

**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**AMikids Boys Prevention-Clay**

***AMikids Inc.***

**(Contract Provider)**

**2025 Highway 16 West**

**Green Cove Springs, Florida 32043**

***Review Date(s): February 4-5, 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:

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

Gwen Nelson, Office of Program Accountability, Lead Reviewer (Standard 1)  
Kristine Harshaw, Office of Program Accountability, Regional Monitor (Interviews)  
Cindy Jones, Office of Education, Government Analyst (Standard 2—Education)  
Mike Marino, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: AMIkids Boys Clay  
Provider Name: AMIKids, Inc.  
Location: Clay County / Circuit 4  
Review Date(s): February 4-5, 2020

MQI Program Code: 1429  
Contract Number: 10521  
Number of Beds: 44  
Lead Reviewer Code: 130

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**

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

**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 Requirements	Satisfactory
1.04	In-Service Training	Satisfactory
1.05	* Incident Reporting (CCC)	Satisfactory
1.06	Administration	Satisfactory
1.07	*Provision of an Abuse-Free Environment	Satisfactory
1.08	Food Services	Satisfactory
1.09	Transportation 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**

<b>Standard 2 - Youth Management</b>		
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	Youth Development	Satisfactory
2.11	Release	Satisfactory

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## Program Overview

AMIkids Boy's Prevention - Clay 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, two behavioral interventionists, two case managers, and four drivers. The program operates on the campus of Clay County High School in District 4. The program 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 also provides the 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 has access to individualized services which focus on meeting identified academic/employment readiness, behavioral, and social needs specifically designed to diminish the risk factors while enhancing protective factors 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 no staff vacancies.

## 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 contract provider may hire an employee to a position which requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible, and the employee does not demonstrate he or she exhibits any behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a policy and procedures for conducting background screenings of new staff prior to hire. The program hired two new staff during the annual compliance review period. The new hire records had documentation of a background screening completed prior to the staff's hire date. The provider added the two new hires to clearinghouse employment roster. The program submitted an Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's Background Screening Unit on December 31, 2019 as required. The program submitted to the Department's BSU on January 24, 2020 for education staff, the Annual Affidavit completed by the Clay County School District.

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 has a policy and procedures for five-year rescreening. This program's contract effective start date was September 1, 2017 and has been in operational for less than five years; therefore, none of the staff require a five-year rescreening.

1.03 Pre-Service/Certification Training	Satisfactory Compliance
<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>	
<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>	

The program has a policy and procedures for new contracted non-residential staff to be trained in accordance with Florida Administrative Code. During the annual compliance review period, the program hired two new staff members. Each staff member completed 120 hours of web-based and/or instructor-led training which included the essential skills training Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)/first aid certifications, professionalism

and ethics training, suicide prevention, and emergency procedures training within 180 days of their hire date. All pre-service training was documented in the Department's Learning Management System (SkillPro). The program submitted, in writing to the Department's Office of Staff Development and Training a list of pre-service training on April 1, 2019. The training list included the course names, descriptions, objectives, and training hours. A review of training records indicated all instructors who facilitated training were qualified to deliver the training. Three interviewed staff stated they were adequately trained to perform their job.

<b>1.04 In-Service Training</b>	<b>Satisfactory Compliance</b>
<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 has a policy and procedures for staff to complete in-service training in accordance with the Florida Administrative Code. A review of three staff records found each of the staff completed all required training. The executive director is the only supervisor completed thirteen hours of training in management, leadership, personal accountability, employee relations, communication skills, and fiscal topics. The provider submitted on February 13, 2019 a list of in-service training to the Department's Office of Staff Development and Training. The training list included course names, descriptions, objectives, and training hours for any instructor-led training. All in-service training is documented in the Department's Learning Management System (SkillPro). Three staff members were interviewed and reported they felt adequately trained for their jobs.

<b>1.05 Incident Reporting (CCC)</b>	<b>Satisfactory Compliance</b>
<p><i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i></p>	

The program has a policy and procedures for reporting incidents to the Department's Central Communications Center (CCC). The program had five CCC incidents in the past six months. In June 2019 and August 2019, the program reported a contraband incident, in July 2019 and August 2019 the program reported a medical transport, and in September 2019 the program reported the program closure/evacuation due to inclement weather. All calls to the CCC were completed within the required time frame or within two hours of the staff becoming aware of each incident. The five incidents were documented, highlighted, and initialed in the daily program's logbook. A review of the program's internal incidents and grievances indicated there were no additional incidents which required reporting to the CCC.



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

The program has a policy and procedures to ensure a safe and appropriate treatment environment. Program staffing includes an executive director, administrative assistant, two behavior interventionists, two case managers, and four drivers. A review of the executive director, behavior interventionists, and case manager employee records found each have a bachelor's-level degree. The business manager and drivers have a high school diploma. The program is open at least eight hours a day, five days a week excluding holidays. The program accepts referrals Monday through Friday and provides services during non-traditional hours.

<b>1.07 Provision of an Abuse-Free Environment</b>	<b>Satisfactory Compliance</b>
<i>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.</i>	

The program has a policy and procedures to ensure an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. Program staff must follow a code of conduct forbidding use of physical abuse, profanity, threats, or intimidation. Program staff are trained to report all allegations of child abuse or suspected child abuse to the Florida Abuse Hotline, and any allegations by youth eighteen years of age or older are reported to the Central Communications Center (CCC). Youth are informed at intake they have unimpeded access to self-report allegations of abuse. According to the executive director, if a youth needed to contact the Florida Abuse Hotline or the CCC, the youth will ask the staff to use the telephone. The staff will dial the number and confirm the receiver is an operator for the CCC or the Florida Abuse Hotline then 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. Seven youth were interviewed and each stated they felt safe in the program. All seven interviewed youth indicated they had never been denied access to call the Florida Abuse Hotline. All seven interviewed youth indicated they never felt threatened by staff. Three of seven youth stated they heard a staff use profanity. The three youth indicated the staff used profanity in conversation with each other and in reaction to a situation. Three interviewed staff indicated they never observed a staff member being physically or verbally aggressive with youth. The three staff members explained the process for a youth to make an allegation of abuse. Each staff member indicated talking to the youth for clarification for the request and escorting the youth to supervisor's office, dialing the number to report abuse, and giving the telephone to the youth and exiting the office.

<b>1.08 Food Services</b>	<b>Satisfactory Compliance</b>
<i>The program shall serve a light meal (i.e. beverage, sandwich, and snack) to each youth each day.</i>	

Food service for the program is provided by Clay County High School. The food is transported

to the program and served in the large group room. 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. Food service is provided in accordance with the United States Department of Agriculture's National School Lunch Program. The program has three staff members (one case manager, one teacher, and the administrative assistant) who are certified food safety managers. Seven youth were interviewed if meals are taken away from youth as a form of punishment. All seven interviewed youth responded by indicating meals were not taken away from youth as a form of punishment. The program's lunch menu is approved by a registered dietician, who meets all the requirements of the laws and rules of the State of Florida. The dietician's license expires on May 31, 2021.

<b>1.09 Transportation Services</b>	<b>Satisfactory Compliance</b>
<i>The provider shall provide or arrange for the provision of transportation for program-related purposes.</i>	

The program has a policy and procedures for providing transportation services for youth. Youth are provided transportation to and from the program daily. The program has a master equity lease agreement with Enterprise for four vans for a period of thirty-six to forty-eight months. A review of the program's contract with Enterprise confirmed the contract meets all Department requirements. All staff who transport youth have valid and current driver's licenses. Bi-annual license verification is conducted by the administrative assistant. Seven youth were interviewed if the program deny services or penalize a youth due to the lack of transportation. All seven interviewed youth responded by indicating the program did not deny services or penalize youth due to lack of transportation. Youth are picked up each morning from home, transported to the program, and transported back home at the end of the school day. An inspection of the vans indicated all vans are equipped with seat belts, a knife-for-life, and a first aid kit. Interviews with seven youth revealed youth are required to wear seat belts when the vehicle is in operation.

<b>1.10 Fire Prevention and Evacuation Procedures</b>	<b>Satisfactory Compliance</b>
<i>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.</i>	

The program has a policy and procedures for fire prevention and evacuation. Fire protection equipment is in the three classrooms, the large group room, and the administration office. The fire alarm system is tested monthly which is documented in the fire safety log. The fire extinguishers are inspected annually by Commercial Fire Inc. and weekly by staff. The program conducts monthly fire drills and documents the drills in the fire safety log. The program's annual fire inspection was completed by the local fire marshal on January 14, 2020. The local fire marshal's annual review indicating buildings housing the AMIKids program had no deficiencies; however, the report indicated a classroom door hinge was loose and a classroom door glass was cracked. The program maintains cell phones for use during the emergencies. Seven youth were interviewed and each indicated they received information on fire prevention and evacuation procedures during orientation. The seven interviewed youth indicated fire prevention and emergency procedures are listed in the youth's handbook. The youth stated

they participated in monthly fire drills. Three staff were interviewed regarding participating in fire drills within the past six months and all stated they participate in monthly fire drills.

<b>1.11 Cleanliness and Sanitation</b>	<b>Satisfactory Compliance</b>
<i>The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.</i>	

The program provides a safe and appropriate treatment environment. The program is located on the campus of Clay County High School in portable classrooms. The buildings were clean, neat, and well maintained. No graffiti was observed on the walls, doors, or windows. The furniture in the office, large room utilized for groups, dining, and classrooms was 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 each classroom for both genders with one operable toilet and wash basin. The program has a sanitation and safety inspections binder which contained documentation indicating the program conducts weekly sanitation and safety inspections of the portables and perimeter.

<b>1.12 Youth Records</b>	<b>Satisfactory Compliance</b>
<i>The program maintains an official youth record, labeled "Confidential," for each youth.</i>	

The program has a policy and procedures for arranging and maintaining youth records. The program maintains an official record for each youth. Seven youth records were reviewed and all seven records were clearly labeled "Confidential." Youth records are stored in a locked filing cabinet in the administration office. The program complies with the records and confidential information provisions pursuant to F.S. 985.04.

## Standard 2: Assessment Services

<b>2.01 Eligibility</b>	<b>Satisfactory Compliance</b>
<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 to address youth eligibility for the program. The procedures reflect the youth eligibility requirements of the contract of youth being eleven to seventeen years of age and having at least three risk characteristics. Seven youth records were reviewed of which five were applicable based on their admission date. Two youth were admitted prior to the last annual compliance review. Each youth was between eleven to seventeen years of age. A form listing the risk characteristics from the contract was in each applicable record and completed during the intake process. Each form identified at least three risk characteristics for each applicable youth.

<b>2.02 Orientation</b>	<b>Satisfactory Compliance</b>
<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 detailing the orientation process. Seven youth records were reviewed of which five were applicable for orientation during the annual compliance review period. Two youth were admitted prior to the last annual compliance review. Each applicable record documented the youth and parent/guardian participated in the orientation process. All records documented the youth received a student handbook which was acknowledged by youth and parent/guardian signature. The handbook was written in language age appropriate for youth and the program. The handbook addressed required information to include but not limited to program goals and available services, review of the case planning process, telephone guidelines, youth rights and grievance process, the Florida Abuse Hotline number with instructions for reporting suspected abuse, the daily activity schedule, summary of emergency medical and mental health services, emergency safety and evacuation procedures, contraband, summary of program rules and behavior management system, explanation of requirements for completion of the program and the average length of stay, and dress code. Documentation of orientation in each record reflected youth and parent/guardians were introduced to facility staff and given a tour of the program. Each record also had several forms addressing individual elements of orientation to include the grievance process, abuse reporting, acceptable use of computer equipment, transportation, searches, contraband, and dress code. These forms were signed by each youth and their parent/guardian. Six of seven interviewed youth reported they received a student handbook upon admission. The remaining youth stated not receiving a student handbook. A review of the youth's record documented the youth received a student handbook.

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

The program schedule includes gender-specific groups on Mondays, Tuesdays, and Wednesdays. The program uses, "The Council for Boys and Young Men" curriculum which is a practice with demonstrated effectiveness. The curriculum addresses the needs of boys with a history of trauma and negative role models and is designed for the ages of youth served at the

program. The curriculum includes facilitator guides for each lesson. Two staff facilitate the groups and both are certified to facilitate the curriculum. A review of seven youth records and group documentation found each youth participates in “The Council for Boys and Young Men” groups. The program director confirmed this practice.

<b>2.04 Prevention Assessment Tool (PAT)</b>	<b>Satisfactory Compliance</b>
<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>	

The program has a policy and procedures for the completion of a Prevention Assessment Tool (PAT) during intake and upon completion of the program. Seven youth records were reviewed of which five were applicable based on their admission date. A PAT was administered in each of the applicable records reviewed. Each PAT was completed and entered into the Department’s Juvenile Justice Information System (JJIS) on the date of admission.

<b>2.05 Individualized Care Plan</b>	<b>Satisfactory Compliance</b>
<i>The program shall develop an Individualized Care Plan for each youth.</i>	

The program has a policy and procedures addressing the development of individual care plans (ICPs). Seven youth records were reviewed and five youth were applicable for completion of an ICP within thirty days based on their admission date. Two youth were admitted prior to the last annual compliance review. An ICP was developed within thirty days in each of the applicable records reviewed. All ICPs included goals for education, participation in The Council for Boys and Young Men groups, case management services, treatment services as needed, and transition. A requirement for monthly family contacts was not initially documented in the ICPs which was due to the provider changing to an electronic format; although, monthly family contact was documented in each case. The program updated the ICPs to include monthly family contact when this issue was discovered. Youth and parent/guardian signatures were documented on the ICPs. Six of seven interviewed youth reported they participated in the development of their ICP. All seven youth were able to explain goals included in their ICP.

<b>2.06 Transition Plan</b>	<b>Satisfactory Compliance</b>
<i>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.</i>	

The program has a policy and procedures addressing the completion of transition plans and transition services. A review of seven youth records found transition goals were included in each youth’s individualized care plan (ICP). The ICPs were completed within thirty days of admission and reviewed every thirty days thereafter. Documentation revealed all care review team members participated in the development of the ICP. In three closed records reviewed, the transition goals were in place for at least six months. The transition goals identified each youth’s anticipated school placement following completion of the program and services needed.

<b>2.07 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services</b>	<b>Satisfactory Compliance</b>
<p><i>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.</i></p> <p><i>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.</i></p>	

The program has a policy and procedures to address referrals for mental health and substance abuse treatment services. Seven youth records were reviewed of which two youth were already receiving services prior to admission and one youth was referred for services by the program. Four youth were not applicable. The one youth referred for services by the program was referred to the service provider within ten days. An additional two records were reviewed for youth identified with service needs after admission and each youth was referred for services within ten days. In one case, the case manager drove the youth and family to the initial appointment. In each applicable case, treatment services were addressed each month during care plan reviews. Contact with the service providers was documented for youth referred for services by the program. In addition, the program coordinated family centric services which is also provided by AMIkids for ten youth

<b>2.08 Individualized Care Plan Re-Evaluation</b>	<b>Satisfactory Compliance</b>
<p><i>The individualized care plan shall be re-evaluated throughout the youth's enrollment period.</i></p>	

The program has a policy and procedures require individual care plan (ICP) re-evaluations every six months. Seven youth records were reviewed and all records documented monthly care review meetings., ICPs were reviewed and updated, if needed during the monthly care review meeting. Care reviews completed at or near six months after admission to the program, the care review documentation was clearly labelled as a six month re-evaluation. Each ICP was updated following the six month re-evaluation, noting continuation of goals or updates, as needed.

<b>2.09 Educational Access</b>	<b>Satisfactory Compliance</b>
<p><i>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.</i></p>	

The daily and yearly school schedules were reviewed. The approved 250-day calendar is being followed and the program is providing the required educational and vocational access for all youth. The lead teacher indicated youth continue in their current core academic classes when they enter the program with changes only to their elective courses. High school students are awarded credits as appropriate, course completions, and competencies are acknowledged for middle school students. A computer-based learning program is being utilized along with direct instruction for all students. The district provides guidance and oversight for students with an

Individualized Education Plan (IEP). The logbook and the lead educator interview revealed there is no deviation to the school schedule.

### 2.10 Vocational and Career Training

Satisfactory Compliance

*The program shall provide vocational and career training to support continuous progression towards job placement.*

Interviews with the program director and the lead educator indicated career and vocational education is provided through a separate contract. All youth fourteen years of age and above are enrolled in the vocational class and are given the opportunity to earn SafeStaff certification. Seven youth were interviewed and each indicated they are learning job readiness skills including interviewing, completing job applications, and writing résumés.

### 2.11 Youth Development

Satisfactory Compliance

*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.*

Youth in the program are given the opportunity to participate in several community service and learning activities every ninety days. Youth are given the opportunity to attend outings including going to churches to feed the homeless, clean ups at Seamark Ranch, working with special needs students, and reading to children in Head Start. Youth are given a chance to attend educational/vocational trips to teen court, the Apple Store, the Floating Classroom, Vallencourt Construction, and CDA Welding. The program recently took youth to Tallahassee to meet with legislators during the legislative session. Youth are also offered reward trips to participate in off-site activities such as dining,, trips to professional sports games, fishing trips, and SCUBA training. A review of seven youth records indicated each youth participated in community service and/or vocational field trips at least every ninety days. Seven interviewed youth reported being able to participate in an outing in the community with the program.

### 2.12 Release

Satisfactory Compliance

*The provider must administer the PAT prior to the youth's release or discharge from the program.*

The program has a policy and procedures requiring a Prevention Assessment Tool (PAT) is completed prior to release. The procedures also address obtaining consent for youth length of stay extending beyond fifteen months. Seven closed youth records were reviewed. An exit PAT was completed on the date of release in each case and the Department's Juvenile Justice Information System (JJIS) was updated on the date of release. The program provided documentation in the form of e-mails to confirm approval was obtained when the youth's length of stay was extended beyond fifteen months.