STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

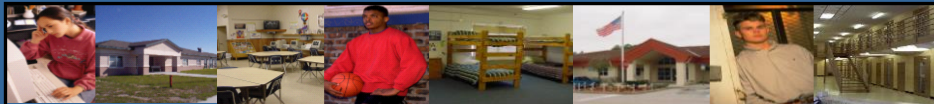
BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Cypress Creek Juvenile Offender Correctional Center / Cypress Creek Treatment Center

TrueCore Behavioral Solutions, LLC.
(Contract Provider)
2855 West Woodland Ridge Drive
Lecanto, Florida 324461

Review Date(s): April 9-12, 2019



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 that 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 that 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 that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Monitoring and Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Katina Horner, Office of Program Accountability, Lead Reviewer (Standard 1)
Jim Lightbody, DJJ Probation, Circuit 5, Juvenile Probation Officer Supervisor (Standard 2)
Jennifer Schad, Office of Program Accountability, Regional Monitor (Standard 3)
Carol Locke, Pompano Youth Treatment Center, Director of Nursing (Standard 4)
Amy Tyson, Office of Program Accountability, Regional Monitor (Standard 5)
Ben Marrufo, Office of Program Accountability, Technical Assistance Specialist (SPEP)
Ashley Graves, DJJ Probation, Circuit 5, Assistant Chief Probation Officer, (Interviews/Standard 2)

Program Name: Cypress Creek Juvenile Offender Correctional Center / Cypress Creek Treatment Center
Provider Name: TrueCore Behavioral Solutions, LLC.
Location: Citrus County / Circuit 5
Review Date(s): April 9-12, 2019

MQI Program Code: 1055
Contract Number: 10207
Number of Beds: 96
Lead Reviewer Code: 170

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Assessment and Performance Plan, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards.

Persons Interviewed

☒ Program Director
☒ DJJ Monitor
☒ DHA or designee
☒ DMHCA or designee
1 # Case Managers
NA # Clinical Staff
NA # Food Service Personnel
1 # Healthcare Staff
1 # Maintenance Personnel
1 # Program Supervisors
9 # Staff
9 # Youth
NA # Other (listed by title): **NA**

Documents Reviewed

☒ Accreditation Reports
☒ Affidavit of Good Moral Character
☒ CCC Reports
☐ Confinement Reports
☒ Continuity of Operation Plan
☒ Contract Monitoring Reports
☒ Contract Scope of Services
☒ Egress Plans
☒ Escape Notification/Logs
☒ Exposure Control Plan
☒ Fire Drill Log
☒ Fire Inspection Report
☒ Fire Prevention Plan
☒ Grievance Process/Records
☒ Key Control Log
☒ Logbooks
☒ Medical and Mental Health Alerts
☒ PAR Reports
☒ Precautionary Observation Logs
☒ Program Schedules
☒ Sick Call Logs
☒ Supplemental Contracts
☒ Table of Organization
☒ Telephone Logs
☒ Vehicle Inspection Reports
☒ Visitation Logs
☒ Youth Handbook
12 # Health Records
9 # MH/SA Records
60 # Personnel Records
18 # Training Records/CORE
3 # Youth Records (Closed)
9 # Youth Records (Open)
18 # Other: **JJIS Alerts & Facesheets**

Observations During Review

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

Comments

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

Standard 1: Management Accountability
Residential Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	* Provision of an Abuse-Free Environment	Satisfactory
1.04	* Management Response to Allegations	Satisfactory
1.05	* Incident Reporting (CCC)	Satisfactory
1.06	Protective Action Response (PAR) and Physical Intervention Rate	Satisfactory
1.07	* Pre-Service/Certification Requirements	Satisfactory
1.08	In-Service Training	Satisfactory
1.09	Grievance Process	Satisfactory
1.10	Delinquency Intervention and Facilitator Training	Satisfactory
1.11	Life Skills Training Provided to Youth	Satisfactory
1.12	Restorative Justice Awareness for Youth	Satisfactory
1.13	Gender-Specific Programming	Satisfactory
1.14	*Internal Alerts System and Alerts (JJIS)	Satisfactory
1.15	Youth Records (Healthcare and Management)	Satisfactory
1.16	Youth Input	Satisfactory
1.17	Advisory Board	Satisfactory
1.18	Program Planning	Satisfactory
1.19	Staff Performance	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 and Performance Plan
Residential Rating Profile

Indicator Ratings

Standard 2 - Assessment and Performance Plan		
2.01	Initial Contacts to Parent/Gaurdian and Court Notification	Satisfactory
2.02	Youth Orientation	Satisfactory
2.03	Written Consent of Youth Eighteen or Older	Satisfactory
2.04	Classification Factors, Procedures, and Reassessment for Activities	Satisfactory
2.05	Gang Identification: Notification of Law Enforcement	Satisfactory
2.06	Gang Identification: Prevention and Intervention Activities	Satisfactory
2.07	R-PACT Assessment and Reassessments	Satisfactory
2.08	Youth Needs Assessment Summary	Satisfactory
2.09	*Performance Plan Development, Goals and Transmittal	Satisfactory
2.10	Performance Plan Revisions	Satisfactory
2.11	Performance Summaries and Transmittals	Satisfactory
2.12	Parent/Guardian Involvement in Case Management Services	Satisfactory
2.13	Members of Treatment Team	Satisfactory
2.14	Incorporation of Other Plans Into Performance Plan	Satisfactory
2.15	Treatment Team Meetings (Formal and Informal Reviews)	Satisfactory
2.16	Career Education	Satisfactory
2.17	Educational Access	Satisfactory
2.18	Education Transitions Plan	Satisfactory
2.19	Transitions Planning, Conference, and Community Re-entry Team Meeting (CRT)	Satisfactory
2.20	Exit Portfolio	Satisfactory
2.21	Exit Conference	Satisfactory

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Standard 3: Mental Health and Substance Abuse Services
Residential Rating Profile

Indicator Ratings

Standard 3 - Mental Health and Substance Abuse Services		
3.01	Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory
3.02	* Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.03	Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.04	Mental Health and Substance Abuse Admission Screening	Satisfactory
3.05	Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory
3.06	Mental Health and Substance Abuse Treatment	Satisfactory
3.07	* Treatment and Discharge Planning	Satisfactory
3.08	* Specialized Treatment Services	Satisfactory
3.09	* Psychiatric Services	Satisfactory
3.10	* Suicide Prevention Plan	Satisfactory
3.11	* Suicide Prevention Services	Satisfactory
3.12	* Suicide Precaution Observation Logs	Satisfactory
3.13	* Suicide Prevention Training	Satisfactory
3.14	* Mental Health Crisis Intervention Services	Satisfactory
3.15	* Crisis Assessments	Satisfactory
3.16	* Emergency Mental Health and Substance Abuse Services	Satisfactory
3.17	* Baker and Marchman Acts	Satisfactory

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Standard 4: Health Services
Residential Rating Profile

Indicator Ratings

Standard 4 - Health Services		
4.01	* Designated Health Authority/Designee	Satisfactory
4.02	Facility Operating Procedures	Satisfactory
4.03	Authority for Evaluation and Treatment	Satisfactory
4.04	Parental Notification	Satisfactory
4.05	Notification - Clinical Psychotropic Progress Note	Satisfactory
4.06	Immunizations	Satisfactory
4.07	Healthcare Admission Screening Form	Satisfactory
4.08	Medical Alerts	Satisfactory
4.09	Youth Orientation to Healthcare Services	Satisfactory
4.10	Designated Health Authority/Designee Admission Notification	Satisfactory
4.11	Healthcare Admission Rescreening	Satisfactory
4.12	Health Related History	Satisfactory
4.13	Comprehensive Physical Assessment	Satisfactory
4.14	Female-Specific Screening/Examination	Satisfactory
4.15	Tuberculosis Screening	Satisfactory
4.16	Sexually Transmitted Infection Screening	Satisfactory
4.17	HIV Testing	Satisfactory
4.18	Sick Call Process - Requests/Complaints	Satisfactory
4.19	Sick Call Process - Visits/Encounters	Satisfactory
4.20	Room Restriction/Controlled Observation	Satisfactory
4.21	Episodic/First Aid Care	Satisfactory
4.22	Emergency Care	Satisfactory
4.23	Off-Site Care/Referrals	Satisfactory
4.24	Chronic Illness/Periodic Evaluations	Satisfactory
4.25	Medication Management - Verification	Satisfactory
4.26	Medication Management - Orders/Prescriptions	Satisfactory
4.27	Medication Management - Storage	Satisfactory
4.28	Medication Management - Medication and Sharps Inventory	Satisfactory
4.29	Medication Management - Controlled Medications	Satisfactory
4.30	Medication Management - Medication Administration Record	Satisfactory
4.31	Medication Management - Medication Administration By Licensed Staff	Satisfactory
4.32	Medication Management - Medication Provided By Non-Licensed Staff	Satisfactory
4.33	Medication Management - Psychotropic Medication Monitoring	Satisfactory
4.34	Infection Control - Surveillance, Screening, and Management	Satisfactory
4.35	Infection Control - Education	Satisfactory
4.36	Infection Control - Exposure Control Plan	Satisfactory
4.37	Prenatal Care - Physical Care of Pregnant Youth	Non-Applicable
4.38	Prenatal and Neonatal Care - Nutrition, Education of Youth, and Lactation	Non-Applicable
4.39	Prenatal and Neonatal Staff Education	Non-Applicable

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Standard 5: Safety and Security
Residential Rating Profile

Indicator Ratings

Standard 5 - Safety and Security		
5.01	Youth Supervision	Satisfactory
5.02	Comprehensive and Consistent Implementation of the Behavior Mgt System and Staff Training	Satisfactory
5.03	Behavior Management System Infractions and System Monitoring	Satisfactory
5.04	*Ten Minute Checks	Satisfactory
5.05	Census, Counts, and Tracking	Satisfactory
5.06	Logbook entries and Shift Report Review	Satisfactory
5.07	Key Control	Satisfactory
5.08	Contraband Procedure	Satisfactory
5.09	Searches and Full Body Visual Searches	Satisfactory
5.10	Vehicals and Maintenance	Satisfactory
5.11	Transportation of Youth	Satisfactory
5.12	Weekly Safety and Security Audit	Satisfactory
5.13	Tool Inventory and Mangement	Satisfactory
5.14	Youth Tool Handling and Supervision	Satisfactory
5.15	Outside Contractors	Satisfactory
5.16	Fire, Safety, and Evacuation Drills	Satisfactory
5.17	Disaster and Continuity of Operations Planning (COOP)	Satisfactory
5.18	Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials	Satisfactory
5.19	Youth Handlins and Supervison of Flammable, Poisonous, and Toxic Items and Materials	Satisfactory
5.20	Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory
5.21	Recreation and Leisure Activities	Satisfactory
5.22	*Elements of the Water Safety Plan, Staff Training, and Swim Test	Non-Applicable
5.23	Visitation and Communication	Satisfactory
5.24	Search and Inspection of Controlled Observation Room	Satisfactory
5.25	Controlled Observation	Satisfactory
5.26	Controlled Observation Safety Checks and Release Procedures	Satisfactory

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Program Overview

Cypress Creek Juvenile Offender Correctional Center/Cypress Creek Treatment Center is a ninety-six-bed program, for males between the ages of fifteen to twenty-one , located in Lecanto, Florida. The program is operated by TrueCore Behavioral Solutions, LLC, through a contract with the Department. The program provides the following services: Mental Health Overlay Services (MHOS). In addition, the program fosters each youth by providing recreational therapy, Aggression Replacement Training (ART), Passport Program, Pathway for Self-Discovery and Change, the Teen Relationship Handbook, and Skillstreaming the Adolescent. Additional treatment services provided includes individual, group, and or family counseling. Program administration is comprised of a facility administrator (FA), an assistant facility administrator (AFA) for operations, a chief of security, a treatment director, a school principal, a business manager, a youth advocate, a nursing supervisor, a food service manager, a physical plant manager, and two unit managers. Case management services are provided by a director of case management, six case managers, an intake specialist, and two transitional service managers. Mental health staff at the program includes a contracted psychiatrist, a director of clinical services, assistant director of clinical services, five therapists, and two recreational therapists. Medical services are offered daily from 6:00 a.m. to 7:00 p.m. and are provided by a medical doctor who serves as the program's designated health authority (DHA), a health service administrator, three registered nurses, a contracted dentist and optometrist. Educational services are provided by the program. The layout of the program includes one main building and a portable. The main building has areas for administration, education, living units, kitchen, medical, treatment offices, and maintenance. The outside portable is used for vocational education. The program has eighty-six operating security cameras providing coverage of the facility. At the time of the annual compliance review, the program had seventeen vacant positions; nine youth care workers, three therapists, two teachers, one principal, one master control operator, and one registered nurse.

Strengths and Innovative Approaches

- After completing high school requirements, youth have an opportunity to complete online college classes and possibly obtain their degree while at the program.

- The program offers several vocational programming opportunities to youth in their care. The program provides Career and Professional Education (CAPE) certifications which includes Safeserv, Home Builders Institute Pre-Apprentice Certification Training (HBI PACT), and Adobe Photoshop. The program also have a driving simulator for youth to work towards a Commercial Driver's License (CDL).

- Positive behavior is a strong focus at the program and is highly encouraged with daily and monthly incentive programs for the youth individually and as a group. Youth are rewarded individually with additional snacks, special food choices from the kitchen or local restaurants, additional time to play video games, additional time for outside activities, plan their own outside activity events such as basketball tournaments, and sweet treats on Fridays. The dorm which has no protective intervention from staff and least amount of behavior infractions is rewarded with dorm of the month distinction. The entire dorm is rewarded with a special meal, later bed times, and control of the TV for the weekend.

- In addition to treatment team meetings, a monthly meeting is held with youth to increase their social skills and to discuss how to obtain the next program level. Special snacks are provided during these meetings.

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. A contract provider may hire an employee to a position that 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 demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.	

Thirty-five initial background screenings were reviewed for newly hired employees. All thirty-five staff received an eligible rating using Clearinghouse prior to their hire date. Criminal history reports were reviewed for thirty-three staff and two are pending. Seven staff had a break in service which was indicated in the Department's staff verification system. The program utilizes a pre-employment assessment tool which was administered to twenty-nine of thirty applicable direct care staff. The remaining staff is out on workers' compensation (WC) and will be assessed upon their return to work. Twenty of the thirty staff received a passing score which was included in their personnel file. The program is awaiting pending test results for six staff, one staff did not pass, two staff have not been tested, and one staff is out on WC. The program scheduled the staff who did not receive a passing score to take the assessment again. All background screenings were completed in the Clearinghouse system. The Annual Affidavit of Compliance with Level 2 Screening Standards was received by the Background Screening Unit (BSU) on December 4, 2018.

1.02 Five-Year Rescreening	Satisfactory Compliance
Background rescreening/resubmission is conducted for all Department employees and volunteers and all 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. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.).	

Eighteen employees and two contracted staff required a five-year rescreening. A rescreening was completed for all twenty individuals prior to the anniversary of their hire and/or start date. All rescreening were submitted to the Background Screening Unit/Clearinghouse within ten business days of each employee and contracted staff five-year anniversary date.

1.03 Provision of an Abuse-Free Environment (Critical)	Satisfactory Compliance

The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.

- *Posting of the Florida Abuse Hotline telephone number and the Central Communications Center for youth 18 years of age and older telephone number.*
- *All allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.*
- *Youth and staff have unhindered access to report alleged abuse to the Florida Abuse Hotline pursuant to Section 39.201 (1)(a), F.S.*
- *The environment is free of physical, psychological, and emotional abuse.*
- *A code of conduct for staff who clearly communicates expectations for ethical and professional behavior, including the expectation for staff to interact with youth in a manner promoting their emotional and physical safety.*

The program has a written policy and procedures to ensure youth reside in an abuse free environment, free of intimidation, threats, or humiliation from staff. There was one incident of alleged abuse reported by a youth since the last annual compliance review which is currently being investigated by the Department. The Florida Abuse Hotline and the Central Communications Center (CCC) telephone numbers are posted throughout the facility. Youth requesting to make a call to report abuse are taken to the supervisor, who dials the number, and gives the telephone to the youth. Nine personnel files were reviewed and each contained a signed acknowledgment form of receiving the employee handbook and code of ethics. Nine youth were interviewed and each stated they feel safe at the program. All nine youth stated staff are respectful when speaking with them or their peers. Seven youth stated they have never heard staff use profanity, and two youth stated they heard staff use profanity on occasion in jest and never directly at youth. Nine staff were interviewed and none reported impeding youth from making an abuse call. Seven of the nine staff stated they have never observed a co-worker use threats, intimidation, or humiliation when interacting with the youth. One staff stated they have heard staff use profanity on occasion and the remaining staff stated some male staff lose their temper when the youth are hostile with staff. The staff’s frustration was not directed at youth. The facility administrator (FA) was interviewed and confirmed the program’s policy and procedures related to youth safety and maintain an abuse free environment.

1.04 Management Response to Allegations (Critical)	Satisfactory Compliance

Management shall be cognizant of youth and staff needs and provide direction to each on how to access the Florida Abuse Hotline. There is evidence management takes immediate action to address incidents of physical, psychological, and emotional abuse.

One allegation of abuse against staff was reported since the last annual compliance review. Management removed the staff from all contact with youth pending the outcome of an internal investigation. The internal investigation cleared the staff of any wrongdoing and the program is waiting on final findings from the Department. An interview with the facility administrator (FA)

confirmed the program's zero tolerance of abuse by staff. The FA reported there were no staff disciplinary actions due to youth abuse allegations since the last annual compliance review.

1.05 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
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.	

The program made eighteen calls to the Central Communications Center (CCC) in the past six months which five were reviewed. The reported incidents included battery on staff, felony arrest, youth injuries, and youth on youth battery. All five incidents were reported within two hours and were documented in the logbook. An interview with the facility administrator (FA) indicated the CCC is contacted upon receiving information within two hours.

1.06 Protective Action Response (PAR) and Physical Intervention Rate	Satisfactory Compliance
The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.	

The program has a written policy and procedures regarding the use of physical intervention techniques. The program's Protective Action Response (PAR) plan was approved by the Department. Upon the completion of a PAR report, there is a review of the PAR techniques, including any applicable video, a discussion of how the situation could have been avoided, and a meeting which involves the youth. The program submits a monthly summary of PARs to the Northeast Regional Residential Operations office. There were fifteen PARs in the past six months. Five were reviewed and all required elements were consistently documented, including a review by a PAR instructor and the facility administrator/designee. An interview with the program director (PD) revealed all level two or three PAR incidents are reviewed within twenty-four hours of the incidents. All level two or three PAR incidents are followed by recovery discussion or PAR committee meeting. The meetings included both the staff and youth. These incidents are then entered into the morning meeting database and discussed in all staff meetings. There is also a monthly management review form which is completed by the assistant facility administrator (AFA) of operations which outlines all PAR incidents. A PAR summary report is submitted to the Department on a monthly basis. The program's PAR rate for the last quarter was .76 which is below the statewide PAR rate of 1.40.

1.07 Pre-Service/Certification Requirements (Critical)	Satisfactory Compliance
Contracted and State residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.	

Nine training records were reviewed for pre-service requirements and each record documented all staff met and exceeded the required 120 hours of essential skills training within 180 days of hire prior to contact with youth. Training hours for the nine staff ranged from 126 to 198. The program submitted a list of pre-service training to the Department's Office of Staff Development and Training on December 18, 2017. The training plan was approved by the Department on

December 21, 2017. The pre-service training list included course names, descriptions, objectives, and training hours for instructor-led training. Pre-service/certification training and examinations were documented in the Department's Learning Management System (SkillPro).

1.08 In-Service Training	Satisfactory Compliance
Residential staff complete twenty-four hours of in-service training, including mandatory topics specified in Florida Administrative Code, each calendar year, effective the year after pre-service/certification training is completed. *Supervisory staff completes eight hours of training (as part of the twenty-four hours of annual in-service training) in the areas specified in Florida Administrative Code.*	

Nine training records were reviewed for in-service requirements and found all staff met and exceeded the annual twenty-four hour requirement. Training hours for the nine staff members ranged from thirty-five to sixty-three hours. All staff held current certifications in cardiopulmonary resuscitation (CPR), first aid, and use of an automated external defibrillator (AED). All staff received an eight hour protective action response (PAR) refresher, professionalism and ethics, and six hours of suicide prevention training. Four of the nine staff were supervisors, and each met and exceeded the required eight hours of supervisory training. The program submitted in writing, a list of in-service training to the Department's Office of Staff Development and Training. The in-service training was approved on December 21, 2017. Each of the trainings were documented in the Department's Learning Management System (SkillPro).

1.09 Grievance Process	Satisfactory Compliance
Program staff shall be trained on the program's youth grievance process and procedures. The program adheres to their grievance process and shall ensure it is explained to youth during orientation and grievance forms are available throughout the facility. *Completed grievances shall be maintained by the program for a minimum of twelve months.*	

The program has a policy and procedures in place for the youth grievance process. Nine pre-service staff training files were reviewed and each documented training on the program's grievance process. As part of orientation, the grievance process is discussed with youth and is outlined in the youth handbook. The grievance process includes an informal phase, formal phase, and appeal phase. Grievance forms are available in each dorm. An interview with the facility administrator (FA) advises phase one is allowing youth to verbalize and talk about their issues, phase two includes a speak out which is informal, and phase three is the grievance phase. Youth can appeal grievance phases to the FA. The program is required to respond to youth's grievances within twenty-four hours. Eight of the nine youth interviewed was able to explain the program's grievance process and the remaining youth never filed a grievance and was not familiar with the process. Seven of the nine youth interviewed stated they could ask for assistance in completing a grievance form, if needed. Nine staff were interviewed and each were able to explain the program's grievance process. There was one grievance filed during the past twelve months which was responded to within the appropriate timeframe and resolved.

1.10 Delinquency Interventions and Facilitator Training	Satisfactory Compliance
The program shall implement a delinquency intervention model or strategy that is an evidence-based practice, promising practice, or a practice with demonstrated effectiveness, for each youth. Staff whose regularly assigned job duties include implementation of a specific delinquency intervention model, strategy, or curriculum receive training in its effective implementation.	

The program has a policy and procedures in place for delinquency interventions and facilitator training. Delinquency interventions provided by the program includes Impact of Crime (IOC). Staff providing delinquency interventions had the required experience and trainings to provide the interventions. A review of the program's activity schedule confirmed the program was providing structured programming sixty percent of the youths' awake hours. A review of sign-in sheets confirmed the groups were delivered, as required. During an interview, the facility administrator (FA) explained when determining which staff will deliver intervention services the staff's education and experience are considered. The FA stated youth are assigned to their treatment staff and intervention groups according to their individualized needs.

1.11 Life Skills Training Provided to Youth	Satisfactory Compliance
The program shall provide interventions or instruction focusing on developing life and social skill competencies in youth.	

The program has a written policy and procedures to address Life Skills Training (LST). The program schedule provides for LST and documentation revealed all youth receive LST through group facilitation. Performance plans include goals related to life skills and treatment teams assessed each youth's progress towards their life skills goals. Nine youth were interviewed and each reported they received LST in groups and were able to practice the skills learned through role play with their peers.

1.12 Restorative Justice Awareness for Youth	Satisfactory Compliance
The program shall provide activities or instruction intended to increase youth awareness of, and empathy for, crime victims and survivors, and increase personal accountability for youths' criminal actions and harm to others.	

The program provides Impact of Crime (IOC) which is a promising practice curriculum to youth in the program. The instruction assists youth in accepting responsibility for harm they have caused and teach youth about the impact of their crime on the victim(s), their families, and their communities. Five staff are trained to conduct IOC groups. Direct observation while on-site, a review of group sign-in sheets and fidelity monitoring's reflected the curriculum was delivered as designed. Five of the nine youth interviewed stated they were currently in or previously completed IOC groups. An interview with the facility administrator (FA) confirmed the program utilizes IOC, which is conducted twice a week when running.

1.13 Gender-Specific Programming	Satisfactory Compliance
The program provides delinquency intervention and gender-specific treatment services.	

The program provides delinquency intervention and gender-specific treatment services. An interview with the facility administrator (FA) advised the program uses Young Men's Work:

Stopping Violence and Building Community for gender-specific treatment programming. The curriculum is designed for young men ages fourteen to nineteen to address male violence. The curriculum includes twenty-six sessions to assist youth in working together to solve problems without resorting to violence. The FA stated youth receive life skill training, taught how to tie a necktie and learn about health issues specific to male youth. The program's activity schedule includes gender-specific programming.

1.14 Internal Alerts System and Alerts (JJIS) (Critical)	Satisfactory Compliance
The program shall maintain and use an internal alert system easily accessible to program staff and keeps them alerted about youth who are security or safety risks, and youth with health-related concerns, including food allergies and special diets. When risk factors or special needs are identified during or subsequent to the classification process, the program immediately enters this information into its internal alert system. The program ensures only appropriate staff may recommend downgrading or discontinuing a youth's alert status. *When risk factors or special needs are identified during or subsequent to the classification process, the program immediately enters this information into the Juvenile Justice Information System (JJIS). Upon recommendation from appropriate staff, JJIS alerts are downgraded or discontinued.*	

The program has a written policy and procedures addressing the program's alert process. Nine youth records were reviewed and each record corresponded with the alerts generated in the Department's Juvenile Justice Information System (JJIS). The program's internal alert list is updated daily by the medical department. It is distributed to master control, the kitchen, and to the shift briefing room. An interview with the facility administrator (FA) confirmed the program's internal alert process. Alerts are also discussed during daily management meetings. The logbook is updated as youth were removed or downgraded from alert status by the appropriate staff, as required. Two youth sampled were identified as gang members and were included on the gang alert board in the staff briefing room. All nine interviewed staff stated they were informed of a youth alerts during shift meetings, alert logs, alert board, and in the master control logbook.

1.15 Youth Records (Healthcare and Management)	Satisfactory Compliance
The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files: • *An individual healthcare record* • *An individual management record.*	

The program separates the youth record into three separate individual files for healthcare, mental health, and case management. The individual case management record contains a tab identifying the youth's name, Department identification (DJJID) number, date of birth, date of arrival, county of residence, circuit of residence, and committing offense(s). The sections in the individual case management record include legal information, demographic and chronological information, correspondence, case management and treatment team activities, miscellaneous, and transition. Individual case management, healthcare, and mental health treatment records are labeled "confidential" and are secured in locked file cabinets. All youth records are marked "confidential."

1.16 Youth Input	Satisfactory Compliance
The program has a formal process to promote constructive input by youth.	

The program has a formal process to allow constructive input from youth. An interview with the facility administrator (FA) advises youth to participate in resident council meetings and discuss their input. A random youth is also selected to participate in management meetings and invited to provide their input. The FA further advises youth can fill out a "Can we discuss" form to speak with any staff. Nine youth were interviewed and each youth stated there are several processes in place for them to provide their input.

1.17 Advisory Board	Satisfactory Compliance
The program has a community support group or advisory board meeting at least quarterly. The program director solicits active involvement of interested community partners.	

The program has a community advisory board which meets every ninety days. Sign in sheets, agendas, and minutes from the past three meetings confirmed this practice. The advisory board includes members of the community such as law enforcement representatives, the judiciary, interested community partners, the business community, school board members, faith community, a victim, and a parent/guardian whose child was previously involved in the juvenile justice system. An interview with a school board member confirmed productive meetings occur every ninety days. An interview with the facility administrator (FA) acknowledged this process.

1.18 Program Planning	Satisfactory Compliance
The program uses data to inform their planning process and to ensure provisions for staffing.	

The program has a written policy and procedures to address program planning. Youth and parent surveys of released youth were reviewed and the feedback was mostly positive from the youth and one hundred percent positive from the parents. The information from the surveys is considered and applied to program operations. The management team meets daily and all direct care staff participate in daily shift briefings. An all staff meeting is held monthly to provide feedback on program related topics, training, and allow direct input from staff. Nine staff were interviewed and eight indicated staff meetings are held monthly and one stated bi-weekly. Nine staff stated various topics are discussed during staff meetings and believe the information is valuable and informative. Five staff stated they are briefed on annual reports and survey results from youth and parents. The remaining four staff stated they are not. Five staff stated communication at the program is very good, three stated good, and one stated fair. An interview with the facility administrator (FA) advises shift briefings are held daily to keep staff informed of important program issues and to maintain effective communication. A random staff is also selected once a week to attend a management meeting to provide their input. The FA advised surveys and annual reports are shared with management and all other staff during the all staff meetings.

1.19 Staff Performance	Satisfactory Compliance
The program ensures a system for evaluating staff, at least annually, based on established performance standards.	

The program has a policy and procedures in place to evaluate staff performance. An interview with the facility administrator (FA) advises staff are evaluated ninety days after hire and annually thereafter for job performance and feedback which confirmed the program's policy and procedures. Nine personnel records were reviewed and each included a well-defined job description. Newly hired staff received a ninety-day evaluation and all staff received an annual evaluation at a minimum. Nine staff were interviewed which some gave multiple answers. Three staff stated they are evaluated annually, three stated every six months, three gave varied answers from every ninety days to twice a year, and two staff were unsure as they have not been evaluated yet.

Standard 2: Assessment and Performance Plan

2.01 Initial Contacts to Parent/Guardian and Court Notification	Satisfactory Compliance
The program notifies the youth's parent/guardian by telephone within twenty-four hours of the youth's admission, by written notification within forty-eight hours of admission, and notify the youth's committing court, assigned juvenile probation officer (JPO) and post residential services counselor (if applicable) in writing within five working days of any admission.	

The program has written policies and procedures regarding notifying each youth's parent/guardian and the committing court of the youth's admission to the program. Nine youth case management records were reviewed. Each record contained documentation to support telephone notifications were made to the parent/guardian within twenty-four hours of the youth's admission. All nine records contained written notification to the youth's parent/guardian within forty-eight hours notifying them of their youth's arrival to the program. Each of the records contained supporting documentation the program provided written notification to the committing court and the juvenile probation officer (JPO) the same day of the youth's admission.

2.02 Youth Orientation	Satisfactory Compliance
The program shall provide each youth an orientation to the program rules, expectations, goals of the program, and services applicable to youth, to begin within the day of, or prior to, the youth's admission.	

All nine youth case management records contained documentation confirming each youth was provided an orientation which began on the day of admission. The program utilizes an orientation checklist which includes all services available, youth's responsibilities, daily schedule, contraband information, hygiene and dress code, emergency procedures, access to the Florida Abuse Hotline and the Central Communication Center (CCC), availability of and access to medical and mental health services, as well as the information regarding the program's behavior management system. During this meeting, the youth also receives information regarding their room assignment, introduction to staff, anticipated length of stay and the physical design of the program. Each youth was provided with a copy of the resident handbook which provides further guidance on what youth can expect during their time in the program. Each record contained the orientation checklist completed upon the youth's admission and were signed by both the youth and staff. An interview with nine youth stated the orientation began within twenty-four hours of their admission. There were no new admissions during the annual compliance review.

2.03 Written Consent of Youth Eighteen Years or Older	Satisfactory Compliance
The program obtains written consent of any youth eighteen years of age or older, unless the youth is incapacitated and has a court-appointed guardian, before providing or discussing with the parent/guardian any information related to the youth's physical or mental health screening, assessment, or treatment.	

Nine youth case management records were reviewed. Six youth records were applicable and contained the consent form to release physical or mental health screening, assessment or treatment to parent/guardian of youth eighteen years and older.

2.04 Classification Factors, Procedures, and Reassessment for Activities	Satisfactory Compliance
The program utilizes a classification system, in accordance with Florida Administrative Code, promoting safety and security, as well as effective delivery of treatment services. Initial classification should be used for the purposes of assigning each newly admitted youth to a living unit, sleeping room, and youth group or staff advisor. *Youth are reassessed and reclassified, if warranted, prior to considering an increase in privileges or freedom of movement, participation in work projects, or other activities involving tools or instruments that may be used as potential weapons or means of escape, or participation in any off-campus activity.*	

The program has written policy and procedures regarding the initial classification factors, procedures and reassessment for activities. A review of nine youth case management records included an initial classification form which was completed on the date of each youth's admission to the program. The classification form includes the youth's physical characteristics, age and maturity, identified whether the youth has any special needs, history of violence, gang affiliation, criminal behavior, sexual aggression or vulnerability to victimization, as well as identifying suspected risk for suicide, escape, security and medical. All nine youth case management records contained documentation the youth were classified for purposes of assignment to a living area, sleeping room, group and case manager, which was confirmed by the interview of the program director (PD). The program has written policy and procedures requiring risk assessments to be completed prior to considering an increase in privileges or freedom of movement, participation in work projects, or other activities involving tools or instruments possibly used as potential weapons or means of escape. Participation in off-campus activity are not applicable. The youth are reviewed for reassessment during their formal treatment team meetings. A continually updated internal alert system is used and is easily accessible to program staff which keeps staff alerted of youth who are security or safety risks, including escape risks, suicide or other mental health risks, medical risks, sexual predator risks, and other assaultive or violent behavior risks. The program provided a Risk Assessment Notebook for review.

2.05 Gang Identification: Notification of Law Enforcement	Satisfactory Compliance
The program shall gather information on gangs, (e.g., gang members, tattoos, other body markings) and share this information with law enforcement.	

Nine youth case management records were reviewed. Two of the nine youth case management records and one additional case management record identified three youth as a gang member or having gang affiliation. The program notified law enforcement, the youth's juvenile probation officer and program case manager by email for each youth identified as a gang member or having gang affiliation.

2.06 Gang Identification: Prevention and Intervention Activities	Satisfactory Compliance
A residential commitment program shall implement gang prevention and intervention strategies. The residential commitment program shall provide intervention strategies when youth are identified as being a criminal street gang member, are affiliated with any criminal street gang, or are affiliated with any criminal street gang, or are at high risk of gang involvement.	

Nine youth case management records were reviewed. Two of the nine youth case management records and one additional case management record were identified youth as a gang member or having gang affiliation. Each youth had gang related goals on their performance plans. Each identified youth participate in intervention strategies through ARISE, treatment teams, and their performance plans included relevant goals relating to gang intervention strategies.

2.07 R-PACT Assessment and Re-Assessments	Satisfactory Compliance
The program shall ensure an initial assessment of each youth is conducted within thirty days of admission. The program shall maintain all documentation of the initial assessment process in JJIS. The program shall ensure a reassessment of each youth is conducted within ninety days. The program shall ensure any other updates or reassessments are completed when deemed necessary by the intervention and treatment team to effectively manage the youth's case. The program shall maintain all reassessment documentation in the youth's official youth case record.	

Each of the nine youth case management records contained a Residential Positive Achievement Change Tool (R-PACT) assessment, which was completed within thirty days of each youth's admission to the program. Each of the R-PACT assessments were appropriately maintained on the Juvenile Justice Information System (JJIS). Nine youth case management records were reviewed for R-PACT reassessments. Eight case management records were applicable for the completion of at least one or more R-PACT reassessment. In each record, an R-PACT reassessment was completed within ninety days or less of the initial R-PACT reassessments. All reassessments were documented in each youth's case management record.

2.08 Youth Needs Assessment Summary (YNAS)	Satisfactory Compliance
The program shall ensure a Youth Needs Assessment Summary (YNAS) of each youth is conducted within thirty days of admission. The program shall maintain all documentation of the YNAS.	

Each of the nine youth case management records contained a Youth Needs Assessment Summaries (YNAS) which was completed within thirty days of youth's admission to the program. Each YNAS was maintained in the youth's case management record and in the Juvenile Justice Information System.

2.09 Performance Plan Development, Goals and Transmittal (Critical)	Satisfactory Compliance
The intervention and treatment team, including the youth, shall meet and develop the performance plan, based on the findings of the initial assessment of the youth, within thirty days of admission. *For each goal, the performance plan shall specify its target date for completion, the youth's responsibilities to accomplish the goal, and the program's responsibilities to enable the youth to complete the goal.* *Within ten working days of completion of the performance plan, the program shall send a transmittal letter and a copy of the plan to the committing court, the youth's juvenile probation officer (JPO), the parent/guardian, and the Department of Children and Families (DCF) counselor, if applicable.*	

Nine youth case management records were reviewed for the development of performance plans. All nine records documented the youth's performance plan was developed within thirty days of the youth's admission to the program and after the initial assessment with the treatment team leader, youth, administration representative, living unit representative, treatment staff and education. A review of the youth interviews ensured the youth participated in the development of their performance plan and received a copy. During the facility tour, it was noted the youth's room had a folder on the door with a copy of the individual performance plan.
Each record contained performance plans which included specific delinquency interventions and individualized goals. The performance plan goals contained target dates for completion, youth's responsibility and program's responsibility to enable the youth to complete the goals. Each of the goals identified on the performance plans were individualized and based upon the applicable youth's prioritized needs reflecting the risk and protective factors identified during the initial assessment process which included the top three criminogenic needs, court ordered sanctions, transition activities targeted for the last sixty days of the youth's anticipated stay and education. There was documentation in all nine records to support the program sent the youth's performance plan to the committing judge, juvenile probation officer, and parent/guardian within ten working days of the plan being completed. All nine reviewed plans revealed signatures by the youth, treatment team leader, and all parties with significant responsibility in goal completion. Three of the nine records contained a plan signed by the youth's parent/guardian which was returned to the program and attached to the original performance plan. Each of the records documented mail attempts to have the parent/guardian sign the plan and return the plan to the program. All nine reviewed records contained documentation to support a copy of the plan is given to the youth.

2.10 Performance Plan Revisions	Satisfactory Compliance
Performance reviews shall result in revisions to the youth's performance plan when determined necessary by the intervention and treatment team.	

Nine youth case management records were reviewed for revisions to the performance plans. Performance plans were revised and updated on a as needed basis. Eight of the nine applicable performance plans were revised in response to the youth demonstrating progress towards a goal or if the Residential Positive Achievement Change Tool (R-PACT) reassessment warranted.

2.11 Performance Summaries and Transmittals	Satisfactory Compliance
The intervention and treatment team shall prepare a Performance Summary at ninety-day intervals, beginning ninety days from the signing of the youth's performance plan, or at shorter intervals when requested by the committing court. *Additionally, the intervention and treatment team shall prepare a performance summary prior to the youth's release, discharge, or transfer from the program.* *The program shall distribute the Performance Summary, as required, within ten working days of its signing.*	

Nine youth case management records were reviewed. Eight of the nine records were applicable for completion of the ninety-day performance summaries following signing of the performance plan. In each case, performance summaries included the youth's status on each goal, youth's overall treatment progress, academic status, youth's behavior, level of motivation/readiness to change, interactions with staff and peers, overall behavior adjustment to the program, and significant positive and negative events. None of the eight youth summaries were applicable for release, discharge, or transfer. Each youth case management record was reviewed for the transmittal of performance summaries contained documentation of the youth being permitted to read and add comments to their performance summary prior to signing. The original summary was filed in the youth case management record. Each performance summary was signed and dated by the treatment team leader, the program director (PD) or designee, and the youth. Documentation revealed the performance summaries was sent within ten working days of completion to the youth's assigned juvenile probation officer (JPO), parent/guardian, the committing court, and a copy was provided to the youth. There were no youth applicable for a release summary sent with the Pre-Release Notification (PRN). Three closed records were reviewed and found each record contained documentation the original summary was sent with the PRN to the assigned JPO. Each release summary contained justification for the youth's release from the program and a signed copy was maintained in each youth's record. There was documentation in all three records the PRN was sent at least forty-five days prior to each youth's anticipated release date. Upon the court's approval of the PRN, all three records documented the program provided written notification to the youth's parent/guardian advising of the youth's anticipated release. The program completed an Residential Positive Achievement Change Tool (R-PACT) exit assessment.

2.12 Parent/Guardian Involvement in Case Management Services	Satisfactory Compliance
The program shall, to the extent possible and reasonable, encourage and facilitate involvement of the youth's parent/guardian in the case management process.	

The program has written policy and procedures regarding parental involvement. A review of nine youth case management records contained documentation of the program's efforts to include each youth's parent/guardian in the case management process, including the initial assessment, development of the performance plan, progress reviews and formal treatment teams. If unable to attend, the program gives the parent/guardian the opportunity to participate by telephone or provide written input prior to the meeting. Six of the nine youth records reviewed were eighteen years of age. Written consent was obtained to provide or discuss with the parent/guardian information related to physical or mental health screening, assessment, or treatment before sharing substance abuse information with the parent/guardian.

2.13 Members of Treatment Team	Satisfactory Compliance
The team includes, at a minimum, the youth, representatives from the program's administration and residential living unit, education, and others responsible for providing or overseeing the provision of intervention and treatment services.	

All nine youth case management records included treatment teams were composed of the treatment team leader, youth, administrative representative, treatment staff, educational staff, the youth's parent/guardian, juvenile probation officer (JPO), and a representative from the youth's living unit. There were no youth with Department of Children and Families or Agency for Persons with Disabilities involvement.

2.14 Incorporation of Other Plans Into Performance Plans	Satisfactory Compliance
The youth's performance plan shall reference or incorporate the youth's treatment or care plan.	

Nine youth case management records were reviewed. Each plan incorporated an academic plan into the performance plan and/or mental health and substance abuse treatment plan goals. There were no youth records reviewed warranting a support plan through the Agency for Persons with Disabilities (APD) or Department of Children and Families (DCF).

2.15 Treatment Team Meetings (Formal and Informal Reviews)	Satisfactory Compliance
A residential commitment program shall ensure the intervention and treatment team meets every thirty days to review each youth's performance, to include R-PACT reassessment results, progress on individualized performance plan goals, positive and negative behavior, including behavior resulting in physical interventions. If the youth has a treatment plan, review their treatment progress. *A residential commitment program shall ensure the intervention and treatment team reviews each youth's performance, including R-PACT reassessment results, progress on individualized performance plan goals, positive and negative behavior, including behavior resulting in physical interventions. If the youth has a treatment plan, review their treatment progress.*	

Nine youth case management records were reviewed. Eight of the nine records were applicable for formal treatment team reviews and each were held at least every thirty days. The formal treatment team reviews included the youth's name, date of review, meeting attendees, treatment team member's comments, a brief synopsis of the youth's progress in the program, performance plan revision, progress on performance goals, positive and negative behaviors, behaviors resulted in physical intervention, treatment process, and any applicable Residential Positive Achievement Change Tool (R-PACT) reassessment results. There was documentation in each record to support the youth's juvenile probation officer (JPO), parent/guardian, and other pertinent parties were invited and encouraged through advance notification to participate. Each youth was provided an opportunity during treatment team meetings to demonstrate skills learned in the program. The program conducts informal treatment team meetings on a bi-weekly basis for each youth. All nine youth case management records contained documentation to support an informal treatment team meeting was conducted, as required. The informal review documentation included the youth's name, date of review, meeting attendees, treatment team member comments, a brief synopsis of the youth's progress in the program, performance plan revisions, positive and negative behaviors, behaviors resulted in physical interventions, treatment process, and the (R-PACT) reassessment results, if applicable.

2.16 Career Education	Satisfactory Compliance
Staff shall develop and implement a vocational competency development program.	

Three closed youth records were reviewed and included a completed employment application, appropriate documents essential to obtaining employment, and documentation the youth's parent/guardian and juvenile probation officer (JPO) are aware of the vocational plan for the youth. The program provides appropriate Career and Professional Education (CAPE) based on minimum length of stay of nine months which leads to pre-apprentice certifications and industry certifications. The youth can earn certifications in a wide variety of areas. The vocational program is appropriate for the age of the youth and career education is appropriate for the educational abilities and goals of the youth in the program.

2.17 Educational Access	Satisfactory Compliance
The facility shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.	

True Core teachers provide education on a 250-day calendar. Classes are scheduled in six blocks to include 330 minutes of daily instruction time. The youth receive credits for the education and training received while at the program. The activity schedule and logbook documented minimal interference of education instruction. A review of youth interviews indicates six youth reported there were no interruptions and three youth reported other youth causing minimal classroom interference.

2.18 Education Transition Plan	Satisfactory Compliance
Staff and youth complete an education transition plan upon entry including provisions for continuation of education and/or employment.	

Three closed youth records were reviewed for employability as a transition goal and included provisions for continuation of education and or employment, appropriate documents essential to obtaining employment and documentation the youth's case manager and parent are aware of the plan. Three closed records were reviewed for educational transition plan. Each record had an individual education transition plan developed based on youth's post release goals beginning at admission to include all key personnel related to transition activities, included responsibility requirements, and post release needs.

2.19 Transition Planning, Conference, and Community Re-entry Team Meeting (CRT)	Satisfactory Compliance
A residential commitment program shall ensure the intervention and treatment team is planning for the youth's successful transition to the community upon release from the program, when developing each youth's performance plan and throughout its implementation during the youth's stay. *During the transition conference, participants shall review transition activities on the youth's performance plan, revise them if necessary, and identify additional activities/services as needed. Target completion dates and persons responsible for their completion shall be identified during the conference. The intervention and treatment team leader shall obtain conference attendees' dated signatures, representing their acknowledgement of the transition activities and accountability for their completion pursuant to the youth's performance plan.* *Each youth must attend their scheduled Community Re-entry Team (CRT) meeting prior to discharge.*	

Three closed youth case management records were reviewed. Each youth had a transition conference held at least sixty days prior to their targeted release date. Each of the youth case management records contained documentation the youth, treatment team leader, program director (PD) or designee, and other team members participated in the transition conference. The program will email a transition input form to the juvenile probation officer (JPO) and the parent/guardian for information prior to the transition in case the parties are not able to participate. During the transition conference the participants review transition activities, identify specific target completion dates, and identify persons responsible for completion. Each youth's treatment team leader obtained signatures on the plan and a copy was sent to any member not present requesting a signature and for the plan to be returned to the program. All records indicated the Community Re-Entry Team (CRT) meeting was conducted prior to the youth's release. The youth and case manager participated and there was evidence of an invitation to participate.

2.20 Exit Portfolio	Satisfactory Compliance
The residential commitment program will assemble an exit portfolio for each youth to assist the youth once he/she is released back into the community.	

Three closed youth case management records were reviewed for the exit portfolio. A copy of the exit portfolio was documented in each record and initiated during the transition conference. The exit portfolio included a copy of the transition plan, calendar with all follow-up appointments, information in the community, vocational certificates, educational records, school transcripts, a résumé, and a completed sample job application. The staff printed driving directions with maps for the post-release scheduled appointments. Two of the three youth records contained a copy of the youth's social security card, birth certificate, and State issued identification. The parent/guardian of the third youth did not provide the original birth certificate or social security card to the program, which are required to obtain a State issued identification. All three records confirmed education staff forwarded a copy of the portfolio to the receiving school district and a copy was provided to the youth upon release.

2.21 Exit Conference	Satisfactory Compliance
An exit conference shall be conducted, in addition to a formal or informal meeting, to review the status of goals developed at the transition conference and finalize release plans.	

Three closed youth case management records were reviewed. Each youth record contained documentation the exit conference was conducted at least fourteen days prior to the youth's release date and after the program notified the juvenile probation officer (JPO) of the release. A review of the Department's Juvenile Justice Information System (JJIS) confirmed the date of admission and termination correlated with the dates in each record. The status of each youth's transition activities was reviewed. All reviewed records indicated the exit conference included the youth, the parent/guardian, JPO, treatment team leader, education representative, and other pertinent staff. All exit conferences were separate from the transition and Community Re-Entry Team meetings.

Standard 3: Mental Health and Substance Abuse Services

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory Compliance
Each program director is responsible for the administrative oversight and management of mental health and substance abuse services in the program. *Programs with an operating capacity of 100 or more youth, or those providing specialized treatment services, must have a single licensed mental health professional designated as the Designated Mental Health Clinician Authority (DMHCA) who is responsible for the coordination and implementation of mental health and substance abuse services in the facility/program.* *Programs with an operating capacity of fewer than 100 youth or those not providing specialized treatment services, may have either a DMHCA or a Clinical Coordinator.*	

The designated mental health clinician authority (DMHCA) is a licensed mental health counselor (LMHC). The DMHCA has a clear and active license in the State of Florida which expires on March 31, 2021. The DMHCA is also a qualified supervisor mental health counselor. At a minimum, the DMHCA is on-site weekly for a sufficient time to ensure appropriate coordination and implementation of mental health and substance abuse services are taking place. The DMHCA is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program. The DMHCA provides clinical management of the program and supervision to the clinical staff to assure the overall safety of the youth. A copy of the license and position description was reviewed. An interview with the DMHCA indicated they review clinical assessments, treatment plans, and other clinical documents, conducts fidelity checks of services, conducts monthly drills, and monitors the scheduling of clinical staff to ensure services are provided in a timely fashion.

3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical)	Satisfactory Compliance
The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors shall ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.	

The program has a licensed mental health professional who is a licensed mental health counselor (LMHC) in the position of designated mental health clinician authority (DMHCA). The LMHC has a clear and active license in the State of Florida. The DMHCA is also a qualified supervisor mental health counselor. The DMHCA is a full-time employee and available for contact twenty-four hours per day, seven days per week. The program's clinical staff includes an assistant director of clinical services who is a licensed clinical social worker (LCSW) with a clear and active license in the State of Florida which expires on March 31, 2021. The assistant director of clinical services is on-site forty hours per week. The program has a contract with a psychiatrist who is on-site biweekly. The psychiatrist has a clear and active license in the State of Florida, which expires on January 31, 2020. A review of documentation for the past six months confirmed the psychiatrist is on-site biweekly, with no exceptions. When the psychiatrist is on vacation, an alternate psychiatrist is contracted to provide services. The alternate psychiatrist has a clear and active license in the State of Florida, expiring on January 31, 2020. Each youth admitted into the program receives an initial psychiatric evaluation within fourteen days of admission as part of the intake process. The program is licensed in accordance with

Chapter 397, Florida Statutes to provide substance abuse services certified by the Department of Children and Families, expiring in April 2020.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff	**Satisfactory Compliance**
The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors shall ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.	

The designated mental health clinician authority (DMHCA) assures the non-licensed clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience. The program has four non-licensed mental health clinical staff providing mental health and substance abuse services in accordance with the current contract. Three of the non-licensed staff have been employed at the program since the last annual compliance review. One non-licensed staff was hired May 2018. All four of the non-licensed clinical staff work forty hours per week to include weekend coverage. The DMHCA, a licensed mental health counselor (LMHC) or the assistant director of clinical services, a licensed clinical social worker (LCSW), provides one hour per week of on-site face-to-face supervision with the four non-licensed mental health clinical staff. A review of documentation for the past six months indicated supervision was held each week, with one exception. One staff did not have documentation of clinical supervision for one week. There were instances of staff being out on vacation or in training which was marked on the clinical supervision log. The weekly supervision is documented on a form similar to the Department's Mental Health/Substance Abuse (MHSA) form 019. The form includes all the required information such as topic, hours, participants with signatures and credentials, facilitator with signature and credentials, caseload review, clinical services, and documentation. Each of the four non-licensed mental health clinical staff hold the appropriate masters-level of education necessary and in accordance with the current contract. The program is licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services. All four mental health clinical staff have received twenty hours training in Assessment of Suicide Risk (ASR). Nine youth mental health records were reviewed. Each mental health substance abuse evaluation, initial treatment plan, and individual treatment plan completed by a non-licensed clinical staff which was reviewed and signed by the DMHCA within ten calendar days. Each ASR completed by a non-licensed clinical staff was reviewed and signed by the DMHCA the next scheduled time the DMHCA was on-site.

3.04 Mental Health and Substance Abuse Admission Screening	**Satisfactory Compliance**
The mental health and substance abuse needs of youth are identified through a comprehensive screening process ensuring referrals are made when youth have identified mental health and/or substance abuse needs or are identified as a possible suicide risk.	

The program has a policy and procedures regarding mental health and substance abuse admission screening. Nine youth mental health records were reviewed. All nine youth had a Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) administered on the day of their admission. Each MAYSI-2 screening was completed by trained staff and completed in the Juvenile Justice Information System (JJIS) on the same day. All nine records had documentation existing mental health and substance abuse information was reviewed from each commitment packet. Eight of the nine MAYSI-2 assessments indicated a further assessment was required. One MAYSI-2 assessments did not indicate a further assessment

was required. It is the program's policy, for all newly admitted youth to be referred for a comprehensive mental health substance abuse evaluation. All newly admitted youth are administered an Assessment of Suicide Risk (ASR) as part of the intake process. Two youth required an ASR as they were admitted to the program while on suicide precautionary observation initiated prior to their transportation from the local detention facility. Documentation confirmed each youth had an ASR during intake. Each youth was placed on standard supervision as a result of the ASR. Additional screenings completed by the program at intake include the Substance Abuse Subtle Screening Inventory (SASSI-2), Adolescent Psychopathology Scale (APS), and American Society of Addiction Medicine Patient Placement Criteria (ASAM). An interview with the facility administrator confirmed each youth has an MAYSI-2 and ASR upon admission.

3.05 Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory Compliance
Youth identified by screening, staff observation, or behavior after admission as in need of further evaluation must be referred for a Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation or Updated Evaluation.	

The program has a policy and procedures regarding mental health and substance abuse assessments and evaluations. Nine youth mental health records were reviewed and each youth was referred for a new mental health evaluation on the day of their admission. All nine youth had a mental health evaluation completed within thirty calendar days of admission. Eight of the nine evaluations were completed by a non-licensed mental health clinical staff which were signed by a licensed mental health professional within ten calendar days after the evaluation was conducted. One evaluation was completed by the designated mental health clinician authority (DMCHA). The new evaluation included identifying information, reason for evaluation, relevant background information, behavioral observations, mental status examinations, interview or procedures administered, summary of clinical impressions, diagnostic impression, and recommendations. Each evaluation also included a substance abuse assessment with patterns of alcohol and other drug abuse, impact of alcohol and other drug abuse on major life areas, and risk factors of continued alcohol and other drug abuse.

3.06 Mental Health and Substance Abuse Treatment	Satisfactory Compliance
Mental health and substance abuse treatment planning in Departmental facilities focuses on providing mental health and/or substance abuse interventions and treatment to reduce or alleviate the youth's symptoms of mental disorder and/or substance abuse impairment and enable youth to function adequately in the juvenile justice setting. *The treatment team is responsible for assisting in developing, reviewing, and updating the youth's individualized and initial mental health/substance abuse treatment plans.*	

The program has a policy and procedures regarding mental health and substance abuse treatment. Nine youth mental health records were reviewed. All nine youth are assigned to a treatment team upon arrival to the program. The multidisciplinary team is comprised of the youth, designated mental health clinician authority (DMHCA), case manager, therapist, registered nurse (RN), unit manager, intake specialist, and transition service case manager. Treatment team documentation validated it is comprised of representatives from mental health and substance abuse, case manager, direct care staff, medical, and education. Eight of the nine records reviewed, the youth received individual, group, and family counseling as prescribed by their treatment plan with no exceptions. One youth record indicated thirteen individual sessions

were missed. The treatment plan indicated the youth was to receive weekly individual counseling. The program intended for the plan to indicate biweekly individual counseling. The plan was corrected during the annual compliance review and documentation indicated the program was providing biweekly individual counseling. All nine of the youth receiving mental health treatment had an Authority for Evaluation and Treatment (AET). All nine youth had a signed substance abuse consent and release forms on the Department's Mental Health/Substance Abuse (MHSA) forms 012 and 013. Treatment progress notes are documented on a form containing all the required information similar to form MHSA 018. Group therapy is limited to ten or fewer youth for mental health groups and fifteen or fewer youth for substance abuse groups. An interview with the DMHCA and a review of documentation confirmed services being provided by the program includes individual, family, and group therapy services by qualified clinical staff. Nine staff were interviewed and all staff confirmed direct care staff do not conduct mental health or substance abuse groups.

3.07 Treatment and Discharge Planning (Critical)	Satisfactory Compliance
Youth determined to have a serious mental disorder or substance abuse impairment, and are receiving mental health or substance abuse treatment in a program, shall have an initial or individualized mental health or substance abuse treatment plan. When mental health or substance abuse treatment is initiated, an initial or individualized mental health or substance abuse treatment plan is completed. *All youth who receive mental health and/or substance abuse treatment while in a residential program shall have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.*	

The program has a policy and procedures regarding mental health and substance abuse treatment and discharge planning. Nine youth mental health records were reviewed and all nine had an initial treatment plan developed on the date of their admission. The initial mental health and substance abuse plan is documented on a form containing all the required information similar to the Department's Mental Health/Substance Abuse (MHSA) form 015. The form included the reason for mental health substance abuse treatment, initial diagnostic impression or presenting symptoms, initial treatment methods, initial treatment goals, and objectives. The initial treatment plan was signed by the mental health clinical staff completing the form. All nine of the initial treatment plans were completed by a non-licensed clinical staff and signed by the licensed mental health professional on the same date or within the required time frame. The initial treatment plan was signed by all treatment team members who participated in the development of the plan. All nine initial treatment plans were mailed to the parent/guardian for signature.

All nine individualized treatment plans were developed for each youth within thirty days of the youth's admission. The individualized treatment plan is developed on a form containing all the requirements similar to the Department's MHSA0 form 16. One plan had an incorrect date developed on the cover page of the plan. Each individualized treatment plan was signed by the non-licensed mental health clinical staff completing the plan and signed by the licensed mental health professional within ten days of completion. All six of the applicable plans included psychiatric services. There was documentation each plan was signed by all treatment team members who participated in the development of the plan. There was documentation all nine plans were mailed to the parent/guardian for signature, although only one was returned with signature. Each youth had treatment plan reviews every thirty days following the development of

the individualized treatment plan. The treatment plan review is developed on a form containing all the requirements similar to the Department's MHSA form 017.

Three closed youth mental health records were reviewed for discharge plans. All three had a discharge plan documented on Department MHSA form 011. None of the youth were at suicide risk upon release. Each discharge plan included a recommendation of follow-up services for daily maintenance. Each discharge plan had documentation the plan was discussed with the youth, parent/guardian, and juvenile probation officer (JPO) at the transition and exit conferences. There was documentation a copy of the discharge plan was provided to the youth, parent/guardian, and JPO.

3.08 Specialized Treatment Services (Critical)	Satisfactory Compliance
Specialized treatment services shall be provided in programs designated as "Specialized Treatment Services Programs" or are designated to provide "Specialized Treatment Overlay Services.".	

The program is contracted to provide both mental health overlay services (MHOS) as required by the current contract. Each youth receives mental health services which includes individual, group, and or family counseling, seven days a week. Daily therapeutic activities are provided by mental health clinical staff. Psychiatric services are provided every other week. Substance abuse groups are provided twice weekly. The program has a licensed mental health professional on-site at least five days per week. Each therapist has a caseload between fourteen and sixteen youth. Ongoing curriculum includes Aggression Replacement Training (ART), Passport Program, Pathway for Self-Discovery and Change, the Teen Relationship Handbook, and Skillstreaming the Adolescent. Clinical staff are on-site seven days per week. A review of nine youth mental health records confirmed mental health services are being provided seven days per week.

3.09 Psychiatric Services (Critical)	Satisfactory Compliance
Psychiatric services include psychiatric evaluation, psychiatric consultation, medication management, and medical supportive counseling provided to youth with a diagnosed DSM-IV-TR or DSM-5 mental disorder and each youth receiving psychotropic medication in the program as set forth in Rule 63N-1, F.A.C.	

The program has a contract with a psychiatrist to provide services on-site biweekly. The psychiatrist is on-site biweekly. Each youth admitted into the program receives an initial psychiatric evaluation within fourteen days of admission to the program. Nine youth mental health records were reviewed for psychiatric services. All nine youth received an initial psychiatric evaluation within fourteen days of admission, regardless of their medication status. Three youth arrived at the program on psychotropic medication. Three youth were prescribed psychotropic medication subsequent to their admission. The initial diagnostic psychiatric interview included medical history, mental health history, substance abuse history, mental status examination, DSM-IV, treatment recommendations, prescribed medications, explanation of the need for psychotropic medication, and frequency of medication monitoring. The evaluation was clearly identified as an "initial diagnostic psychiatric interview". Page 3 of the Clinical Psychotropic Progress Note (CPPN) was completed for each youth. For the six youth on psychotropic medication, there was documentation the youth was seen for a medication review by the psychiatrist at a minimum, every thirty days. The psychiatrist is available for emergency consultation twenty-four hours a day, seven days per week. The psychiatrist meets with the

nursing staff every two weeks to discuss youth, prior to seeing the youth. A review of documentation for the past six months confirmed the psychiatrist is on-site biweekly, with no exceptions. An interview with the psychiatrist confirmed their role in the coordination and implementation of psychiatric services in the program is to conduct initial psychiatric evaluations, prescribe psychiatric medications, and monitor youth taking psychotropic medications every thirty days. evaluate and manage medication. An interview with the designated mental health clinician authority (DMHCA) confirmed ongoing consultation with the psychiatrist bi-weekly to review each youth. The facility operating procedures related to psychiatric services and psychotropic medication are reviewed annually, with the last review of July 11, 2018. There are no standing orders for psychotropic medications or emergency treatment orders for psychotropic medications.

3.10 Suicide Prevention Plan (Critical)	**Satisfactory Compliance**
The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible, in accordance with the Rule 63N-1, Florida Administrative Code.	

The program has policy and procedures regarding suicide prevention services to include a written plan detailing suicide prevention procedure. The plan includes identification and assessment of youth at risk of suicide, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and a review process which includes suicide attempts and a mortality review. The plan also includes staff training of six hours, annually. The plan is reviewed annually and was last reviewed on July 9, 2018 by the facility administrator.

3.11 Suicide Prevention Services (Critical)	**Satisfactory Compliance**
Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors. *Any youth exhibiting suicide risk behaviors shall be placed on Suicide Precautions (Precautionary Observation or Secure Observation), and a minimum of constant supervision.* *All youth identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations shall be placed on Suicide Precautions and receive an Assessment of Suicide Risk.*	

Nine youth mental health records were reviewed. It is the policy and practice of the program to conduct an Assessment of Suicide Risk (ASR) for each youth being admitted to the program. All nine youth had an ASR at intake and as a result, were placed on standard supervision. One of the youth had three additional ASRs completed due to staff observations. Each ASR resulted in the youth being placed on standard supervision. Three of the youth were placed on precautionary observation (PO) prior to the ASR being completed at intake. Two of the youth arrived at the program from the local detention center on PO. The program has procedures in place to notify the juvenile probation officer (JPO) and parent/guardian of a youth's potential suicide risk, as indicated by an ASR. Eleven of the twelve ASRs were completed by a non-licensed mental health professional. Each of those ASRs were reviewed and signed by a licensed mental health professional. Two of the youth arrived at the program with an alert which was already entered in the juvenile justice information system (JJIS).The program removed the

alert upon completion of the ASR. The other two youth had an alert entered and removed in JJIS, as required. The PO allowed youth to participate in select activities with other youth in designated safe housing areas of the facility. The PO did not limit the youth's activity or restrict the youth to their sleeping room. There was documentation all four mental health clinical staff received twenty hours of training in ASR. There was documentation in the master control logbook documenting youth on PO. Each ASR was completed in the required time frame. Each ASR completed by a non-licensed mental health clinical staff was signed by a licensed mental health professional once on-site. There was documentation on the ASR of the actual date and time the clinician conferred with the program director (PD) or designee. None of the youth reviewed were in secure observation.

The facility administrator (FA) has an established review process for every serious suicide attempt or serious self-inflicted injury and a mortality review for a completed suicide as part of the program's suicide prevention plan. The review includes circumstances surrounding the event, procedures relevant to the incident, all relevant training received by involved staff, pertinent medical and mental health services involving the victim, possible precipitating factors, and recommendations for any changes, if needed. The program has a suicide response kit located in each of the two sub-controls, one in the vocational classroom, one in controlled observation, two in master control, and one for each of the three transportation vans which were observed. In addition, each supervisor carries a knife for life secured on their belt. Nine staff were interviewed and all nine staff were able to indicate where one or more of the suicide response kits are maintained at the program. All nine staff knew to notify the mental health staff when a youth expresses suicidal thoughts.

3.12 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
Youth placed on suicide precautions shall be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth shall provide the appropriate level of supervision and record observations of the youth's behavior at intervals of thirty minutes, at a minimum.	

Four youth mental health records were reviewed for suicide precautions. The precautionary observation (PO) logs were maintained for the duration the youth was on suicide precautions. The appropriate level of supervision and observations of the youth's behavior was documented in real time and the documented times did not exceed thirty-minute intervals. No warning signs were documented to have been observed. The PO logs were reviewed and signed by each shift supervisor as well as reviewed and signed by a licensed mental health professional. The PO logs documented safe housing requirements. All four youth were interviewed regarding staff response while they are on PO. Three youth stated they were never left alone and staff was always with them, including while they were sleeping during the time they were on suicide precautions. One youth did not remember being on PO when admitted and during intake.

3.13 Suicide Prevention Training (Critical)	Satisfactory Compliance
All staff who work with youth shall be trained to recognize verbal and behavioral cues indicating suicide risk, suicide prevention, and implementation of suicide precautions.	

Nine staff pre-service training records and nine staff in-service training records were reviewed for suicide prevention services. All nine pre-service records had documentation of suicide prevention training. All nine in-service training records had documentation of staff completing six hours of annual training. The past three quarters were reviewed for mock suicide drills. A drill

was conducted each quarter, for each shift, for a total of twelve drills. In addition, an all staff meeting was held the same month, to review the mock suicide drills which were conducted. All twelve mock suicide drills included the use of cardiopulmonary resuscitation (CPR), the use of automated external defibrillator (AED), and the use of the suicide response kit. Six of the mock drills documented the use of the 9-1-1 system. All applicable staff, with the exception of three staff, participated in at least one quarterly mock suicide drill.

3.14 Mental Health Crisis Intervention Services (Critical)	Satisfactory Compliance
Every program shall respond to youth in crisis in the least restrictive means possible to protect the safety of the youth and others, while maintaining control and safety of the facility. The program shall be able to differentiate a youth who has an acute emotional problem or serious psychological distress from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others which would require suicide precautions or emergency treatment.	

The program has a policy and procedures regarding mental health crisis intervention services which includes written crisis intervention procedures. The crisis intervention plan includes notification and alert system, means of referral, communication, supervision, documentation, and review. The plan is reviewed annually by the facility administrator and was last reviewed on July 9, 2018.

3.15 Crisis Assessments (Critical)	Satisfactory Compliance
A Crisis Assessment is a detailed evaluation of a youth demonstrating acute psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) conducted by a licensed mental health professional, or by a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional, to determine the severity of youth's symptoms, and level of risk to self or others. When staff observations indicate a youth's acute psychological distress is extreme/severe and does not respond to ordinary intervention, the program director or designee shall be notified of the crisis situation and need for crisis assessment. A Crisis Assessment is to be utilized only when the youth's crisis (psychological distress) is not associated with suicide risk factors or suicide risk behaviors. If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk instead of a Crisis Assessment.	

The program has a written crisis intervention plan which includes a process for implementation of a crisis assessment form. The program documents a crisis assessment on the Department's Mental Health/Substance Abuse (MHSA) form 023. One youth was applicable for a crisis assessment during the scope of the review. The youth was assessed on the same date determined to be in crisis. The crisis assessment included the reason for the assessment, mental status examination and interview, determination of danger to self or others, initial clinical impressions, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notification to the parent/guardian. The crisis assessment was conducted by a non-licensed mental health clinical staff and reviewed by a licensed clinical staff. The crisis assessment did not require a mental health alert to be entered into the Juvenile Justice Information System (JJIS). The youth did not pose a safety and security risk and did not require constant or one-on-one supervision. The youth did not require off-site care as a result of the crisis assessment.

3.16 Emergency Mental Health and Substance Abuse Services (Critical)	Satisfactory Compliance
Youth determined to be an imminent danger to themselves or others due to mental health and substance abuse emergencies occurring in facility require emergency care provided in accordance with Rule 63N-1 Florida Administrative Code and the facility's emergency care plan.	

The program has a policy and procedures regarding emergency mental health and substance abuse services which includes a written mental health and substance abuse plan. The emergency mental health and substance abuse services plan includes immediate staff response, notifications, communication, supervision, authorization to transport for emergency mental health or substance abuse services, transport for emergency mental health evaluation and treatment under Baker Act, transport for emergency substance abuse assessment and treatment under Marchman Act, documentation, training, and review. The plan designates a local receiving facility for emergency transports. The plan is reviewed annually by the facility administrator and was last reviewed on July 9, 2018.

3.17 Baker and Marchman Acts (Critical)	Satisfactory Compliance
Individuals who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment require emergency mental health or substance abuse services.	

The program had one youth mental health record applicable for Baker Act during the scope of the annual compliance review. There were no Marchman Act during the scope of the annual compliance review. The youth was determined to be in need of emergency care based on staff observations. The staff's response was immediate. Direct care immediately notified mental health clinical staff. The youth was placed on precautionary observation (PO) at the time of the incident. Mental health staff completed the paperwork for a Baker Act and the youth was transported to the local receiving facility by program staff. Program staff remained with the youth during the youth's entire time at the receiving facility. Upon the youth returning to the program, the youth remained on PO. An Assessment of Suicide Risk (ASR) was completed and the youth remained on constant supervision until properly transitioned to a lower level of supervision.

Standard 4: Health Services

4.01 Designated Health Authority/Designee (Critical)	Satisfactory Compliance
The Designated Health Authority (DHA) shall be clinically responsible for the medical care of all youth at the facility.	

The designated health authority (DHA) is a licensed physician with a specialty in internal medicine. The DHA holds a clear and active license which meets the requirements for independent and unsupervised practice in Florida and expires on January 31, 2021. There is no record of discipline or public complaint related to the DHA's license. The DHA is on-site weekly to provide medical care to youth and clinic oversight. Documentation of DHA sign-in logs from the past six months were reviewed and confirmed this requirement. The DHA is on call twenty-four hours a day, seven days a week. The DHA has an agreement with an alternate physician to cover any scheduled absences or vacation. The alternate physician has a clear and active license and no record of documented discipline, which expires on January 31, 2021. The DHA is responsible for communication with staff related to the medical needs of youth, on call availability twenty-four hours a day, seven days a week for all acute medical concerns, emergency care, and coordination of off-site care. The DHA is responsible for review of all medical records, physical assessments, chronic evaluations, follow-up care, and referrals. These practices were confirmed during file review, interviews with the nurses, and DHA.

4.02 Facility Operating Procedures	Satisfactory Compliance
The program shall have Facility Operating Procedures (FOP) for all health-related procedures and protocols utilized at the facility.	

The designated health authority (DHA) and facility administrator (FA) documented an annual review of all written facility operating procedures (FOP) and treatment protocols as indicated by a dated signature on July 11, 2018. Approval of treatment protocols were developed and authorized by the DHA. The full-time nursing staff reviewed, signed, and dated a cover page for the treatment protocols in various dates. All FOPs and protocols related to psychiatric services were reviewed and approved by the program's contracted psychiatrist which was signed on July 11, 2018. All health-related policies were program specific. All policies, procedures, and protocols appropriately reflected the program's health care services.

4.03 Authority for Evaluation and Treatment	Satisfactory Compliance
Each program shall ensure the completion of the Authority for Evaluation and Treatment (AET) authorizing specific treatment for youth in the custody of the Department.	

Nine youth individual healthcare records were reviewed and three were applicable. All three records contained a valid copy of an Authority for Evaluation and Treatment (AET) form. All three copies were legible, stamped "copy", and signed by the parent/guardian and a Department of Juvenile Justice (DJJ) representative. Parental notifications were filed behind the AET in all three youth healthcare records. Six youths were eighteen years of age or older and their youth records included a released of information form to the person named.

4.04 Parental Notification	Satisfactory Compliance
The program shall inform the parent/guardian of significant changes in the youth's condition and obtain consent when new medications and treatments are prescribed.	

Nine youth individual healthcare records were reviewed and three were applicable for parental notification. The required notifications included the use of over-the-counter medication which was on not on the Authority for Evaluation and Treatment form, off-site emergency care, and non-routine dental procedures. The progress notes documented the signature of the staff member who witnessed the phone call when consent was obtained by telephone.

4.05 Notification – Clinical Psychotropic Progress Note	Satisfactory Compliance
The program shall inform the parent/guardian and obtain consent for the prescription of new psychotropic medications, discontinuances, or psychotropic medication adjustments.	

Nine youth individual healthcare records were reviewed and three were applicable for parental notification and consent when a psychotropic medication was initially prescribed, discontinued, or changed. Each record reflected the notification was mailed along with the Clinical Psychotropic Progress Note (CPPN) and explanatory information. The nursing staff confirmed the parent/guardian were contacted while the psychiatrist was at the program. If the psychiatrist is unable to contact the parent/guardian, calls were made until verbal consent is obtained.

4.06 Immunizations	Satisfactory Compliance
All youth's immunization history and status shall be verified to meet state and department requirements, and subsequently provide necessary immunizations/vaccinations (with parent/guardian consent).	

Nine youth individual healthcare records were reviewed and included verification of each youth's immunization history. Each youth's immunization history was reviewed upon admission and documented on their admission progress note. The nursing interview confirmed the review is completed through the Florida SHOTS website and/or by obtaining school records.

4.07 Healthcare Admission Screening Form (Facility Entry Physical Health Screening Form)	Satisfactory Compliance
Youth are screened upon admission for healthcare concerns that may need a referral for further assessment by healthcare staff.	

Nine youth individual healthcare records were reviewed and each contained a Facility Entry Physical Health Screening (FEPHS) form completed by a registered nurse (RN) on the day of each youth's admission. One of the youth's chronic condition was not listed on their FEPHS form.

4.08 Medical Alerts	Satisfactory Compliance
Staff shall be alerted of medical issues that may affect the security and safety of the youth in the facility.	

The program has an internal medical alert in place which is updated by medical staff. Nine youth individual healthcare records with medical grade two or higher were listed on the internal alert

system. The internal alert is consistent with the alerts generated in the Department's Juvenile Justice information System (JJIS). Interviews with staff confirmed they were notified of youth alerts during shift briefings, reading the shift report, and from the internal alerts posted by medical staff.

4.09 Youth Orientation to Healthcare Services	Satisfactory Compliance
All youth shall be oriented to the general process of health care delivery services at the facility.	

Nine youth individual healthcare records were reviewed and each indicated all youth received a healthcare orientation upon their admission to the program. Topics included how to access to medical care, sick call, what constitutes an emergency, how medications are administered, when to notify staff of medication side effects, sexual assault, the right to refuse care, and the non-disciplinary role of the healthcare provider. The healthcare contacts list was reviewed for accuracy.

4.10 Designated Health Authority (DHA)/Designee Admission Notification	Satisfactory Compliance
A referral to the facility's Physician, PA, or ARNP shall be made for youth who are admitted with known or suspected chronic conditions not requiring emergency treatment on admission.	

Nine youth individual healthcare records (IHCRs) were reviewed and the designated health authority (DHA) was notified for youth with a known or suspected chronic condition in all nine IHCRs. The DHA was notified via fax at the time of the youth's admission which was documented on each intake admission progress note along with a copy of the fax confirmation sheet.

4.11 Healthcare Admission Rescreening	Satisfactory Compliance
A Healthcare Admission Rescreening shall be completed each time the physical custody of the youth changes and they are subsequently returned or readmitted to the facility.	

Nine youth individual healthcare records were reviewed for rescreening and one was applicable. Two additional records were reviewed for a total of three. Each youth's rescreening was completed upon their return to the program by a registered nurse.

4.12 Health-Related History	Satisfactory Compliance
The standard Department Health-Related History (HRH) form shall be used for all youth admitted into the physical custody of a DJJ facility.	

Nine youth individual healthcare records were reviewed for Health-Related History. In all records the health-related history was completed on the day of each youth's admission by a registered nurse (RN) prior to the completion of the Comprehensive Physical Assessment (CPA). The designated health authority (DHA) indicated a review of the HRH was completed by checking the box on the CPA.

4.13 Comprehensive Physical Assessment	Satisfactory Compliance
The standardized Comprehensive Physical Assessment form shall be used for all youth admitted into the physical custody of a DJJ facility.	

Nine youth individual healthcare records were reviewed. The program uses an electronic internal form which has the same components as the Department's Comprehensive Physical Assessment (CPA) form. All CPAs were completed by the designated health authority (DHA). When any part of the CPA was refused the DHA wrote "youth refused "and the youth signed the CPA. Problem list was updated as required to reflect any changes to youth's health. An interview with the nursing staff confirmed the DHA completes a new CPA on all admissions regardless if are admitted with a current one.

4.14 Female-Specific Screening/Examination	Satisfactory Compliance
All adolescent girls shall receive gender-appropriate screenings, examinations, and tests to address their unique needs.	

This is an all-male program; therefore, this indicator rates as non-applicable.

4.15 Tuberculosis Screening	Satisfactory Compliance
All youth shall be screened for Tuberculosis, and accurate documentation of results shall be maintained by each facility.	

Nine youth individual healthcare records (IHCRs) were reviewed for tuberculosis screening. There was a verified tuberculin skin test (TST) documented on the youth's Comprehensive Physical Assessment (CPA) and the Infectious and Communicable Disease (ICD) forms in all nine youth IHCRs. All nine youth IHCRs contained a Tier I tuberculosis screening documented on the Facility Entry Physical Health Screening (FEPHS) form The FEPHS was completed by a registered nurse on the day of each youth's admission. None of the youth IHCRs indicated further evaluation was needed; however, the TST dates on one youth's CPA and ICD form did not match.

4.16 Sexually Transmitted Infection Screening	Satisfactory Compliance
The program shall ensure all youth are evaluated and treated (if necessary) for sexually transmitted infections (STIs).	

Nine youth individual healthcare records (IHCRs) were reviewed and documented each youth was screened for sexually transmitted infections (STI). Each IHCR contained an STI screening form signed by the youth and the nurse at the time of the youth's admission to the program. The designated health authority (DHA) reviews the form when the physical is completed. None of the youth required further evaluation or testing.

4.17 HIV Testing	Satisfactory Compliance
The program shall routinely offer counseling, testing, and referrals for medical treatment to all youth at risk for HIV infection.	

The program has a policy and procedures in place for Human Immunodeficiency Virus (HIV) testing. Nine youth individual healthcare records (IHCRs) were reviewed and each IHCR

indicated each youth was offered counseling, testing, and treatment if needed for HIV. Each youth refused testing as indicated on the HIV form. One nurse is 501 certified by the Health Department to provide HIV pre-test and post-test. The program maintained a HIV log reflecting refusals and test dates. The program has not completed any HIV testing since the last annual compliance review. There was no practice to evaluate. Nine youth were interviewed and each reported they could ask for HIV testing at any time.

4.18 Sick Call Process – Requests/Complaints	Satisfactory Compliance
All youth in the facility shall be able to make Sick Call requests and have their complaints treated appropriately through the Sick Call system.	

The program has a written policy and procedures in place related to sick call process. Nine youth individual healthcare records were reviewed and three were applicable. Youth have access to sick call request forms in each of their dorms and a secured box to put the forms in which is located outside of sub-control. The nurse confirmed the sick call boxes are checked several times throughout the day and once per shift if a nurse is not in the building. One youth record presented with a similar sick call complaint three or more times within a two-week period. None of the youth records presented with a complaint the nurses were not familiar with. Three of the nine youth completed a sick call request. The sick call request forms are filed with the progress notes in reverse chronological order. Sick call is conducted daily by a nurse. Nine youth were interviewed and each reported they are able to be seen immediately after making a sick call request. Nine youth were interviewed and indicated a nurse conducts sick calls.

4.19 Sick Call Process – Visits/Encounters	Satisfactory Compliance
The facility shall respond appropriately, in a timely manner, and document all Sick Call encounters, as required by the Department.	

Nine youth individual healthcare records (IHCRs) were reviewed and three were applicable for sick call. Each youth's sick call request documented vital signs, treatment, education, and any follow-up as needed. All sick calls were documented on the sick call index. Each youth signed their request form indicating they were seen. The sick calls were filed with the progress notes in the youth's IHCR in reverse chronological order. Each youth was seen within twenty-four hours of making a sick call request. The sick call process was observed once verbal consent was obtained by the youth. A direct care staff escorted the youth to medical. The sick call was completed inside the medical clinic in an area designated for exams and the youth's privacy was maintained. Nine youth were interviewed and all each stated they could see the doctor, if needed. Nine staff were interviewed and eight stated the nurses conduct sick call. The remaining staff stated sick call is completed by a supervisor.

4.20 Room Restriction/Controlled Observation	Satisfactory Compliance
All youth in Room Restriction/Controlled Observation shall have timely access to medical care, as required by the Department.	

The program has a written policy and procedures for the provision of healthcare services while youth are in controlled observation. Nine youth records were reviewed and one was applicable for controlled observation. Two additional youth records were reviewed for a total of three samples. All three youth were seen by nursing staff in a timely manner. Documentation of the controlled observation was filed in the progress note section of each youth's record. A health

status checklist form was completed for all thee youth and two were taking prescription medication Both youth received their medication before or after placement.

4.21 Episodic/First Aid Care	Satisfactory Compliance
The facility shall have a comprehensive process for the provision of Episodic Care and First Aid.	

The program has a comprehensive process in place to provide episodic care, basic first aid procedures, and interventions. Emergency medical and dental care are available twenty-four hours per day. The program staff can call 9-1-1 for emergency medical services to transport youth to a local hospital. A review of four of the nine youth individual healthcare records documented instances of on-site first aid or episodic care. Documentation of on-site episodic care included the date and time of episodic care, nature of complaint, findings, name and credentials of the person rendering care and treatment. When needed youth received education and instructions and were placed on the alert list, if needed. Parental notifications were completed for youth under the age of eighteen years of age. The episodic care log documented all instances of first aid and/or emergency care. The log was compared to each applicable youth's IHCR and there were no discrepancies indicated. First aid kits are located in the sub-control, controlled observation, kitchen, and in master control. Three first aid kits were opened to verify approved contents. None of the contents were expired. First aid kits are checked monthly. Each shift checks the suicide prevention kit stored in sub-control. An interview with nine youth indicated they are allowed to see a medical doctor or dentist, if needed.

4.22 Emergency Care	Satisfactory Compliance
The facility shall have established processes and procedures for either directly providing Emergency Care or facilitating an appropriate response to an emergency situation.	

The program has a policy and procedures in place outlining the process for emergency care of youth and responding to emergency situations. The program has one automated external defibrillator (AED) which is located in master control along with the procedures inside the device. A nurse checks on a monthly basis to ensure the AED batteries and pads are operable. During the annual compliance review, the nurse removed the batteries and pads to verify the expiration dates. The batteries expire February 2020 and the pads expire February 2021.The AED battery and pads were last changed in November 2018. Mock emergency drills including cardiopulmonary resuscitation (CPR) and AED demonstration were conducted at least quarterly on each shift. All nurses and staff have current CPR, first aid, and AED training. A review of eighteen training records indicated staff were trained by nurses in the use of an Epinephrine auto injector. Nine staff were interviewed and each stated they could call 9-1-1 in the event of a medical emergency. Emergency numbers were posted in master control, medical, the facility administrator's office and were inaccessible to youth.

4.23 Off-Site Care/Referrals	Satisfactory Compliance
The facility shall provide for timely referrals and coordination of medical services to an off-site health care provider (emergent and non-emergent), and document such services as required by the Department.	

Nine youth individual healthcare records (IHCRs) were reviewed and three were applicable for requiring off-site first aid or emergency care. Each of the IHCRs contained parental notification. The Summary of Off-Site Care form was utilized and filed in the youth's IHCR. All related

documents such as discharge instructions and prescriptions were reviewed for follow-up and tracked to ensure each youth received appropriate care in a timely manner. The designated health authority reviewed and signed all findings, instructions, and information.

4.24 Chronic Illness/Periodic Evaluations	Satisfactory Compliance
The facility shall ensure youth who have chronic illnesses receive regularly scheduled evaluations and necessary follow-up.	

The program has a written policy and procedures regarding the evaluation and treatment of chronic conditions which requires frequent follow-ups at least every two months and monthly medication management. Nine youth individual healthcare records (IHCRs) were reviewed and three were applicable for chronic conditions and/or taking psychotropic medication. Each of the youth received periodic evaluation every sixty days. Documentation of the periodic evaluations were maintained in each youth's IHCR. There were no lapses in periodic evaluations documented. Periodic evaluations are conducted prior to prescribing medication.

4.25 Medication Management – Verification	Satisfactory Compliance
A youth's medication regimen shall be ascertained upon admission to the facility.	

Nine youth individual healthcare records were reviewed and one youth was admitted with prescribed medication. Two additional IHCRs outside of the sample were reviewed and the medication was verified prior to being accepted into the program in all three IHCRs. In each IHCR, the designated health authority (DHA) was notified of the youth's admission and ordered the medication to continue, as prescribed. The youth current medication status was documented on the admission progress note in all three IHCRs. Review of the youth IHCRs confirmed notification to the DHA, psychiatrist, and parent/guardian upon admission.

4.26 Medication Management – Orders/Prescriptions	Satisfactory Compliance
All medications shall have a current, valid order and are given pursuant to a current prescription or Practitioner Order.	

Three of the nine youth individual healthcare records were applicable for prescribe medications and have a valid order which were given pursuant to the youth's prescription. Each youth's IHCR had documentation of a verbal order from the designated health authority and/or psychiatrist to resume medication upon admission. The entries were signed by a doctor during the next on-site visit. Each reviewed Medication Administration Record (MAR) matched the youth's medication regime with no documented lapses.

4.27 Medication Management – Storage	Satisfactory Compliance
All medications (e.g., prescriptions, over-the-counter, topical) are stored in separate, secure (locked) areas inaccessible to youth.	

Medication storage at the program was reviewed during the week of the annual compliance review. All medications were stored in a separate, secured area inaccessible to youth. Controlled medication is stored behind two locks. Oral medication is stored separate from topical or injectable medication. The program has a secured refrigerator for purposes of storing mediations only. Syringes and sharps were secured, the medication carts were clean and

organized. Stock items were separate from youth specific medications. There were no expired medications and all discontinued medication is sent back to the contracted pharmacy within ten business days for disposal.

4.28 Medication Management – Medication and Sharps Inventory	Satisfactory Compliance
All medications and sharps shall be inventoried as per department requirements.	

All over-the-counter (OTC) medication is inventoried weekly. Perpetual inventories with running balances were maintained on all controlled substances with a shift-to-shift inventory. The program has a method for detecting and responding to inventory discrepancies and procedures are in place for disposal on controlled medication. Four youths' medications were inventoried including one controlled medication, three OTC medications, and three sharps. All medication counts and inventories were accurate. Inventories from the past six months were reviewed and there were no discrepancies noted.

4.29 Medication Management – Controlled Medications	Satisfactory Compliance
All controlled substances shall be inventoried, stored, and documented, as per Board of Pharmacy and Department requirements.	

The program has a written policy and procedure regarding controlled medication inventory. One youth was taking controlled medication during the time of the annual compliance review. Observation of nursing staff completing inventory for controlled medications revealed the count was accurate. Inventories from the past six months was reviewed and there were no discrepancies noted. The controlled medication was stored inside the medication cart behind two locks.

4.30 Medication Management – Medication Administration Record	Satisfactory Compliance
The standard Department Medication Administration Record (MAR) shall be maintained at the facility for each youth who has a current, valid medication order.	

Nine youth individual healthcare records (IHCRs) were reviewed and two were applicable for having a current Medication Administration Record (MAR). One additional youth IHCR outside of the sample was reviewed for a total of three. A pre-printed pharmacy MAR was utilized. Each youth's MAR contained all required elements including the youth name, Department identification number, date of birth, youth allergies, precautions, medical grade, medical alerts, and current picture of the youth adjacent to the MAR. Three youth was taking medication at admission matched the medication list and received their medications as ordered. Each youth's MAR clearly indicates start/stop dates. Refusals were clearly marked on the MAR and included a refusal form. There were no lapse/errors in medication administration based on a review of each youth's MAR. Weekly side effects monitoring was documented in all three IHCRs.

4.31 Medication Management – Medication Administration by Licensed Staff	Satisfactory Compliance
Medication Administration shall occur as scheduled in a comprehensive, accurate, and organized manner in the facility, only by a licensed nurse.	

Prescription medication is administered by a licensed nurse. None of the youth required parental medication. Medication administration was observed and occurred as scheduled. The nurse maintained control of the medication containers and cart at all times. There is a structured process for youth to approach the nurse one at a time. The nurse is in one room with the medication cart and the youth is brought in an adjacent room. The medication is then passed through a clear glass window and handed to youth. Medication verification were completed using the five rights of medication. The nurse also questioned youth about any side effects. Staff then observed youth take medication to ensure medication was swallowed. The youth's mouth was swabbed and asked to cough. Medications were not pre-poured. One youth refused medication during medication observation. Refusals were documented on medication administration record with an "R" in red. A progress note is completed for refusals and filed in the youth's individual healthcare record. Nine youth were interviewed and seven stated a nurse administers medication, one stated staff does, and one youth indicated they were not take medication.

4.32 Medication Management – Medication Provided by Non-Licensed Staff	Satisfactory Compliance
Trained, non-health care staff may assist youth with self-administration of oral prescription medications or over-the-counter medications, only when licensed nurses are not available on site. The nurse shall delegate the delivery, supervision, and oversight of youth during self-administration of medications.	

Trained non-licensed staff assist youth with self-administration of prescribed oral, topical, inhaled, and over-the-counter medication in the absence of a licensed healthcare professional. Staff who are trained are designated by name and title. The program's policy states while assisting youth with self-administration, the designated staff cannot conduct or supervise any activities during this time. There is a binder in the treatment room which contains protocols and a limited amount of over-the-counter medication. A review of the Medication Administration Record (MAR) reflected only the nurses signature and initial were on the MARs. There were no instances of this practice to evaluate. Nine youth were interviewed and seven youth stated a nurse administers medication, one stated staff does, and one youth indicated they were not take medication. Nine staff were interviewed and each stated the nurse administers medication to youth. One of the nine staff also said a trained supervisor can administer medication to youth as well.

4.33 Medication Management – Psychotropic Medication Monitoring	Satisfactory Compliance
The facility shall have a comprehensive process in place for the monitoring of psychotropic medications, to ensure youths' safety, as required by the Department.	

Nine youth individual healthcare records (IHCRs) were reviewed and two were applicable for having a prescribed psychotropic medication upon admission. One additional record was reviewed. The designated health authority and psychiatrist were notified upon each youth's admission. The psychotropic medication each youth was prescribed prior to admission was continued until an initial diagnostic psychiatric interview was completed by the psychiatrist. The

initial diagnostic psychiatric interviews were conducted with fourteen days of admission in all three IHCRs. The program has a comprehensive process in place for monitoring psychotropic medication to ensure safety. All three youth received medication monitoring by the psychiatrist with each visit documenting all required information. There were no standing orders for psychotropic medications, emergency, or pro re nata (PRN) treatment orders for psychotropic medication.

4.34 Infection Control – Surveillance, Screening, and Management	**Satisfactory Compliance**
The facility shall have implemented Infection Control procedures including prevention, containment, treatment, and reporting requirements related to infectious diseases, as per OSHA federal regulations and the Centers for Disease Control and Prevention (CDC) guidelines.	

The program's written policy and procedures on control of Infectious and Communicable Diseases were signed by the facility administrator and designated health authority. The topics include prevention, containment, treatment and reporting of requirements related to infectious and all communicable diseases. The infection control procedures include common infectious diseases of childhood, self-limiting, viral bacterial diseases, tuberculosis, blood-borne pathogens, outbreak of lice and scabies, Methicillin-Resistant Staphylococcus (MRSA), E. coli, Bio-terrorism, and chemical exposures in the workplace. Staff have access to protective equipment and there is documentation universal precautions are followed by all staff. Hepatitis B immunizations are available to all staff. There were no instances in which the local county health department, Center for Diseases Control (CDC), or Central Communication Center (CCC) were notified of an infectious disease.

4.35 Infection Control – Education	**Satisfactory Compliance**
The facility's comprehensive Infection Control education plan shall include pre-service and in-service training for all staff, and youth infection control education, as per Centers for Disease Control and Prevention (CDC) guidelines.	

Nine youth individual healthcare records (IHCRs) were reviewed and each contained documentation indicating youth received infection control training. This training included hand washing techniques, standard precautions, prevention/transmission of communicable diseases and vaccinations. A copy of the educational packet was filed in each youth's IHCR. The program's comprehensive infection control plan includes pre-service and in-service training for both youth and staff infection control education. Eighteen staff training records were reviewed and indicated staff received the required training on blood borne pathogens, infection control, and the site-specific exposure control plan.

4.36 Infection Control – Exposure Control Plan	**Satisfactory Compliance**
The facility's exposure control plan shall meet the requirements of OSHA standards (29 CFR 1910), with maintenance and documentation of the plan, as per the requirements of the Department.	

The program has a written exposure control plan which is available to all staff. The plan is reviewed and signed annually by the facility administrator on July 11, 2018. A review of the exposure control plan includes risk assessments and methods of compliance. A comprehensive process is in place for needle stick post exposure. There were not three or more cases of reportable infectious disease needing to be reported to the local health department or Center for

Disease Control (CDC). There were no instances where youth, staff, or six individuals required quarantine or hospitalization due to an outbreak. The exposure control plan is located in the master control, medical, the breakroom, and in the facility operating procedure (FOP) binder.

4.37 Prenatal Care – Physical Care of Pregnant Youth	**Non-Applicable**
The facility shall provide prenatal care at recommended intervals. High-risk pregnant youth shall be provided additional testing and services as recommended.	

This is an all-male program; therefore, this indicator rates as non-applicable.

4.38 Prenatal and Neonatal Care – Nutrition, Education of Youth, and Lactation	**Non-Applicable**
The facility shall provide nutritious foods in sufficient quantities meeting the standards of the minimum daily allowances for pregnant youth. Each pregnant adolescent shall receive prenatal, post-partum, and parenting education including topics directly related to health care issues and medical risk for pregnant adolescents. *The program provides education to pregnant and postpartum girls about infant care and lactation.*	

This is an all-male program; therefore, this indicator rates as non-applicable.

4.39 Prenatal and Neonatal Staff Education	**Non-Applicable**
All non-healthcare staff involved in the supervision or treatment of pregnant youth and their infants must receive appropriate education.	

This is an all-male program; therefore, this indicator rates as non-applicable.

Standard 5: Safety and Security

5.01 Youth Supervision	Satisfactory Compliance
Program staff shall maintain active supervision of youth, including interacting positively with youth, engaging in a full schedule of constructive activities, closely observing behavior of youth and changes in behavior, and consistently applying the program's behavior management system (BMS). Program staff can account for the whereabouts of youth under their supervision at all times.	

The program has a policy and procedures regarding active supervision. The program's staff to youth ratio is one to eight during the day, one to twelve during sleeping, and one to five during transports or vocational. Observations of staff supervising youth were made on all four days of the annual compliance review. Youth were observed participating in school, recreation, meals, and leaving on a transport. Staff were observed interacting positively with youth. Staff were questioned while supervising youth, how many youth they were supervising during various times of the day. Staff were able to identify the number of youth without counting. The program has a full schedule of activities planned for weekdays, weekends, and holidays or other days when school is not in session. Youth were engaged in a full schedule of activities. Youth were accounted for and accompanied at all times and there was a close monitoring of youth behavior and changes in behavior by staff. Youth are observed in their sleeping rooms at regular eight-minute intervals.

5.02 Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training	Satisfactory Compliance
The program shall have a detailed written description of the collaborative behavior management system (BMS). The written description is conspicuously posted and provided in a resident handbook to allow easy access for youth, including rules governing conduct and positive and negative consequences for behavior including while in the classroom. *All staff shall be trained in the behavior management system (BMS) employed at the program.*	

The program has a comprehensive behavior management system (BMS) which is clearly written. The BMS is incorporated in the youth handbook. Rules governing conduct, positive and negative consequences for behaviors are posted and in the youth handbook. The program's written BMS includes provisions to maintain order and security, positive and negative consequences, constructive disciplinary actions, opportunities for positive reinforcement, recognition of accomplishments and positive behaviors at a four to one ratio, promotes socially acceptable means for youth to meet their needs, process for explaining to youth the reason for any sanction imposed, youth have an opportunity to explain their behavior, opportunity for staff and youth to discuss impact of behavior on others, reasonable reparations for harm caused to others, discussion of alternate behaviors, promotion of positive dialogue and peaceful conflict resolution, separation of youth from population is minimized, and consistent implementation and treatment through oversight. An interview with the program director (PD) confirmed a positive incentive-based BMS is used. The PD further stated rewards are monitored through treatment teams and daily review of behavior reports and positive behavior reports. Nine staff members were interviewed and each indicated rewards and consequences are delivered in a four to one ratio. Seven staff members described the program's level system for youth and how they advance to higher levels. Two staff described how youth are held accountable for their actions. Nine youth were interviewed and each were able to describe the difference between the levels

and knew the requirements to move from level to level. All youth were also able to describe the process for receiving consequences and consequences received such as a behavior report, canteen restriction, placement on security alert, and placement in controlled observation. Five youth indicated staff are consistent. All nine youth were able to list rewards used in the program to include pizza, snacks, additional television time, games, extra canteen, and extra phone calls.

5.03 Behavior Management System Infractions and System Monitoring	**Satisfactory Compliance**
The program's behavior management system (BMS) is designed to maintain order and security, provide constructive discipline and a system of positive and negative consequences to encourage youth to meet expectations for behavior, provide opportunities for positive reinforcement and recognition for accomplishments and positive behaviors, promote dialogue and peaceful conflict resolution, and minimize separation of youth from the general population. *Supervisors shall monitor staff implementation of the behavior management system (BMS), and ensure the use of rewards and consequences are administered fairly and consistently in application among all staff.*	

The program's policy and procedures regarding the behavior management system (BMS) includes protocol where staff are provided feedback regarding their implementation of the BMS. A review was completed of position descriptions which specify required qualifications of staff whose job functions include implementation of the program's BMS. The program's BMS includes a process for staff to explain to the youth the reason for any sanction imposed, the youth then has an opportunity to explain their behavior, and staff and youth discuss alternative acceptable behavior. The program utilizes controlled observation. A sample of controlled observation reports were reviewed and was utilized based on major infractions to ensure both youth and staff safety. The BMS does not include increased length of stay, denial of basic rights or services, promotion of group punishment, punishment of youth by other youth, or disciplinary confinement, wherein a youth is isolated in a locked room as discipline for misbehavior. Staff training regarding the BMS was reviewed. Eighteen staff training files were reviewed and all received BMS training. Nine staff were interviewed regarding how supervisors provide feedback to staff regarding the implementation of the BMS. Eight staff indicated feedback is provided during daily briefings. One staff indicated they are prompted and informed of situations. Supervisors confirmed they monitor the staff use of the BMS and provide feedback to staff. Nine youth were interviewed and each reported youth are never allowed to punish other youth. Seven youth indicated staff are consistent in the use of rewards. One youth stated they are inconsistent and one youth stated, "it's only once in a blue moon because staff are so busy." Additionally, two youth rated the BMS as poor, four rated as fair, one rated as good, and two rated as very good. An interview with the program director revealed consequences are monitored through treatment teams.

5.04 Ten-Minute Checks (Critical)	**Satisfactory Compliance**
A residential commitment program shall ensure staff observe youth at least every ten minutes while they are in their sleeping quarters, either during sleep time or at other times, such as during an illness or room restriction. Staff shall conduct the observations in a manner to ensure the safety and security of each youth and shall document real time observations manually or electronically.	

The program has eighty-six cameras and all are operational. Video recordings are stored for sixty days. Ten-minute checks were observed and are met with fidelity; the staff members were

observed stopping at each door and looking in the window. A review of ten-minute checks reflected they are conducted and documented in real time. A sample of security film was reviewed and corresponding logs to verify ten-minute checks. Checks were reviewed for all three shifts (A, B, and C) for Alpha, Charlie, Delta, Echo, and Omega dorms. Bravo dorm was closed due to low youth numbers. The video review confirmed checks were completed every eight minutes. Additionally, a supervisor completes three of the checks every shift. Nine staff were interviewed and each reported room checks are conducted every eight minutes when a youth is placed in their room for sleeping or non-punishment reasons.

5.05 Census, Counts, and Tracking	Satisfactory Compliance
The program ensures youth are accounted for at all times through a system of physically counting youth at various times throughout the day. *The program shall conduct and document resident counts minimally at the beginning of each shift, after each outdoor activity, and during emergency situations such as escapes or riots.* *The program shall maintain a chronological record of events as they occur, or, if an event disrupts the safety and security of the program, as soon as is practicable after order has been restored.* *The program tracks daily census information, including, at a minimum, the total daily census count, new admissions, releases or direct discharges, transfers, and youth temporarily away from the program. If at any time staff cannot account for the whereabouts of any youth, or discrepancies are found between resident counts and census information, the program reconciles immediately and takes follow-up action as needed.*	

The program has a policy and procedures regarding youth census, counts, and tracking. A review of logbooks reflected counts are conducted at the beginning of each shift, after each outdoor activity, during emergency situations, or drills. Counts in the logbooks also reflected when youth are temporarily away from the program such as for medical attention. Observations of counts over the course of the annual compliance review also revealed counts were conducted as required, prior to youth movements and radioed to master control. Nine staff were interviewed regarding what happens when there is a discrepancy in the youth count. Staff reported counts are conducted at least three times per shift. Staff further reported if the count is not accurate, a recount is conducted. If the recount is not accurate the youth are placed in their rooms and a supervisor conducts another recount.

5.06 Logbook Entries and Shift Report Review	Satisfactory Compliance
The program maintains a chronological record of events, incidents, and activities in a central log-book maintained at master control, living unit logbooks, or both, in accordance with Florida Administrative Code. The program ensures direct care staff, including each supervisor, are briefed when coming on duty.	

Logbooks were bound with numbered pages. All entries were made in ink with no erasures or white-out areas. There were no logbook entries which were obliterated or removed. All entries included the date and time of the event, the name of the staff and youth involved, a brief description of the event, and the signature of the staff making the entry. A shift briefing was conducted prior to the start of the shift to summarize events, incidents, and activities documented in the logbook. Events for emergency situations, incidents, special instructions for

supervision and monitoring of youth, population counts, perimeter security checks, transports, removal of any youth from the mainstream population, and admission and releases were documented in the logbook. Internal incidents reported to the Florida Abuse Hotline and/or the Central Communications Center (CCC) were documented.

5.07 Key Control	**Satisfactory Compliance**
The program has a system in place to govern the control and use of keys including the following: • *Key assignment and usage including restrictions on usage* • *Inventory and tracking of keys* • *Secure storage of keys not in use* • *Procedures addressing missing or lost keys* • *Reporting and replacement of damaged keys*	

The program has a policy and procedures on key control which includes key assignment and usage including restrictions on usage, inventory and tracking of keys, secure storage of keys not in use, procedures to address missing or lost keys, and reporting and replacement of damaged keys. The key inventory and storage area was reviewed. Keys are stored in a locked box within master control. Master control maintains daily inventory of the keys. Keys for medical, youth and staff records, and youth property are restricted. Administration and department heads have permanent issue keys. There were no instances of lost or missing keys in the past six months. Master control receives staff keys at the beginning of their shift and staff are assigned program keys. In order for staff to receive their personal keys, staff must return the program keys to master control. A random check of three staff including one administrator, revealed all had returned their personal keys in to master control and only had their assigned program keys. Nine staff were interviewed regarding the key control process. Seven reported staff keys are given to master control upon entry. Seven staff stated personal keys are securely stored, three stated visitor keys are given to master control upon entry, one stated a token is provided to visitors, four reported there is a daily tracking of keys, seven indicated program keys are assigned to staff, one was aware of the key inventory, and seven stated youth do not have access to keys. Regarding missing or damaged keys, one staff indicated master control is notified of missing keys, four stated a search for missing keys is conducted, and two stated youth are searched for missing keys.

5.08 Contraband Procedure	Satisfactory Compliance
The program shall develop and implement a system to prevent the introduction of contraband into the program. *A residential commitment program shall delineate items and materials considered contraband when found in the possession of youth. The program shall provide youth with the list of contraband items and materials and inform the youth of the consequences if found with contraband. The program shall establish a system to prevent the introduction of contraband and identify contraband items and materials through searches of the physical plant, facility grounds, and its youth.* *The program shall document the confiscation of any contraband and the manner of disposition. The program shall keep a copy of the documentation in the case file. If a confiscated item is not illegal, the program director or designee has the discretion to discard the item, return it to its original owner, mail it to the youth's home, or return it to the youth upon release. In all instances involving confiscation of illegal contraband, the program shall turn the item over to local law enforcement.*	

The program has a policy and procedures regarding contraband. The policy and procedures address any employee found in possession of contraband in a program will be subject to disciplinary action up to and including dismissal. Also, it reflects law enforcement shall be contacted if any found item would be considered illegal, or if there is evidence of any type of unlawful activity. The program has a system in place to prevent contraband entering the program to include defining items and materials considered contraband. Youth are informed of the consequences if found with contraband. Logbooks reflected contraband searches of the physical plant, program grounds, and youth. The program director stated all contraband is given to the shift supervisor, then to the Chief of Security, and if necessary the Central Communications Center is contacted. The program did not have incidents of contraband recovered in the past six months.

5.09 Searches and Full Body Visual Searches	Satisfactory Compliance
The program shall perform searches to ensure no contraband is being introduced into the facility.	

Youth searches are to occur before and after groups, before and after transports, during admission, and before and after visitation. Youth searches were observed prior to transport and before and after group. The youth was treated with dignity and respect to minimize the youth’s stress and embarrassment. The search was conducted by the appropriate number of staff and of the same gender as the youth. The search conducted was thorough and staff provided instructions to the youth to include the reason for the search. Nine youth were interviewed regarding when searches occur. Three stated when returning from off campus, three stated after outdoor activities, one stated when items are missing, four stated after visitation, and all nine reported searches occur to include daily and unexpectedly. Nine staff were interviewed and each explained searches are conducted anytime there is movement and staff additionally stated contraband searches are conducted on each shift.

5.10 Vehicles and Maintenance	Satisfactory Compliance
All vehicles transporting youth shall receive appropriate maintenance and contain safety and emergency equipment so they may be operated in a safe manner. *The program ensures any vehicle used by the program to transport youth is properly maintained, and maintains documentation on the use and maintenance of each vehicle. Each vehicle being used for transport of youth shall pass an annual safety inspection. Each vehicle used to transport youth is equipped with the appropriate number of seat belts, a seat belt cutter, a window punch, a fire extinguisher, and an approved first aid kit. Youth and staff wear seat belts during transportation, and youth are not attached to any part of the vehicle by any means other than proper use of a seat belt.*	

Invoices were reviewed which confirmed all three vans received an annual safety inspection and any deficiencies were corrected. All three vans used to transport youth were equipped with the appropriate number of seatbelts, a seat belt cutter, a window punch, a safety screen separating the front seats from the back, and a fire extinguisher. There are three first aid kits stored in master control which are placed in the van when used for transport.

5.11 Transportation of Youth	Satisfactory Compliance
Appropriate minimum staff to youth staffing patterns shall be maintained while youth are transported off facility grounds to ensure the safety and security of youth, staff, and the public.	

The program has a policy and procedures regarding transportation of the youth. A transport was observed. Two staff were assigned to transport one youth. The van was equipped with a safety screen separating the front seats from the back. Youth and staff wore seatbelts and the youth was not attached to any part of the vehicle. The vans used for transport have rear doors which cannot be opened from the inside. Staff operating the vehicle has a current driver's license. Staff did not leave the youth unsupervised in the vehicle. Youth are not permitted to drive program or staff vehicles. Nine staff were interviewed and each reported staff are not allowed to use personal vehicles to transport youth. Three staff reported radios and cell phones are provided for staff on transport. Three staff reported they have never been on a transport and three stated radios are provided to staff during transports.

5.12 Weekly Safety and Security Audits	Satisfactory Compliance
A residential commitment program shall maintain a safe and secure physical plant, grounds and perimeter.	

The program has a policy and procedures addressing weekly safety and security audits. The policy addresses who is responsible for conducting the weekly security audits and safety inspections, development and implementation of corrective actions warranted as a result of safety and security deficiencies found during any internal or external inspection. The policy also addresses an internal system to verify deficiencies are corrected and existing systems are improved or new systems are instituted to maintain compliance. A review reflected safety and security audits are completed weekly. An interview with the program director reflected there is a clear process regarding the identification, tracking, deficiencies are being addressed by the program through the safety inspection sheet, work orders, and items are discussed during the daily management meeting.

5.13 Tool Inventory and Management	Satisfactory Compliance
The facility shall have a tool management system ensuring youth do not use tools or equipment as weapons or security breaches.	

The program has procedures regarding the issuance, inventory, and control of equipment and tools. Tools are securely stored when not in use. Tools were observed to be marked for easy identification. The program maintains a monthly inventory of tools. Additionally, all tools are inventoried prior to being issued for work and following work activities. Machetes, bowie knives, or other long blade knives are prohibited. Staff follow procedures for dysfunctional tools to include disposal and replacement. The inventory used to document issuance and return of tools was reviewed. Training documentation was reviewed for both staff and youth and confirmed they received training on the intended and safe use of tools.

5.14 Youth Tool Handling and Supervision	Satisfactory Compliance
There shall be procedures to ensure youth use tools safely and are supervised appropriately in order to prevent injuries to the youth, other youth, and staff.	

The program has procedures for the supervision of youth handling tools. The program's procedure also addresses issuing tools to youth and staff, including a risk assessment to determine youth's risk to self and others. The procedure also addresses tool distribution and collection, and search criteria during work projects. The program maintains a ratio of one staff to five youth during activities involving tools. Risk assessments are completed on youth participating in tool projects or activities. Nine staff were interviewed regarding which tools youth can use. Two staff stated screwdrivers, hammers, saw, and axe when in Home Builders Institute (HBI). Four stated youth use scrub brushes and seven stated mops and brooms. Nine youth were interviewed regarding the tools they can use. One youth stated screwdriver, one stated a hammer, five stated a scrub brush, seven stated mops and brooms, and two youth stated they cannot use tools.

5.15 Outside Contractors	Satisfactory Compliance
The program shall establish guidelines required for outside contractors, which includes information about tool control and restrictions.	

The program has a policy and procedures regarding outside contractors. Sign-in sheets and instruction sheets for outside contractors were reviewed. Guidelines for repairmen and external worker tools include tools checked upon arrival and departure, tool restrictions while in the program, youth are restricted from the work area, and missing tool follow-up. Project invoices submitted to the program by the vendor were reviewed. Documentation reflected the date the project was being worked on matched the sign-in sheets of the outside contractors. Documentation further confirmed the program inventoried the tools and equipment when the vendor arrived and departed the facility..

5.16 Fire, Safety, and Evacuation Drills	Satisfactory Compliance
The program shall conduct fire, safety and evacuation drills to ensure youth and staff are prepared for immediate implementation or mobilization in the event of an emergency or disaster.	

The program conducts practice drills and is prepared for immediate implementation or mobilization of the plans whenever an emergency or disaster situation necessitates. The

program director (PD) indicated fire drills are conducted monthly on each shift, and COOP drills are conducted once a month. This practice was confirmed through a review of drill documentation. Documentation of the drills contained the type of drill, date and time, participants, brief scenario, and findings/recommendations. Unannounced fire drills were conducted months under varied conditions and across all shifts. Fire evacuation routes and egress plans were posted throughout the program. The PD confirmed fire drills are conducted monthly on each shift. Nine youth were interviewed and each reported they were instructed on what to do in case of a fire. Regarding how often fire drills occur, one youth did not know; however, the other youth indicated a frequency of weekly to once a month. Nine staff were interviewed regarding the drills they participated in within the last year. Eight staff indicated weather, one stated major disturbance, three reported hostage situation drill, six stated escape, and eight stated fire drills.

5.17 Disaster and Continuity of Operations Planning	Satisfactory Compliance
The program shall have a coordinated disaster plan and Continuity of Operations Plan (COOP) or one comprehensive plan incorporating both. The plan(s) shall provide for the basic care and custody of youth in the event of an emergency or disaster and continuity of the aforementioned, while ensuring the safety of staff, youth and the public. The plan shall be submitted to the regional director, or designee, for approval and signature.	

The Continuity of Operations Plan (COOP) is readily available to all staff in the breakroom. The COOP is reviewed and updated annually. The last date of review was on April 30, 2018, and documentation reflected the COOP was signed by the Department's regional director (RD) on May 11, 2018. The plan addresses alternative housing plans approved by the Department's RD. The COOP addresses fire and fire prevention and evacuation, severe weather, disturbances or riots, bomb threats, hostage situations, chemical spills, flooding, terrorist threats or acts, staff roles and responsibilities, any equipment and supplies needed, information about youth which may be needed, alternative housing arrangements, provisions for continuity of care and custody of youth, and provisions for public protection.

5.18 Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials	Satisfactory Compliance
The program director or designee shall maintain strict control of flammable, poisonous and toxic items and materials and a complete inventory of all such items.	

The program has a policy and procedures on the storage and inventory of flammable, poisonous, and toxic items and materials. Flammable, poisonous, and toxic items were secured at all times. They were all stored in secured areas inaccessible to youth. Inventories were maintained for all flammable, poisonous, and toxic items. The inventory was reviewed and matched the actual items within the program. There were no items missing or additional items not on the inventory. Safety Data Sheets are maintained on-site for all materials and stored with the materials, medical, and master control.

5.19 Youth Handling and Supervision for Flammable, Poisonous, and Toxic Items and Materials	Satisfactory Compliance
The program shall maintain strict control of flammable, poisonous, and toxic items and materials. *Youth shall not be permitted to use, handle, or clean dangerous or hazardous chemicals or respond to chemical spills. Youth shall not be permitted to clean, handle, or dispose of any other person's biohazardous material, bodily fluids, or human waste.*	

The program has a policy and procedures which address youth shall not handle flammable, poisonous, toxic items, and materials. The program maintains strict control of flammable, poisonous, and toxic items and materials. Youth do not use, handle, or clean-up dangerous or hazardous chemicals. Youth do not clean, handle, or dispose of any person's bio-hazardous material, bodily fluids, or human waste. There is restricted access to areas where items are being used or stored. Nine youth were interviewed regarding the handling of supervision for flammable, poisonous, and toxic items and materials. One youth indicated they use paint, four stated laundry soap, and one stated toilet or window cleaner. The youth using paint is in the Home Builders Institute and the two youth stated staff gives them laundry soap to wash clothes.

5.20 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
The maintenance mechanic, or other trained staff who have the safety equipment for diluting, handling, and disposing of hazardous waste and/or solid waste, shall be responsible for disposing of hazardous items and toxic materials.	

The program has a policy and procedures on the disposal of flammable, toxic, caustic, and poisonous items. Disposal procedures are in accordance with the Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030. The program maintains a disposal log which indicated when and by what means the material was disposed. Receipts of disposals are also maintained in the log. The program disposes of materials at the Citrus County Landfill. Hazardous liquid waste is disposed of in accordance with the Safety Data Sheet (SDS). Liquid waste from work details is disposed of in the plumbing drains. Kitchen liquid waste, except grease, is disposed of in the kitchen. The program did not have any chemical spills in the past six months, but the policy and procedures reflect how chemical spills are cleaned-up. Upon becoming aware of a chemical spill, staff shall notify master control of the location. The shift supervisor or master control shall direct the shut-down of all air handlers and ventilation systems and close all windows and doors at the direction of the on-scene supervisor. Assistance from outside the program will be contacted, as necessary, consistent with emergency procedures.

5.21 Recreation and Leisure Activities	Satisfactory Compliance
The program shall provide a variety of recreation and leisure activities.	

The program has an activity schedule reflecting weekday, weekend, and non-school/holiday activities. The schedule documents a range of supervised and structured indoor and outdoor recreations and leisure activities for the youth. Logbooks documented activities are occurring according to the program's activity schedule. The activities provided are based on the developmental levels of the youth in the program. Activities include choice of leisure and recreation options, and youth are encouraged to explore interests. The program monitors the

heat index in an effort to prevent over-exertion, heat stress, and dehydration. The program has two recreational therapists. The program has a formal process to promote constructive input by the youth to include community meetings and resident council meetings. Nine youth were interviewed and eight reported they are provided one hour of large muscle activity each day. The one remaining youth reported twenty-five to thirty minutes of large muscle activity. The youth also reported a variety of activities including basketball, football, tug-of-war, playing cards, kickball, and dominoes.

5.22 Elements of the Water Safety Plan, Staff Training, and Swim Test (Critical)	Non-Applicable

Programs choosing to participate in water-related activities shall develop and implement a water safety plan to ensure proper supervision and safety of the youth during water related activities. The plan shall also ensure staff are appropriately trained for each specific type of water activity.

Programs allowing youth to participate in water-related activities shall have a water safety plan addressing, at a minimum, safety issues, emergency procedures, and the rules to be followed during water-related activities, as follows:

- *Determination of the risk level for each participating youth, including whether or not the youth can swim, an assessment of swimming ability, and other factors to include age and maturity, special needs such as physical and mental health issues, and physical stature and conditioning;*
- *Type of water, such as pool or open water;*
- *Water conditions, such as clarity, turbulence, and bottom conditions;*
- *Type of activity, such as swimming, boating, canoeing, rafting, snorkeling, scuba diving, and shoreline and offshore activities to include fishing from a bank or pier, fishing while wading, or picnicking close to a body of water.*
- *Lifeguard-to-youth ratio and positioning of lifeguards;*
- *Other staff supervision; and*
- *Safety equipment needed for the activity, such as personal flotation devices when youth are in a boat, canoe, or raft, and availability of a lifeline during shoreline and offshore activities.*

Programs choosing to participate in water-related activities shall ensure staff are appropriately trained for each specific type of water activity.

Programs choosing to participate in water-related activities shall assess each youth's aquatic ability prior to participation in water-related programming.

The program does not participate in water activities; therefore, this indicator rates as non-applicable.

5.23 Visitation and Communication	Satisfactory Compliance

The program allows visitation and communication for youth while in the program.

The program provides opportunities for youth to have visitation. The program maintains a visitation log. The log includes a list of approved visitors for each youth and a log which their visitors complete. Youth are given the opportunity to communicate with family members by mail

and telephone. Nine youth were interviewed and each reported they have the opportunity to communicate with family members by mail, telephone, or at visitation.

5.24 Search and Inspection of Controlled Observation Room	Satisfactory Compliance
The program shall conduct youth searches and room inspections prior to placing a youth on Controlled Observation.	

The program utilized controlled observation 109 times in the past six months. The rooms meet the requirements. Ten samples of controlled observation were reviewed. In all ten samples staff documented an inspection of the room and a search of the youth before the youth was placed in the room.

5.25 Controlled Observation	Satisfactory Compliance
Programs shall only place youth in Controlled Observation when non-physical interventions would not be effective.	

Ten samples of controlled observation were reviewed. In all samples the supervisory or higher-level staff authorized placement. In all instances the youth were displaying active aggression, violent behavior, physically out-of-control, and staff advised the youth the reason of placement in controlled observation and expected behavior for removal. In all ten samples, a healthcare professional or staff of the same gender as the youth completed the health status checklist. In four of the ten samples the youth was in controlled observation over two hours. In these four samples the assistant facility administrator granted an extension every two hours.

5.26 Controlled Observation Safety Checks Release Procedures	Satisfactory Compliance
The program shall conduct safety checks for youth on Controlled Observation. The program director or designee shall approve a release when it is determined, based on his or her behavior, the youth is no longer an imminent threat to self or others.	

Ten samples of controlled observation were reviewed. In all ten samples the staff making the placement completed the first page of the controlled observation report and submitted it to a supervisor. Staff documented safety checks at least every ten minutes and observations of the youth’s behavior. Staff documented all safety checks and observations on the controlled observation safety checks form. The program director (PD) or supervisor who has delegated authority gave written approval before the youth was released from controlled observation in all ten samples. The controlled observation report, health status checklist, and controlled observation safety checks were maintained in an administrative file. The program director (PD) or assistant reviewed and approved all ten controlled observation reports within fourteen days of the youth’s release from controlled observation.

Program Name: Cypress Creek JOCC
Provider Name: TrueCore Behavioral Solutions, LLC.
Location: Citrus County / Circuit 5
Review Date(s): April 9-12, 2019

MQI Program Code: 1055
Contract Number: 10207
Number of Beds: 96
Lead Reviewer Code: 170

Overall Rating Summary

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