimpeded access to self-report allegations of abuse.

According to the executive director, if a youth wanted to contact the Florida Abuse Hotline or the CCC, the youth should make a request to staff to use the telephone, the staff will dial the number and give the youth the telephone. The program had no incidents of abuse allegations against staff or staff reporting abuse on behalf of a youth since the last annual compliance review. All seven interviewed staff indicated they had never observed a staff member being physically or verbally aggressive or using profanity with youth. All seven youth interviewed said they felt safe while in the program. Six of the seven youth indicated they can call the Florida Abuse Hotline if needed. None of the seven youth interviewed said they have not heard staff use profanity when conversing with youth.

1.08 Food Services**Satisfactory Compliance**

The program shall serve a light meal (i.e. beverage, sandwich, and snack) to each youth each day.

The program collaborates with the Hillsborough County School system to provide meals for the youth. The menu is approved through the Hillsborough County Schools licensed dietician and displayed in the multipurpose room. The food is transported to the program and meals are served in the large group. The room is large enough to provide for meals to be served family-style. The program's alert system provides for special diets and accommodation for religious beliefs and is in the kitchen area where food is prepared. Any accommodations for youth are to be coordinated with the county school system. Food service is provided in accordance with the United States Department of Agriculture's National School Lunch Program. The program has one staff who is a certified food safety manager and two staff who completed the AMIkids food safety training. Personnel serving food held a current food handler certification. All five youth interviews indicated they have never had their food taken away or withheld as a form of punishment. Five staff were interviewed, two of which, stated they held a ServSafe Certification as they serve meals to youth.

1.09 Transportation Services**Satisfactory Compliance**

The provider shall provide or arrange for the provision of transportation for program-related purposes.

The program has a policy and procedures in place for providing transportation services for youth. The program has one twelve passenger van, one thirty passenger bus and another twenty-three passenger bus. Youth are provided transportation to and from the program daily. The program's annual driver license verification is conducted by the administrative assistant. All staff who transport youth have valid and current driver's licenses. The program does not deny youth services or penalize a youth because of the lack of transportation. An inspection of the program van indicated it is equipped with seat belts, a knife for life, a first-aid kit, and a COVID sanitation kit. Interviews conducted with seven youth revealed youth are required to wear seat belts when the vehicle is in operation and the program provides transportation services to and from the program daily. Seven staff interviews confirmed staff are required to inspect the vehicle prior to use. All seven staff indicated first-aid kits, fire extinguisher, and window punch are available in the vehicle.

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

The program shall have a comprehensive safety regimen including fire safety training, fire alarm and automatic detection system, fire protection equipment in strategic locations, monthly fire drills and fire safety log containing a record of annual fire safety inspections, summary of all deficiencies found by fire officials and record of corrections, and the results of periodic fire safety inspections and equipment checks.

The program has a policy and procedures in place which govern fire prevention and emergency egress response. Fire extinguishers are located in the classrooms, large group room, and administration office. All fire extinguishers are inspected weekly by program staff. The fire alarm system is tested monthly and documented in the fire safety log. All five staff training records indicated staff received training on proper operation and use of fire equipment as part of their new employee training plan. The program conducts monthly fire drills and documents the drills in the fire safety log. The program was not operational during the months of March through September 2020 due to COVID restrictions. No drills were conducted during this time due to the program not conducting business at the program.

Once operations resumed in September 2020, fire drills resumed on a monthly basis, as required. The annual fire inspection completed on June 11, 2020 by Tampa Fire Rescue for all on-campus buildings indicated three follow-up findings which need to be addressed by the program. The program resolved the three findings during a re-inspection which occurred on July 17, 2020. The program has an evacuation plan which allocates egress routes during emergency response situations. Smoking is prohibited in the facility. The program maintains cellular telephones which are to be utilized in the event of an emergency evacuation. Seven youth were interviewed, and all said they received information on fire prevention and evacuation procedures during orientation. Fire prevention and evacuation procedures information is also located in the youth's handbook which is issued to youth during intake. The youth acknowledged participating in monthly fire drills. Seven staff were interviewed and indicated they have all participated in monthly fire drills.

1.11 Cleanliness and Sanitation**Satisfactory Compliance**

The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.

The program provides a safe and appropriate treatment environment. The facility was observed to be clean, neat, and well maintained. No graffiti was observed on the walls, doors, or windows. The furniture in the office, large group room, and classrooms were in good condition. The program has designated private counseling areas in the administration office and dining room. The program is for males only and has one bathroom in the large group room for both genders with one operable toilet and sink. The program has a sanitation and safety inspections binder with weekly inspection documentation. The weekly frequency of the sanitation and safety inspection has been increased to daily frequency as part of the program's COVID sanitation precautions. The program conducts weekly sanitation and safety inspections which encompasses five portable buildings and entire program perimeter.

1.12 Youth Records**Satisfactory Compliance**

The program maintains an official youth record, labeled "Confidential," for each youth.

The program maintains an official youth record for each youth. Seven youth records were reviewed. Each record was clearly labeled "confidential." The program ensures youth records are secured in a locked filing cabinet maintained within the locked case manager's office.

Standard 2: Assessment Services

2.01 Eligibility	Satisfactory Compliance
<i>The program shall provide services to boys ages eleven to seventeen who are at risk of delinquency for a period up to fifteen months.</i>	

The program has a policy and procedures which identifies how the program will screen youth to determine if they meet the eligibility requirements. Eligibility is determined by a youth having three of the following characteristics: family instability and conflict, school instability or failure, health and mental health, attitudes/behaviors, and victimizations. A review of seven youth case management records confirmed the proper completion of a screening form prior to admission.

2.02 Orientation	Satisfactory Compliance
<i>The program shall provide program and facility orientation for all youth admitted to the program. The youth's parent(s)/guardian(s) shall be encouraged to attend.</i>	

The program has a policy and procedures in place outlining youth orientation and program rules. A review of seven youth records indicated all had an orientation form signed by the youth and parent/guardian. Each of the seven records contained a signed form for individual orientation topics related to program rules and requirements. Additionally, youth signed an informational and instructional form related to bullying. All seven individual orientation forms were signed by the youth, parent/guardian, and staff providing the orientation. The case manager maintains documentation of the parent/guardian notification of the youth's admission within twenty-four hours in the youth's record. Written notification included a brief overview of the program, information to the parent/guardian about scheduled recreational activities, and explanation of the requirement in which the parent/guardian shall inform the program of an objection to youth's participation in recreational activities due to a physical or medical problem. Parental objection must be accompanied by written documentation from a physician. Each youth received a student handbook which addressed all required elements and signed a corresponding receipt form. Six of the seven youth interviews indicated the youth received a handbook upon admission to the program.

2.03 Gender-Specific Programming	Satisfactory Compliance
<i>The program provides gender-specific delinquency intervention and treatment services.</i>	

The program has a policy and procedures which define how the program will provide services in the areas of gender-specific life-management skills training and how the program will address the needs of male youth. The primary service offered by the program to address the gender-specific needs of the youth is The Council for Boys and Young Men curriculum. A review of group documentation found a full cohort ended in March 2020, prior to the COVID-19 alternative service plan being developed. The program did not have enough youth to start a new cohort until October 14, 2020. The review of staff training records confirmed the facilitator for this curriculum has the required training. This group is held once a week for ten weeks and held in compliance with the program's activity schedule. The program provides daily recreational time, allowing the youth to go outside to play basketball and other activities which allow them to engage in teamwork through competition. The program teaches the youth how to dress professionally and how to represent themselves when making an effort to enter the job market. The youth are provided with basic training on how to perform proper male grooming techniques.

In addition, the program provides opportunities to receive education on sexually transmitted diseases, and other related topics. An interview with the executive directory reflected the demonstrated effectiveness curriculum is offered to each youth during their time in the program.

2.04 Prevention Assessment Tool (PAT)	Satisfactory Compliance
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<i>The Prevention Assessment Tool (PAT) shall be administered to each youth in the program during the initial intake and at completion of the program.</i>	
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The program has a policy and procedures which explains how a Prevention Assessment Tool (PAT) will be completed and the required time frames for completion. A review of seven youth case management records confirmed each youth had a PAT completed on the day of their intake to the program. Case management notes indicated the case manager conducted a motivational interview with each youth and parent/guardian during their admission. A review of all available information as part of the intake process was conducted. Each of these assessments, which were completed by a trained staff member, were entered in the Department's Juvenile Justice Information System within one day of completion.

2.05 Individualized Care Plan	Satisfactory Compliance
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<i>The program shall develop an Individualized Care Plan for each youth.</i>	
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The program has a policy and procedures which addresses the development of each youth's Individualized Care Plan (ICP). The policy indicates the program will utilize the youth's Prevention Assessment Tool, and any other information provided to the program, in order to develop the plan for each youth. A review of seven youth case management records confirmed each youth had an ICP completed within thirty days of admission which documented the provided input of all members on the care review team. Each plan was found to include a goal for completion of The Council for Boys and Young Men, documentation of support and case management services which would be provided to assist with the completion of the goals, and the steps which the youth would follow to problem solve and meet each goal.

All plans included specific information regarding monthly family contacts and included parent/guardian action steps requiring them to provide input to the treatment team, and the records contained correspondence reflecting the parent/guardians being invited to all treatment team meetings. These were scheduled and completed on a monthly basis, as required. None of the seven youth reviewed records required an initial need for mental health or substance abuse services.

Two additional youth records were provided for youth who entered the program already involved with a mental health/substance abuse service provider. These services were continued by the program and a goal was developed for each of the two youth ICPs. Each of these plans included a goal for youth to participate in the mental health/substance abuse service, as required. Interviews were conducted with seven youth, and five youth indicated they participated in the development of their ICP and were aware of the goals they were working on, one youth said he did not participate in the development of his ICP, and one was not applicable.

2.06 Transition Plan**Satisfactory Compliance**

Each youth must have an individual transition plan and transition services for a period of six months for all youth enrolled in the program a minimum of 30 days regardless of the status of the transition.

The program has a policy and procedures for the development of an Individual Transition Plan for each youth. This is completed as a part of the Individual Care Plan. A review of the seven youth records indicated an Individual Transition Plan was developed within thirty days of admission for a six-month period. Each was found to include educational goals, in addition to a case management/aftercare plan for each youth. The reviewed documentation reflected all treatment team members participated in the development of transitional planning for each youth. The reviewed records confirmed this information is modified whenever changes are needed for individual youth.

2.07 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services**Satisfactory Compliance**

If mental health and/or substance abuse needs are identified by the PAT or other information obtained, staff shall ensure all referrals for appropriate services are made. Staff shall ensure all referrals for services are made within seventy-two hours of identification of the need for services.

If referred for services, staff follows up with the service provider within thirty days to ensure the youth and parent/guardian have taken the appropriate steps to initiate services. Staff receives, reviews, and documents written and verbal progress reports from the provider. Staff shall act upon negative reports, such as missed appointments or lack of participation, and document the response.

The program has a policy and procedures which addresses mental health or substance abuse needs identified for program youth. This program's policy requires the applicable referrals to be completed and documented within seventy-two hours of the identification of the need. The program's case manager is required to contact the service provider within thirty days of the referral to ensure the youth and parent/guardian have participated in the admission process and are receiving services. A review of seven youth case management records found none of the youth were identified with a mental health or substance abuse need which would have required the completion of a service referral.

The program supplied two additional youth records who required a service referral for continued mental health services, as the two youth were already receiving these services prior to their admission to the program. Each record contained documentation reflecting a referral was made to the identified service provider the same day of admission and the information was shared with each youth's parent/guardian. Each of the youth worked with the provider, and documentation indicated progress for each youth was communicated with the program case managers regarding each youth's weekly participation while receiving services.

2.08 Individualized Care Plan Re-Evaluation**Satisfactory Compliance***The individualized care plan shall be re-evaluated throughout the youth's enrollment period.*

The program has a policy and procedures which explains how they will complete re-evaluations for each youth's Individual Care Plan (ICP) every six months while a youth is enrolled in the program. Four of the seven youth records reviewed required a re-evaluation of the youth's ICP and found a process in place for on-going revisions to the ICP as goals are accomplished and other needs are addressed. Each of the four youth ICPs reflected completion of goals being removed and new needs being addressed when they were applicable based on each youth's positive and/or negative progress. There was documentation to reflect each youth and the parent/guardian taking part in the re-evaluation of each ICP. Reviewed documentation confirmed monthly treatment review meetings are held for each youth to measure their progress in the program. Goals are not just modified or adjusted at the six-month evaluation. They are adjusted on an individual basis at any monthly treatment team meeting.

2.09 Educational Access**Satisfactory Compliance***The facility shall integrate educational instruction (personal accountability and behavioral, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.*

The program has a policy and procedures which indicate the program will integrate educational instruction into their daily schedule. A review of the program schedule found they offer six fifty-minute periods of instruction daily. The program has two full-time teacher positions with one being vacant at the time of the annual compliance review. A substitute teacher has been brought in to temporarily fill the position until a replacement can be hired. Ongoing efforts to advertise and fill the position were noted during the annual compliance review. There is one education assistant on staff as well. The education assistant is responsible for enrolling youth into the school.

The program has a career coordinator who assists the youth in career education. The program is currently using the Edmentum online-education program for the youth. This program allows the youth to work at their own pace to work on credit recovery. The teachers provide lessons and assist youth as they progress in the program. The program was able to provide a yearly schedule which reflected education instruction was provided for at least 230 days a year, with an additional twenty days being set aside for educational planning as required. An interview with a teacher and a review of the program's logbook confirmed the program is following their daily schedule and there are minimal interruptions to class time.

2.10 Vocational and Career Training**Satisfactory Compliance***The program shall provide vocational and career training to support continuous progression towards job placement.*

The program has a policy and procedures indicating the program will provide each youth with an opportunity to develop vocational competency while in the program. Each of the seven youth had a vocational/career training goal in their Individualized Care Plan. The program has funding through a grant which allows youth to have a full-time career coordinator. Each youth completes an O*Net Interest Profile during their first week in the program. This tool helps pinpoint important job-related areas. The career coordinator assists the youth in completing job

applications they may be interested in. Additionally, the career coordinator works with the youth on preparing a résumé, learning how to answer interview questions, and teaching each youth how they should present themselves during an interview. Due to the COVID-19 pandemic, the career coordinator has not been able to take youth on outings which expose them to different career opportunities in the local community. Plans are currently in place to re-start outings once the Department's COVID-19 guidelines allows them.

2.11 Youth Development	Satisfactory Compliance
<i>The program provides development activities building positive character, instilling positive values, or enhancing educational or community engagement experiences. Activities may include outings to local attractions, the arts, historical sites, and other activities promoting healthy lifestyles.</i>	

The program facilitates community service projects during normal programming for the youth to participate in and has guest speakers from different areas speak to encourage the youth. Community service projects for youth were on hold between March to October 2020, due to the COVID-19 pandemic. As of October 14, 2020, guest speakers have returned to the program to speak to the youth. The program has a three phase "return to business" plan which will reinstate the full compliment of community service and guest speakers. The program is currently in phase two of the plan which offers parent(s)/guardian(s) and youth the option of on-site or off-site services. Progression to phase three will return the program to normal operations.

Normal weekly programming offers high rank gold card youth outings to restaurants and other activities in the community. Youth earn a SafeServ Food Handlers Certificate, learn how to write a résumé, and complete job applications. In addition, youth learn proper hygiene for males, how to tie a tie, and interviewing skills. Four of the seven youth interviews indicated the youth participated in outings to the movies and local parks, visited Tallahassee, Florida to meet with legislators, attended cookouts, served food at local events, and participated in the AMIkids winter challenge.

2.12 Release	Satisfactory Compliance
<i>The provider must administer the PAT prior to the youth's release or discharge from the program.</i>	

The program has a policy and procedures in place indicating the program shall complete a Prevention Assessment Tool (PAT) prior to the youth's release from the program. A review of three youth closed case management records were reviewed to determine if each youth had a PAT assessment completed within the last fourteen days in the program. Each of the three youth had a PAT assessment completed on the day each was released from the program. Each of the assessments were entered into the Department's Juvenile Justice Information System (JJIS) on the same day as completion. Each of the youth was released in JJIS within twenty-four hours of their release or discharge.