STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT
PROGRAM REPORT FOR

Hillsborough Girls Academy
TrueCore Behavioral Solutions, LLC.
(Contract Provider)
9506 E. Columbus Drive
Tampa, Florida 33619

Review Date(s): August 7-10, 2018

PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES

Rating Definitions

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

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:

Stephanie Lobzun, Office of Program Accountability, Lead Reviewer (Standard 1)
Garvey, Glenn, Office of Program Accountability, Regional Monitor (Standard 3)
Johnson, Melissa, Office of Program Accountability, Regional Supervisor (Interviews)
Lentchner, Danielle, AMIkids Inc., Compliance Manager (Standard 2)
Pryer, Vernon, Office of Program Accountability, Regional Monitor (Standard 5)
Taylor, Canitha, Office of Program Accountability, Deputy Regional Supervisor (Standard 4)
Wilson, Sherri, Office of Technical Assistance, Technical Assistance Specialist (SPEP)

Program Name: Hillsborough Girls Academy
Provider Name: TrueCore Behavioral Soulutions, LLC
Location: Hillsborough County / Circuit 13
Review Date(s): August 7-10, 2018

MQI Program Code: 1224
Contract Number: R2111
Number of Beds: 20
Lead Reviewer Code: 140

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
- 1 # Clinical Staff
- _____ # Food Service Personnel
- 2 # Healthcare Staff
- 1 # Maintenance Personnel
- 2 # Program Supervisors
- 5 # Staff
- 7 # Youth
- _____ # Other (listed by title): _____

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
- 5 # Health Records
- 5 # MH/SA Records
- 12 # Personnel Records
- 10 # Training Records/CORE
- 3 # Youth Records (Closed)
- 7 # Youth Records (Open)
- _____ # Other: _____

Surveys

- 5 # Youth
- 5 # Direct Care Staff
- _____ # Other: _____

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	Non-Applicable
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)	Limited
1.15	Youth Records (Healthcare and Management)	Satisfactory
1.16	Youth Input	Satisfactory
1.17	Advisory Board	Limited
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	Non-Applicable

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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	Restricted Housing	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	Satisfactory
4.38	Prenatal and Neonatal Care - Nutrition, Education of Youth, and Lactation	Satisfactory
4.39	Prenatal and Neonatal Staff Education	Satisfactory

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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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Strengths and Innovative Approaches

- The program held a carnival for the youth at the program full of fun and games. The youth played a fishing game, had a hula hoop race, and participated in many other carnival inspired activities. The youth were able to win tickets and had a chance to redeem their tickets for special boutique items. The carnival event encouraged team work, and a trauma-free environment.

- In May 2018, the program held a prom for the youth at the program. The youth were able to dress up for the evening, wearing prom dresses or evening attire, and had their nails and hair done. The youth also had a gourmet meal and sparkling beverages. Each youth received a gift bag which included party favors such as chap stick, dove soap, and assorted snacks. The clinical director gave each youth a rose and handwritten personal note to make the night even more special for the youth. The youth at the program were able to experience an evening of excitement and dancing.

- The youth knitted and crocheted shawls for girls with autism to wear over their shoulders when they attended a prom put on by an autism organization.

- The program welcomed a group of professionals into the program and the youth learned about a variety of different career opportunities ranging from cosmetology to the medical field. The youth also listened to a guest speaker who is a former news anchor in the community and who shared with them an inspirational message of how to stay on track even when life knocks you down.

- The program is also a part of the Kids and Canines program. This innovative program teaches personal responsibility and accountability through trusting and caring relationships for youth with the dogs. Kids and Canines staff work with the youth to train the dogs to serve as companion, comfort, and support animals. Many of the dogs go on to provide therapeutic support and emotional affirmation for individuals who suffer from disorders such as autism and post-traumatic stress. Kids and Canines staff come to the program three days a week and the program currently has a dog on-site.

Standard 1: Management Accountability

Overview

Hillsborough Girls Academy is a residential program for twenty girls adjudicated delinquent by the courts and committed to a maximum risk or high risk secure facility. TrueCore behavioral solutions, LLC. contracts with the Department to provide services to girls between thirteen to eighteen years of age for high risk commitment, and fourteen to twenty-one years of age for maximum risk committed girls who are in need of mental health overlay services. The program's management team is comprised of a facility administrator, assistant facility administrator, director of case management, director of clinical services, and a health services administrator. The program also has three master control technicians, four shift supervisors, one transitional services manager, one recreational therapist, two therapists, and twelve youth care workers. The program also has a part-time nurse, part-time therapist, and a part-time physical plant manager. The program contracts with the Hillsborough County School Board to provide educational services to the youth at the program. The program has the following corporate staff assigned to oversee specific program areas: a regional compliance manager, a regional clinical director, a regional director, and a regional health services administrator.

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

The program has a policy and procedures in place indicating all potential staff and volunteers shall receive a criminal and background screening in full compliance with the Department's background screening rules and regulations. A review of the program's staff roster indicated the program had seven new employees and twenty-three new volunteers since the last annual compliance review. A review of the Florida Agency for Health Care Administration website, also referred to as the Clearinghouse, revealed all employees and volunteers received an eligible rating screening prior to working with youth. All employees were listed on the program's roster in the Clearinghouse website; however, none of the twenty-three reviewed volunteers were listed on the program's Clearinghouse roster. On the second day of the annual compliance review, the program updated their Clearinghouse roster with all of the volunteers, and the information was confirmed by reviewing the Agency for Health Care Administration website.

The program uses an ergometric pre-employment assessment tool for all direct care staff. The program indicated staff must have a score of sixty-five percent to pass the video portion of the assessment and a sixty percent on the reading portion of the assessment. A review of the seven employee records revealed four of the employees were hired for direct care positions and the applicable employee records revealed all four employees passed both portions of the pre-employment assessment tool. There was evidence in all seven employee records indicating the hiring authority reviewed the Central Communication Center system, Staff Verification System, and reviewed the Florida Department of Law Enforcements automatic training management system as part of the pre-employment background screening process.

The program submitted the program's and the Hillsborough County School Board's Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's background Screening Unit on January 24, 2018, meeting the annual requirement.

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.).	

The program has a policy and procedures in place indicating all staff and volunteers shall receive new background screening every five years after their date of hire. A review of the program's volunteer and staff roster indicated there were two staff who required five-year re-screenings since the last annual compliance review. A review of the Florida Agency for Health Care Administration website revealed both staff received an eligible five-year re-screening prior to their five year hire date anniversary. There was also evidence both employee's screenings were submitted by the program's human resource department at least ten business days prior to their five year anniversary date. The program did not have any volunteers who required a five-year rescreening since the last annual compliance review.

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 policy and procedures for the provision of an abuse-free environment and youth have unhindered access to report allegations of abuse. The program also has multiple policies addressing ethical practices, youth rights, and employee standards of conduct and performance. All employees review and sign a code of ethics during the hiring process, which clearly articulates expectations for ethical and professional behavior. The program's code of ethics indicates staff are committed to high ethical standards to maintain the integrity of the organization. The program also has a code of conduct with includes the expectations for staff

interaction with youth in a manner which promotes their emotional and physical well-being. A review of twelve employee records indicated each employee signed and reviewed the program's code of conduct, as well as code of ethics.

The program had postings of the Central Communication Center number and Florida Abuse Hotline number throughout the facility. The postings were observed during the facility tour in each of the youth dormitory areas and in the multi-purpose room. To ensure youth have unhindered access to report allegations of abuse, the program has a telephone hanging on the wall in the multi-purpose room, which upon picking up, automatically dials the Florida Abuse Hotline. All youth have access to the telephone and multi-purpose room several times a day and can call the Florida Abuse Hotline at any time. If a youth is in another area of the program and requests to call, a staff member will bring the youth to the multi-purpose room for them to make the call. A review of the program's internal investigations and incidents revealed there were no substantiated allegations of abuse since the last annual compliance review, nor were there any incidents which should have been reported and were not. During the annual compliance review, the review team did not observe any physical, emotional, or psychological abuse.

An interview with five youth indicated they all felt safe at the program. The youth indicated they felt safe for assorted reasons such as, no one will rob the program, the program is secure with gates, the program provides the youth with everything they need, and staff make sure everyone does what they are supposed to be doing. None of the interviewed youth indicated they had ever been stopped from reporting abuse to the Florida Abuse Hotline. Three of the five interviewed youth indicated staff are respectful when talking with them. Two youth indicated staff are sometimes respectful and sometimes staff will curse at youth when a youth curses them out, and when staff are having a dreadful day, they take it out on the youth. Two of the five interviewed youth indicated they never heard staff curse when speaking to them or other youth. Two youth indicated they have heard staff curse; however, it was not in anger and it slipped out in conversation. Another youth indicated they heard staff use obscene language when they must work overtime; however, the language is not directed at youth.

Staff were interviewed about the programs policy regarding allowing staff and youth to call the Florida Abuse Hotline. Four of the five interviewed staff indicated they are required to allow youth to make the call; two staff indicated they would have the youth make the call and then immediately notify their supervisor; one staff indicated they would notify the facility administrator after allowing the youth to make the call, and one staff indicated they can call the Florida Abuse Hotline. All five interviewed staff indicated they had never observed a co-worker telling a youth they could not call the Florida Abuse Hotline. Four of the five interviewed staff indicated they have never observed a co-worker using profanity, threats, intimidation, or humiliation when interacting and speaking with youth. The fifth staff member indicated they once heard another staff use curse words in a conversation with another youth.

An interview with the facility administrator (FA) indicated upon hire, all staff receive training on abuse reporting guidelines and during the on-the-job site-specific training, staff learn the program's site-specific abuse reporting procedures. The FA confirmed the youth always have access to a direct dial to the Florida Abuse Hotline telephone. An interview with FA confirmed the program has standards of conduct and physical abuse, threats, or profanity toward youth are considered critical offenses. The FA further advised critical offenses are subject to progressive disciplinary action up to and including immediate termination. The FA indicated there is a direct dial phone located in the program's multi-purpose room available to the youth and staff to report allegations of abuse directly to the Florida Abuse Hotline.

1.04 Management Response to Allegations (Critical)	Non-Applicable
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.	

The program had no incidents of physical, psychological, or emotional abuse in the facility during the annual compliance review period; therefore, the indicator rates as non-applicable.

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 has a policy and procedures in place to ensure program related occurrences which place the program at risk, or have the potential to place at risk, the health, safety, or welfare of the public or of youth, staff, or visitors, the security of the facility, or the reputation of corporation are reported and handled appropriately and in a timely fashion. The policy further states the facility administrator (FA), assistant facility administrator, and program director are the only persons authorized to make reports to the Central Communications Center (CCC). The FA shall ensure any matter requiring reporting to the CCC shall be verbally reported within two hours of the incident or of learning of the incident, and verbally and in writing, within twenty-four hours to the supervising program's regional director or back-up designee. A review of the CCC database indicated the program had nine incidents reported in the six months prior to the annual compliance review. A review of five of those incidents indicated all were reported to the CCC within two hours of the program's knowledge of the incident. Two of the five incidents were described as youth behavior incidents, one was listed as a youth behavior incident and a staff compliant, and two were medical incidents. Three of the five incidents were required to be documented in the program's logbook. A review of the applicable program logbooks revealed two of the three incidents were documented in the logbook on the day the incident occurred. The program acknowledged the remaining CCC report was not documented in the applicable facility logbook.

A review of the CCC database for February 7, 2017 through August 7, 2017 revealed there were three incidents reported to the CCC, and there were nine incidents reported in the same time-period in 2018; therefore, there was an increase in the number of reportable incidents to the CCC from one year to the next. A review of the program's internal incident reports and grievances did not reveal there were any incidents which should have been reported to the CCC and were not. An interview with the FA confirms the program has a policy to report incidents to the CCC and they ensure any matter requiring reporting is verbally reported within two hours of the incident or knowledge of the incident.

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 policy and procedures outlining the requirements of physical intervention and restraint techniques using the three levels of the Protective Action Response (PAR). There were two PAR incidents in the six months prior to the annual compliance review, which is a decrease from the same time-period as last year where the program had four PAR incidents. The program has a PAR plan, which was reviewed and approved by the residential regional director in March of 2018 and by the Department's Office of Staff Development and Training in May 2018. The program's PAR rate during the annual compliance review period was 0.75, which is below the statewide average of 1.55.

The two PAR reports were reviewed for compliance with the indicator and Florida Administrative Code. The reports involved four staff members and the staff members portion of the PAR reports were completed by the end of each staff member's workday. The PAR incidents did not include the use of mechanical restraints and there were no allegations of abuse made by the youth or injuries to the youth or staff. The PAR reports were reviewed and signed by certified PAR instructors, the acting supervisor on duty at the time of the incidents, and the facility administrator. None of the reviewers found any concerns with the use of the PAR techniques and commented the physical interventions were deemed necessary. A post-PAR interviews were completed within thirty-minutes of each incident and documented on the PAR incident reports. A post-PAR medical review was not necessary since neither report documented injuries to the youth or staff.

The program maintains a PAR logbook, which is where a copy of monthly PAR reports are maintained, along with the original PAR reports. An interview with the facility administrator indicated all PAR incidents are reviewed by them for appropriateness and then discussed with the program's management team during their daily management meeting. If warranted, the youth will receive a special treatment team meeting for their behavior and receive consequences as seen fit by the management team.

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.	

The program has a policy and procedures in place which states employees shall be provided with the necessary amount of training and the appropriate curriculums essential to comply with applicable standards and within the company's contract for the operations of the facility and program. The policy further states all newly hired staff will receive a minimum of 120 hours of training in numerous topics, utilizing web-based and/or instructor-led trainings. The program submitted, in writing, a list of pre-service trainings to the Department's Office of Staff Development and Training on December 18, 2017 for the fiscal year of 2018 and was approved on January 9, 2018. A review of five staff training records indicated three of the five staff have completed their 120 hours within the first 180-days of employment, with all required training topic's covered according to the administrative rule, as well as contractual requirements. The

two-remaining staff are currently still in their initial 180-days of training and have all of the required training completed except for Motivational Interviewing, and gender-responsive services training, which have been scheduled. All training was documented in the Departments 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.*	

The program has a policy and procedures in place ensuring employees will be provided with the training and the appropriate curriculums essential to comply with applicable standards and contractual requirements for the operation of the facility and program. The program submitted, in writing, a list of in-service trainings to the Department's Office of Staff Development and Training on December 18, 2017 for the fiscal year of 2018, and it was approved on December 28, 2017. A review of five staff training records indicated all staff have training in first aid, cardiopulmonary resuscitation, Automatic External Defibrillation, professionalism and ethics, prison rape elimination action, suicide prevention training, and human trafficking. All five reviewed staff records indicated staff exceeded the required twenty-four hours of in-service training. Two of the five staff reviewed for annual training were supervisory staff. The two staff members exceeded the required eight hours of required supervisory training and had training in management, leadership, personal accountability, employee relations, and communication skills. All training was documented in the Department's Learning Management System, SkillPro. All instructors and facilitators of the training provided to staff were qualified to deliver the specific training.

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 outlining the program's grievance process. The policy indicated the process is a three-tiered system with informal, formal, and appeal phases. The informal phase encourages the youth to resolve the question, dispute, and/or complaint through informal communication with program staff. The staff are to make reasonable efforts to discuss the youth's concern or complaint and assist the youth to informally resolve the issue. The informal phase is used to encourage and promote open communication and to assist the youth in the development of problem resolution skills. Informal complaints are to be handled as expeditiously as possible but no later than twenty-four hours from when the youth submitted the informal complaint. As part of the informal phase the program uses 'Chatty Cathy' forms as an alternative informal request process, which is not considered a formal grievance. If a youth is not satisfied with the resolution from the informal phase they may submit a formal grievance form. The program's policy indicates if the youth requests assistance in filling out the grievance form the staff, family, and peers or other advocates can help the youth fill out the form or fill it

out for them. The policy further indicates the youth are to place the completed grievance in a locked grievance box for the grievance officer to handle. Grievance and 'Chatty Cathy' forms are maintained by the staff in a youth supervision binder and they provide the youth with a form whenever they want one. The program's grievance box is in the program's multi-purpose room and the youth have access to the box several times throughout the day. The program's assistant facility administrator acts as the program's grievance officer. Once a youth submits the grievance, the grievance officer has seventy-two hours to investigate and render a decision, in writing, to the youth. If the youth is still dissatisfied with the outcome of the grievance, they may submit their grievance to the facility administrator as the final appeal. The facility administrator has seventy-two hours to review the findings of the grievance officer and determine whether the grievance was handled appropriately or if there should have been a different outcome. An interview with the facility administrator (FA) confirmed the steps in the program's grievance process and the FA could articulate the process to the reviewer. A review of ten staff training records revealed all staff received training in the program's grievance process.

A review of the program's grievance binder indicated the program maintains twelve months of grievances within the binder. The program had ten grievances filed by the youth in the six months prior to the annual compliance review. A review of five of those grievances indicated all of the grievances were handled in the formal phase of the grievance process. Each youth signed the grievance, indicating they agreed with the outcome of the grievance in the formal phase of the process and did not want to appeal the response from the grievance officer. Five youth were interviewed regarding the youth grievance process and four of the five youth indicated grievance forms can be found throughout the program. One of the five youth indicated there are specific timeframes for grievances to be dealt with by administration. The five interviewed youth made various additional comments about the program's grievance process; one youth indicated grievances are dealt with as soon as possible and sometimes the treatment team will talk to the youth. A second youth indicated they go to the Florida Abuse Hotline and do not use the grievance process because they do not believe in the process because administration always believes what the staff say. Two of the five youth indicated they believed the case manager is responsible for checking the grievance box. Two of youth also indicated the assistant facility administrator and facility administer are responsible for handling the grievances. One youth indicated they must ask staff for a grievance form to fill out. All five interviewed youth indicated they could ask for staff assistance in filling out a grievance form. An interview with five staff confirmed the program has grievance forms throughout the program. One of the staff indicated the youth can request assistance to complete the grievance form. One staff member indicated there are timeframes for administration to meet when responding to youth grievances and two staff indicated the facility administrator reviews grievances. All five interviewed staff could articulate the process youth at the program go through when they file a grievance.

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 facilitates Thinking for a Change (T4C), an evidence-based model; Dialectical Behavioral Therapy (DBT), a promising practice; Impact of Crime (IOC), a practice with demonstrated effectiveness; and VOICES: A Program of Self-Discovery and Empowerment for

Girls, which is a group curriculum for girls. The program currently has a total of eight employees trained in one or more of the four delinquency interventions facilitated at the program. A review of the staff training records revealed four staff are trained to facilitate IOC, four staff are trained to facilitate VOICES; two staff are trained to facilitate DBT; and five staff are trained to facilitate T4C. One of the eight facilitators is a licensed professional, four have master's degree, one has a bachelor's degree, one has a technicians certification, and one has a high school diploma. A review of each facilitator's employee record confirmed all facilitators had some type of experience working with adult or juvenile offenders prior to being hired and/or trained to facilitate delinquency interventions. A review of the program's contract indicates the program has staff trained to provide all of their required evidence-based delinquency interventions, as well as their mental health and substance abuse groups. A review of the group sign-in sheets confirmed the program is providing all of the interventions and groups listed in their contract. A review of five case management records, five mental health records, and sign-in sheets indicated the reviewed youth have either participated in or completed one or more of the delinquency interventions listed above. A review of the same five youths' performance plans revealed each youth's plan contained a goal for the youth to complete one or more delinquency intervention groups, and the plans further indicated at least one of each youth's top criminogenic needs will be addressed by their participation in the interventions. A review of the program's posted schedule, as well as a review of the program logbooks indicated at least sixty percent of the youth's awake hours are filled with structured, planned programming, and activities. An interview with the facility administrator (FA) confirmed the program provides the delinquency interventions IOC, T4C, and VOICES to the youth in the program as part of the program's Standardized Program Evaluation Protocol (SPEP) groups. The FA further indicated youth in the maximum risk program are placed in all three curriculums, and the high-risk youth are placed into either IOC or T4C based on their individualized needs. The FA also advised the youth are matched with their therapists based on each youth's individualized therapeutic needs. During the interview, the FA indicated staff are hired based on their work experience and education, which are also considered when a therapist or case manager is considered to facilitate a delinquency intervention. The annual compliance review team observed the youth participating in the delinquency intervention and restorative justice group IOC.

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 provides youth with interventions and instruction focused on developing life and social skills. The program's case management and mental health staff provide life skills groups and instruction to the youth at the program. The program provides the evidence-based curricula entitled Don't Let Your Emotions Run Your Life, Thinking for a Change, anger management, Savvy Sisters, Mean Girls, stress management, conflict resolution, impulse groups, and teen relationships. The youth are also taught employability life skills during leisure time by the transitional service manager and/or case manager. The youth are taught how to create a resume, complete a cover letter, fill out applications, and interview techniques. The educational staff teach the youth how to use Microsoft Office, how to navigate websites, as well as other computer skills. A review of the program's contract indicates the program has staff trained to provide all of their required life skills and intervention groups, as well as their mental health and substance abuse groups. A review of groups sign-in sheets confirmed the program is providing all of the groups listed in their contract to the youth at the program. A review of five youth case management records revealed all youth are participating in groups, as outlined in their treatment

plans and performance plans. An interview with the facility administrator (FA) indicated the youth attend delinquency and life skills groups daily. Interviews with five youth indicated they are all currently participating in groups. Two of the youth indicated they participate in group activities with the recreational therapist and they have participated in kickball, basketball, volleyball, and exercise. Three of the youth indicated they have participated in Savvy Sisters, teen relationships, dialectical behavioral therapy, anger management, VOICES, and conflict resolution groups. Two of the five interviewed youth indicated they learned new coping skills, while two other youth indicated they learned how to control their anger, and a third youth indicated they learned to give themselves positive affirmation and not dwell on what other's think or say about you personally. All five interviewed youth indicated they have been able to use the skills they have learned in their daily routine.

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 uses the Impact of Crime (IOC) and Thinking for a Change curriculums to teach and reinforce the idea of restorative justice awareness to the youth in the program. The program delivers either T4C or IOC curriculum and does not run them at the same time. IOC is facilitated two days a week, until all twenty-four sessions have been taught to each youth. T4C is also facilitated two days a week, until all twenty-five sessions have been taught. A review of five staff training records verified four staff are trained to facilitate IOC and five are certified to facilitate T4C groups. A review of the program's schedule confirmed the program has set times in the evening hours for the delivery of the restorative justice groups and they are delivered twice a week for one hour. A review of five case management records and group sign-in sheets confirmed all youth were participating in IOC groups. The program had a domestic violence survivor, as well as a human trafficking survivor come to the program and speak with the youth about their experiences, and how their experiences impacted their lives. An interview with the assistant facility administrator (AFA) indicated the program provides youth with restorative justice activities while they are in the program and introduces the youth to the idea of reparation for their criminal activities. The AFA also indicated the youth at the program have participated in community service activities such as knitting shawls for girls with autism to wear to their prom. The AFA also indicated the youth complete community service hours by cleaning the program and picking up trash in the fenced in secure area. The AFA confirmed the guest speakers exposed the youth to the victim's perspective of the criminal justice process.

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

The program uses VOICES: A Program of Self-Discovery and Empowerment for Girls (VOICES) as their main gender-specific treatment service. Each youth in the program attends and completes the VOICES curriculum prior to being released. A review of five youth case management records revealed each of the five youth have successfully completed VOICES programming. The program uses the Girls 4 Success Model, which identifies signature strengths such as volunteer and family focused services, in addition to therapeutic support, health, and wellness, academic, and life skills services. The program's positive performance system was developed through a partnership with the National Council on Crime and Delinquency Center for Girls and is focused on a girl-centered perspectives. The program has a

boutique, which contains gender-specific items youth can purchase with points earned by the positive performance system. The program also uses the 'Savvy Sisters' curriculum, which is tailored to the unique needs of the female youth population. Gender-specific treatment focus areas address sexual abuse, trauma, substance abuse, crime specific topics, as well as relational and emotional topics. The program also conducts gender-specific health education with the youth at the program and covers topics such as self-breast examinations, pregnancy monitoring, eating disorders, and reproductive health. An interview with the program facility administrator (FA) confirmed the program uses VOICES, Savvy Sisters, and the Girls 4 Success Model as gender-specific programming. The FA also indicated the program's treatment plans are based on each youth's individualized needs and the program's Girls 4 Success model creates a gender-specific therapeutic environment.

1.14 Internal Alerts System and Alerts (JJIS) (Critical)	**Limited 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 policy and procedures in place to ensure all staff are made aware of youth medical and/or mental health issues which may affect the safety and security of the youth in the facility, and which may necessitate the need for emergency medical or mental health services. The policy further indicates the facility administrator (FA), in consultation with the health services administrator and mental health treatment director, shall develop and maintain an on-going alert system for the program which ensures information concerning a youth's medical (including physical restrictions) and/or mental health condition, allergies, common side effects of prescribed medications, foods and medications which are contraindicated, other pertinent treatment-related issues, suicidal ideations or verbal threats, and security issues are effectively communicated to staff in a manner which preserves the youth's privacy. The program maintains an internal alert white board in the program administration area, where shift briefing is held. The internal alert board contains a photograph of each youth, their Department identification number, date of birth, alert status, juvenile assessment intervention system tool results, and any notes pertaining to the youth. A review of five youth alerts confirmed the program's internal alert board matched what was documented in the youth's record and the Department's Juvenile Justice Information System (JJIS). Twelve specific alerts were reviewed for five youth. All twelve alerts were noted in JJIS; however, seven of the alerts were documented in JJIS late. One alert was noted and verified by the nurse on March 22, 2018 and it was not entered in JJIS until June 20, 2018. The second alert was noted and verified during the youth's admission intake on December 22, 2017 and was not entered in JJIS until July 31, 2018. A third alert was noted and verified on May 29, 2018 and was not entered in JJIS until July 13, 2018. The fourth alert was noted and verified on April 17, 2018 and was not entered in JJIS until May 4, 2018. The fifth alert was noted and verified on April 11, 2018 and was not entered in JJIS until May 4, 2018. The sixth alert was noted and verified on March 7, 2018 and was not entered in JJIS until July 13, 2018. The seventh alert was noted and verified on June 11, 2018 and was not entered in

JJIS until July 31, 2018. A review of six of the twelve specific alerts indicated there were two which were required to be documented in the program's logbook, and both alerts were documented on the appropriate date and shift in the logbook.

An interview with the FA confirmed the program uses a communication board as their internal alert system. The FA also indicated the board is updated as needed by medical, clinical, and case management staff. The FA further indicated nursing, case management, and clinical departments are responsible for entering, updating, and closing out alerts in JJIS. Five staff were interviewed and asked how they are informed of youth alerts and all staff indicated they are advised of alerts during their shift briefings. Four of the five staff also indicated they can review the program's communication board for youth alerts. One of the staff indicated they are informed of youth alerts when the youth is admitted to the program and another staff indicated they are informed of some youth alerts at staff meetings.

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 has a policy and procedures in place for the management of all youth records. The policy indicates the program shall maintain two official youth case records for each youth, one of which is comprised of medical and mental and substance abuse information and another which is comprised of case management information. The program maintains two official records for each youth, which are entitled case management record and individualized healthcare record. The individualized health care record is then further broken down into two separate records, one which contains the medical information and the other contains the mental health and substance abuse information. A review of five youth case management records and five individualized health records each contained a tab with the youth's name, Department identification number, date of birth, county of residence, and committing office. All five individualized case management records contained the following sections; legal information, demographic and chronological information, correspondence, case management and treatment team activities and a miscellaneous section. All reviewed records were labelled as confidential and were maintained in lockable filing cabinets in lockable room when not being used by the appropriate staff. All filing cabinets where youth records were maintained were marked as confidential to indicate confidential records were held within them.

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

The program has a youth advisory board, which meets several times a month. A review of the program's youth advisory board binder indicated the youth advisory board met twenty-six times in the six months prior to the annual compliance review. The youth must submit a youth advisory board application to become a member of the advisory board. The youth must meet the following criteria to become a member of the advisory board: be in the last two phases of the program, have a 'C' average in education classes and maintain good behavior in school, have thirty days of pro-social behavior, and have four consecutive positive treatment team meetings. Each youth also must have the support of a peer, shift manager, case manager, therapist, another advisory board member, nursing staff, clinical director, direct care staff, and the facility

administrator. The youth advisory board meets with administration and discusses program issues, youth concerns, youth leadership, and mentoring, innovative ideas and activities, monthly incentive calendar, and any other issues or concerns the youth may have. The youth advisory board brings issues, concerns, and ideas from all of the youth in the program to the meeting and acts as an ambassador for all of the youth. The program also holds a daily meeting on the weekdays with the youth and administration, which addresses minor community issues and promotes communication between the youth and staff. On the weekends, the program staff have meetings with the girls called 'feelings check' at approximately, which gives the youth an opportunity to communicate with staff currently supervising them and share their feelings. The youth also can put their concerns and ideas in the form of a 'chatty cathy,' which the assistant facility administrator reviews and addresses within seventy-two hours of submission.

The program also completes quarterly random surveys on at least ten youth through 'surveymonkey'. The surveys ask the youth for input on their admission, services provided, rights afforded them, the quality of living, staff conduct, safety issues, and allows the youth to provide comments/suggestions about the program, and how they could improve.
Five youth were interviewed regarding how they provide suggestions or concerns about the program to administration. One of the youth indicated they can fill out a 'chatty cathy' form and can talk with youth advisory board members to have them address concerns with administration. Three of the five youth indicated they could also talk with members of the youth advisory board to have them address concerns with administration and could also bring-up issues or concerns during their daily meeting. The fifth youth also indicated they could bring up concerns and could provide suggestions about programming during their daily meetings with administration. An interview with the facility administrator (FA) confirmed the program has the youth provide input into the program by the youth participating in the youth advisory board, daily meetings, and weekly community meetings. The FA indicated at these meetings, the youth can voice their concerns regarding the program, as well as make suggestions for things they would like to see at the program.

1.17 Advisory Board	**Limited 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 in conjunction with Lake Academy, and Tampa Residential Facility, which are all located on the same residential compound site in Tampa, Florida. A review of the program's advisory board binder indicated the program held advisory board meetings on December 21, 2017, March 20, 2018, and June 14, 2018. The program maintains an agenda, minutes, and sign-in sheets for each meeting. According to the program's advisory board roster, the program has membership from all required entities required by the administrative code; however, there was no documentation the program's judicial representative had ever attended an advisory board meeting. The program emails and mails out invitations prior to the advisory board meeting to all representatives; however, the program could not provide documentation to support the judicial delegate was invited quarterly to the meetings. A review of the email and letter invites indicated new representatives are recruited and current members have been invited to each meeting; however, there was a continued lack of documentation to support the judicial representative was invited nor have they ever attended a meeting. An interview with the facility administrator confirmed the program has a community advisory board in partnership with other residential programs on the compound and the meetings are held quarterly. The FA further advised the board is made up of members from multiple areas of the community, and members are encouraged to visit/tour the program and

make suggestions based upon services they can provide or assist the program in obtaining. Numerous attempts to speak with an advisory board member were made; however, all attempts resulted in the annual compliance reviewer receiving voicemails or no answer by the board member.

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

The program conducts monthly all staff meetings, monthly supervisor meetings, and daily management meetings to share information with staff and to enhance program planning. A review of the program's meeting binders indicated meetings are held monthly or daily and have been held accordingly during the annual compliance review period. A review of the all staff meeting minutes indicated the program reviews with staff the quality improvement reports, red flag issues, medical updates, mental health updates, drill reviews, human resources issues, policy reviews, and safety and security issues. A review of the daily management meetings indicated the management team discussed programming issues, grievances, Central Communications Center reports, incident reports, staffing issues, youth issues, education issues, and human resource issues. The program also conducts parent/guardian surveys upon the youth's admission and conducts random youth and parent/guardian survey's quarterly. The feedback received from the surveys is discussed with administration and used to enhance programming.

The program has a policy and procedures in place for employment recognition. The purpose of the policy is to recognize employees for their contribution to the program through their performance to create a culture of care. The program recognizes an employee of the month, employee of the quarter, and employee of the year. Each winner is awarded a pre-determined monetary gift. The program also uses a program called the TrueCore Way, which allows supervisory staff or customers to recognize employees for exemplifying the TrueCore way, which is a positive culture, team work and going above and beyond. An interview with the facility administrator (FA) confirmed the program holds monthly staff meetings, monthly supervisor meetings, and daily management meetings to keep staff informed of things going on in the program. The FA also confirmed youth and parent/guardian surveys are conducted quarterly and the information gathered is shared with staff and used to enhance programming. Interviews with five staff members confirmed the program holds monthly staff meetings. The five staff indicated youth behavioral issues, youth alerts, youth triggers, facility issues, staff incentives, and various other items are discussed during the staff meetings. Two of the five interviewed staff indicated program administration reviews the program's quality improvement report and the comprehensive accountability report (CAR) report at staff meetings, and three staff indicated the report findings have not been shared with them. Two of the five interviewed staff indicated communication at the program is very good, one indicated it was good, and two indicated it was fair. One of the interviewed staff members indicated the FA has an open-door policy and another staff indicated communication could be better but they are getting better by writing things down which need to get passed on to the next shift.

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 indicating the organizational head shall evaluate each employee semi-annually, either directly or through middle management. An employee may receive more than two semi-annual evaluations during a year, as deemed appropriate by the supervisor. The policy further states performance evaluations shall be placed in the employee's personnel record and a copy given to the employee. A review of twelve employee personnel records revealed four were applicable for the completion of a semi-annual evaluation and the evaluations were found in each employee's record. The eight employees who did not have evaluations had not been employed with the program for six months when evaluations were completed; therefore, were not required to have one completed. All evaluations critique each employee on their workplace fundamentals, job specific criteria, and provide them with goals to achieve during the next evaluation period. All reviewed evaluations were signed by the supervisor completing the evaluation and the employee. The program maintains job descriptions on all types of employees. A review of the program's job descriptions revealed they include a position definition and summary, position expectations and essential functions, position requirements, knowledge, skills and abilities, equipment utilized by the person in the position, physical requirements of the job and the working environment for the position. All twelve reviewed employee records contained a job description, which was signed by the employee upon hire. During an interview with the facility administrator (FA), it was confirmed semi-annual evaluations are completed to provide feedback to employees regarding their performance, which includes each employees' implementation of the program's positive performance system and overall job duties. The FA also indicated employee evaluations contain goals for the employee to strive for over the next review period.

Standard 2: Assessment and Performance Plan

Overview

The program has a director of case management who acts as the program's only case manager. The program also has a transitional services manager (TSM); however, the program has recently filled the position for the first time and the individual is currently finishing the program's on-the-job training curriculum. The case manager is responsible for notifications and contacts with the youths' parents/guardians, juvenile probation officers, and committing court. The case manager also completes risk classifications, the Residential Positive Achievement Change Tool (R-PACT), the Youth Needs Assessment Summary (YNAS), performance plans, and progress reports. When the TSM is fully trained, they will handle all transition planning for the youth and will assemble an exit portfolio for each youth with vocational certificates earned in the program, educational records, transcripts, résumés, and completed job applications to assist youth when released back into the community. During the current annual compliance review period, all transitional planning was completed by the case manager. The program contracts with the Hillsborough County School Board to provide educational services to the youth at the program.

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 a written policy and procedures requiring the program to contact each youth's parent/guardian by telephone within twenty-four hours of admission, and written notification within forty-eight hours of each youth's admission into the program. Five youth case management records were provided for review and all records demonstrated initial contacts within the appointed timeframes to the parent/guardians, juvenile probation officer (JPO) and courts through written and verbal forms of communication. The program could demonstrate these contacts through call logs, a program admission form, and through copies of letters maintained in each youth's case record. All five records demonstrated the practice of notifying the parent/guardian, JPO, and courts on the day of 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.	

The program has a policy and procedures in place regarding new youth orientation process. The program has a youth handbook which is broken down into two parts, the behavior modification/ranking system and the youth policy and procedures. The handbook contained all required elements listed in the Florida Administrative Code 63E-7.005. The program also has a parent handbook, which is mailed to each youth's parent/guardian upon admission. A review of five youth case management records revealed each youth received a copy of the youth handbook upon admission to the program. Four of the five youth admissions were documented in the program's logbook. One youth's admission was documented on the day they were

admitted to the program, except it was documented on the wrong line in the program logbook, and the line indicated the youth was out of placement and not admitted to the program. All five youth case records contained an orientation checklist signed by the youth indicating all required elements were reviewed with them on the day of their admission. There were no youth admitted to the program during the annual compliance review; therefore, the program's admission and orientation process could not be observed. Five youth were interviewed, and all of the youth indicated their orientation to the program started when they arrived at the program.

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.	

The program has a policy and procedures in place covering the requirements for written consent of youth eighteen years of age or older. One of the five reviewed youth case management records was applicable for consent by a youth eighteen year of age or older. The program provided two additional records of youth who were eighteen years of age for review of consent procedures. Two of the three applicable records contained signed consents for the release of the youth's confidential information to their parents/guardians; however, both youth revoked the consent during a future meeting with their therapist and/or case manager. The third record contained a written consent, signed on the youth's eighteen birthday, approving the release of their confidential information to their parent/guardian. The program did not have any youth under the care of the Department of Children and Families and/or Agency for Persons with Disabilities.

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 a policy and procedures in place regarding the program's classification factors, procedures, and reassessments for activities. Five youth case management records were reviewed, and four of the five records contained all required initial information for the classification factors and had reassessments completed. The fifth record was missing the identified special needs on the classification factors document; however, the program corrected the document when it was identified by the annual compliance review team. All five records contained documentation of identified or suspected risk factors. None of the reviewed youth records contained a Juvenile Justice Information System alert which affected classification for room placement. An interview with the facility administrator indicated the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2), Victimization and Sexually Aggressive Behavior (VSAB), Facility Entry Physical Health Screening (FEPHS), Assessment of Suicide Risk (ASR), gang affiliations, criminal history, history of violence, and identified special needs

are considered for youth living assignment. The documentation in the case records supported reassessments were completed, as indicated by the program's policy. All youth classification documentation is signed by each youth's treatment team. The program uses a reassessment document which is completed monthly at the youths' formal treatment team. The program does not participate in off-campus activities or work projects; however, all reassessments for the five reviewed youth records were completed prior to an increase in program privileges. The program maintains all youth risk assessments in a binder entitled risk assessments.

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.	

The program has a policy and procedures in place regarding gang identification and the notification of law enforcement. One of the five reviewed youth case management records were applicable for gang identification. The program provided two additional youth records which were applicable for gang identification. All three reviewed records contained documentation indicating local law enforcement and the youth's home county law enforcement agency were notified through a letter of the youth's gang affiliation during the youth's admission process. All law enforcement notifications are maintained in the program's gang binder. There was a lack of documentation to support the program's educational provider or local school district were informed of the youth's gang status; however, the program indicated they notify the education provider by putting a copy of the youth's face sheet and gang affiliation information in the lead teacher's mailbox, which is located within the program. An interview with the lead teacher confirmed the practice and could show the reviewer copies of the documentation provided to them from the program regarding each youth's gang affiliation. During the debriefing process, program administration advised they have created a letter they will start using to verifying gang information was shared with the educational provider.

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.	

The program has a policy and procedures in place regarding gang identification, prevention, and intervention activities. One of the five reviewed youth case management records were applicable for gang identification. The program provided two additional youth records which were applicable for gang identification. All three applicable youth's performance plans reflected required gang prevention and intervention goals and indicated the youth would participate in gang awareness groups. The program maintains all gang information in a "gang binder," which contains sample gang intervention/prevention work the three applicable youth worked on during their time in the program.

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.	

The program has a policy and procedures in place pertaining to the completion of Residential Positive Achievement Change Tool (RPACT) assessments and reassessments. Five youth case management records were reviewed and they all contained an initial RPACT assessment completed within thirty days of admission and reassessments completed every ninety days thereafter. Each youth's RPACT identified the youth's criminogenic risks and protective factors and were used in prioritizing the needs of each youth for the development of their performance plans. All RPACT assessments were maintained in the Department's Juvenile Justice Information System, as well as a copy in the youth's case 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.	

The program has a policy and procedures in place for the completion of a Youth Needs Assessment Summary (YNAS). Five youth case management records were reviewed for the completion of the YNAS and all records revealed the assessment was completed within thirty days of admission. The information gathered from the YNAS was used in prioritizing the needs of each youth when developing their performance plans. All YNAS assessments were completed and documented in the Department's 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.*	

The program has a policy and procedures in place regarding performance plan development, goals, and transmittal. Five youth case management records were reviewed, and all records contained a developed performance plan with goals, which matched each youth's assessed needs and were transmitted to the required parties on time. One of the reviewed records contained an initial performance plan which had a goal missing and the plan did not reflect the

appropriate prioritization of goals. The noted errors were corrected during the youth's first performance plan review. All five records had documentation to support the individualized performance plans were completed within thirty days of admission and were completed after the initial assessments. All five performance plans documented youth responsibilities, staff responsibilities, and target dates for goal completion. Three of the five reviewed records contained performance plans with parental signatures. The other two records contained emails and letters to the parents/guardians requesting their signatures on the performance plans; however, the program never received signed plans back from the parents/guardians. The credentialing entity used by the program for educational and career programing is Hillsborough County Schools. All five youth reported during their interviews they participated in the development of their performance plans. All interviewed youth could express an understanding of their current performance plans and goals. Three of the interviewed youth reported they received copies of their performance plans and two stated they had not.

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.	

The program has a policy and procedures in place pertaining to performance plan revisions. A review of five youth case management records revealed four of the records were applicable for performance plan revisions. The four records were applicable for performance plan revisions based on target date extensions. The performance plan reviews for all four records had documentation of the youths' progress on their current goals, and none of the goals had been successfully completed yet. There were cases where some of the goals interventions were completed; however, none of the goals had all interventions completed at the time of the annual compliance reviews. One of the records had a performance plan revision when the initial performance plan was found to have a mistake of an incorrect goal. The program corrected the mistake during the youth's first formal treatment team meeting. All youth performance plans were maintained in each youth's case record.

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.*	

The program has a policy and procedures in place for performance summaries and transmittals. All five youth case management records demonstrated the practice of performance summaries being reviewed every ninety days. All five records demonstrated the performance plans and ninety day reviews were completed within the designated timeframes. All youth performance summaries included all required information except for high school credits. Four of the five reviewed performance plans did not include information regarding the youth's high school credits. The fifth youth was currently in middle school and did not require high school credits on their performance summary. It should be noted the Florida administrative code for performance

planning does not indicate school credits are required to be documented on each youth's performance summary. Two of the five reviewed performance summaries had written statements by the youth which stated, 'no comment.' The three remaining summaries had the youth's comment section left blank. During the debriefing process, the program informed the annual compliance review team they will ensure the youth write either a comment or the word none in the youth comments section to demonstrate the youth was at least give the opportunity to comment on their performance summary. An interview with two of the three youth who left the comment section of their performance plans blank indicated they know they can read and add comments to their performance plan but choose not to. The third youth was not on-site to be interviewed to ensure they could comment on their performance plan. An interview with five youth indicated they are receiving copies of their performance summaries which were transmitted to the court. All five reviewed records had documentation to support each performance summary was signed and dated by all required parties and were transmitted to all required parties within ten working days of completion. Three closed records were reviewed for release summary information, and all applicable records contained supportive documentation signed and sent to the correct parties within the required designated timeframes. Two of the three reviewed records had release summaries sent within forty-five days of their release. The third record revealed the youth's release summary was sent within ninety days of their release due to being in the sexually violent predator program (SVVP). All required SVPP information was sent to the youth's juvenile probation officer with all required timeframes and the victim notification letters were also mailed out twenty-one days prior to the youth's release.

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 a policy and procedures in place regarding parent/guardian involvement in case management services. A review of five youth case management records demonstrated active involvement from each youth's parent/guardians, specifically for assessments, performance planning, and other meetings. Letters are also sent to each parent/guardian upon each youth's admission to the program, inviting them to participate in the scheduled treatment team meetings, the youth's Youth Needs Assessment Summary (YNAS), as well as to obtain collateral information for other assessments, performance planning, and transitional planning. During the annual compliance review, two formal treatment teams were observed where the treatment team leader reached out to each youth's parent/guardian by telephone. One of the five reviewed records was for a youth who was over the age of eighteen; therefore, the program provided two additional records for youth over the age of eighteen. All three applicable records contained written consent for sharing youth's confidential treatment information with the youth's parent/guardian, until two of the youth revoked the privilege. Since the youth revoked the sharing of information with their parents, no confidential information has been shared with the two youth's parents/guardians. The program's current contract does not require performance expectations in regard to parental contact.

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.	

The program has a policy and procedures in place regarding members of the treatment team. The program's policy outlines each member of the treatment team for each youth in the program. The policy indicates, at a minimum, a multidisciplinary intervention and treatment team shall be comprised of the following: youth, parent/guardian(s), juvenile probation officer (JPO), representatives from the program's administration (facility administrator or director of clinical services), representative from the residential living unit (assistant facility administrator (AFA), shift supervisor, or youth care worker), other's directly responsible for providing or overseeing provisions of intervention and treatment services to the youth (case manager or therapist), and education staff (who may provide information in writing). The appointed treatment team leader for all youth in the program is the AFA of the program, who is currently transitioning from the director of case management position. A review of five case management records revealed each youth's treatment team was comprised of at least one member from each category listed in the policy. The review further confirmed each member signed a treatment team form indicating their participation; however, if they participated by telephone, the case manager noted this on the person's signature line. Education staff provided written documentation regarding the youth's grades and educational progress, for every treatment team. None of the records were applicable for representative from the Department of Children and Families and/or Agency with Persons with Disabilities to be present for the treatment team meetings. During observations of two formal treatment team meetings, both the parent/guardian and JPO were contacted by telephone. Both parents/guardians answered the call and participated in the meeting, while one of the JPOs answered and participated by telephone. The AFA left a voicemail for the other JPO, who did not answer.

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.	

The program has a policy and procedures in place to ensure the incorporation of other agencies treatment or care plans into each youth's performance plans. A review of five youth case management records revealed each youth's performance plan contained goals or information from the mental health and substance abuse treatment plans, educational plans, and medical plans. The program did not have any youth who had Department of Children and Families or Agency for Persons with Disabilities plans, which needed to be incorporated into a performance plan.

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.

The program has a policy and procedures in place regarding formal and informal treatment team meeting reviews. The policy indicates formal treatment team meetings occur every thirty days and informal treatment team meetings occur on a bi-weekly basis with the youth and case manager. All five reviewed youth case management records demonstrated formal and informal reviews were completed within the timeframes listed in the policy, and all required information was located within each case record with minor exceptions. In two of the reviewed records, one formal treatment team meeting was missing the nurse's signature; however, the nurse is not a mandated participant according to the program's policy. One youth's March 2018 performance plan indicated the juvenile probation officer (JPO) attended the meeting and had documented attempts to contact the JPO; however, there was no JPO signature denoted on the plan. The program indicated the JPO was present at the meeting by telephone and corrected the youth's performance plan to reflect the correct information. The same youth had an informal treatment team meeting on June 19, 2018 where the case manager signed on the parent/guardian participation line instead of their own. The same informal plan did not have the youth's current program level noted and the box indicating formal/informal meeting was not checked. The program case manager corrected all of the minor exceptions while the annual compliance review team was on-site. All five youth records had documentation to support the youth's performance was reviewed during treatment team meetings, and all parties were encouraged and invited to participate, and those who could not make it are given an opportunity to provide input. The program ensures participation by sending out invitation letters prior to the youth's treatment team and by calling on the day of the meetings.

During the annual compliance review, two formal treatment team meetings were observed; all required participants were present at the meeting, and the education department provided written information prior to the meeting. The discussion in the meetings reflected the required progress updates, such as positive and negative behaviors. Each department was given a turn to provide insight into the youth's progress in the program. The youth provided input on their progress in the program and discussed what skills they were currently working on. The parent/guardian and JPO were also given an opportunity to provide input and ask questions. All five reviewed youth case management records had the youth's anticipated release date located on their performance plan. One of the five reviewed records demonstrated a change in the original anticipated release date from June 2018 to April 2019, and the information was documented on the youth's performance plan. Five interviewed youth advised they are given the opportunity to demonstrate skills they have learned in the program during their treatment team meetings, and staff review their performance in the program with them.

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

The program has a policy and procedures in place addressing career education. A review of three closed records were reviewed for youth receiving career education services. Two of the three reviewed records contained supporting documentation such as sample applications, resumes, appointments with the career source center in the youth's community, and a vocational plan. The third record contained the appointment with the career source center and a vocational plan; however, the record did not have a copy of the youth's completed application, Florida identification card, and social security card. The program provided supporting documentation of the completion of a cover letter sent with an application to Foot Locker inquiring about a job the youth applied for, as well as three separate chronological notes indicating the case manager attempts at contacting the Department of Motor Vehicles to obtain the youth's Florida identification card. The record also contained letters sent to the parent/guardian requesting the youth's social security card.

The program's vocational program is age appropriate and meets the abilities, goals, and length of stay for youth in the program. The program uses a computer technology course provided by Hillsborough County Schools. The youth are placed in specific courses based on age, ability, skills, and academic plans based on their school assessments. The courses can take between one or two semesters to complete. The lead teacher reported in their interview the program provides Type-2 vocational competency development programming which uses a personal career school development course. The career education programming includes three components of communication, interpersonal skills, and decision-making skills. These components are achieved through the personal career course and job interviewing. The career education services being offered to the youth at the program are the personal career course, and computer technical courses. The assessments used to determine career education services are workplace readiness, My Career Shines, career interest assessment, skill confidence assessment, and a work values inventory.

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.	

The program has a policy and procedures in place to ensure youth have access to educational services. The lead teacher provided documentation to support the 2018-2019 school calendar which accounts for 257 days of instruction. The daily bell schedule for the program lists 310 minutes of instruction with five fifty-minute classes and one sixty minute class. The program's school calendar shows two listed teacher work days, and the lead teacher reported the first Friday of each month, a district meeting is held off-site. The lead teacher stated the education staff does not attend the meeting every month but does attend occasionally. A review of three random weeks of logbook entries, the weeks of May 11, 2018, June 4, 2018, and July 2, 2018, was reviewed to ensure the youth at the program were receiving educational services as noted by the program schedule. A majority of the reviewed days had documentation supporting school begins and ends on time or within a few minutes of the scheduled times. The lead teacher did not indicate concerns in her interview about the school schedule. All five youth indicated in their interviews there are no issues with interference of education instruction.

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.	

The program has a policy and procedures in place regarding educational transition plans. The program has a certified guidance counselor and registrar through the Hillsborough County School District. A review of five youth case management records revealed none of the youth were in the transitional phase of the program and had educational transition plans. The program provided three additional youth closed records for review of education transition plans. Two of the three reviewed records indicated the individual transition plans were initiated during the youths' admission process and contained all requirements. The third record revealed the youth arrived at the program with their high school diploma and was not in need of an educational transition plan. One of the three reviewed youth records required post-release transition coordination, which indicated the youth was to complete their General Equivalency Diploma (GED) upon release. The other two youth were not applicable for transition coordination due to one youth being directly released from the program and having received their diploma prior to entering the program. The other youth did not need transition coordination because they earned their high school diploma after the exit conference but before their release.

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.*	

The program has a policy and procedures in place for transition planning, conferences, and Community Re-Entry Team (CRT) meetings. A review of five youth case management records revealed none of the youth were in the transitional phase of the program. The program provided three additional youth closed records for review. All three applicable records demonstrated the transition conferences were held at the required timeframes, and all treatment team members were invited and attended the treatment conferences. Individuals who were unable to attend the meeting were provided an opportunity to provide input by being invited through letters and called by phone during the conferences. All three youth performance plans identified the needed information such as completion dates and persons responsible for completion. Copies of all transition plans were sent to required parties and there were letters in each record confirming they were sent. Two of the three youth records contained documentation the youth and program participated in a CRT meeting; however, the third youth did not participate in a CRT meeting because they were directly released from the program. The two applicable youths' CRT meetings were conducted prior to the youth's release, and there was documentation the

program received an invitation to the meetings, and the case manager and youth participated in the meetings.

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.	

The program has a policy and procedures in place for the completion of exit portfolios. A review of five youth case management records demonstrated the youth were not in the transitional phase of the program. The program provided three additional closed records which were applicable for the completion of exit portfolios. All three applicable records had documentation supporting the exit portfolio was discussed and initiated at the transition conference and was documented on the transition plan. One of the three reviewed records had all required items in the exit portfolio, except an identification card. The assistant facility administrator (AFA) reported they forgot to make a copy of it; however, the program was able to present items such as the social security card for the youth in which an identification card is needed to obtain. There was also documentation in the chronological notes the identification card was obtained. The second reviewed record did not have a copy of the youth's identification card, social security card, or a completed sample job application. The AFA provided documentation of a cover letter sent to the company Foot Locker where the youth applied for a job, and they also provided chronological notes indicating attempts of getting the Department of Motor Vehicles to come to the program to obtain the youth's identification card. The AFA further explained a social security card can only be obtained with a state identification card, which the youth was unable to obtain; therefore, the social security card was also not able to be obtained. The record had all other required documentation. The third reviewed record contained all required documentation except for the youth's birth certificate and transcripts. The youth's chronological notes contained documentation the program attempted to obtain the youth's birth certificate from the youth's parent/guardian. The youth also arrived at the program with their high school diploma and did not require school transcripts. All three records had proof through copies of postage the exit portfolios were sent to the juvenile probation officer(JPO) and was given to the youth upon their release. The program's contract does not have any special provisions for exit portfolios.

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.	

The program has a policy and procedures in place regarding exit conferences. A review of five youth case management records all demonstrated the youth were not yet exiting the program. The program provided three additional records for review of the exit conference. All three applicable records contained documentation an exit conference was conducted within the designated timeframes. The documentation further revealed all required parties participated in the exit conferences, and all documentation was present in each record. All three records contained documentation the Community Re-entry Team meeting, transition meeting, and exit meeting were all conducted on different occasions.

Standard 3: Mental Health and Substance Abuse Services

Overview

Hillsborough Girls Academy is a residential program providing mental health overlay services (MHOS) for high and/or maximum-risk girls. The program has a licensed mental health counselor (LMHC) who serves as the designated mental health clinician authority (DMHCA) and is responsible for the coordination, implementation, and oversight of all mental health and substance abuse treatment services in the program. The program also has a second LMHC and two non-licensed mental health clinical staff, with one being part time, to provide mental health and substance abuse services to the youth. The program has an agreement with a medical doctor to serve as the program's psychiatrist to provide services weekly and is on-call for emergency consultation twenty-four hours a day. The psychiatrist has an advanced registered nurse practitioner (ARNP) to serve as the backup psychiatrist on an as-needed basis. The program also has an agreement with a psychologist to provide services, as needed. The program is licensed under Chapter 397, F.S. to provide outpatient treatment to the youth. The program has identified the Children's Crisis Center of Tampa Bay in Tampa, Florida as the crisis stabilization unit to be utilized for Baker Act proceedings, the program also utilizes St. Joseph's Hospital for those youth eighteen years or older, and the juvenile Addictions Receiving Facility (ACTS) for Marchman Act proceedings.

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 program has a licensed mental health counselor who serves as the program's designated mental health clinician authority (DMHCA). The DMHCA is on-site at least forty hours a week, five days a week, with additional hours as needed. They are also on call twenty-four hours a day, seven days a week for consultation. An interview with the DMHCA verified the program provides mental health overlay services (MHOS) and they are responsible for the administrative oversight and management of mental health and substance abuse services in the program. The DMHCA reviews and signs all documentation submitted by the therapist and provides weekly face-to-face direct supervision to all non-licensed mental health clinical staff who provide services to the youth. The DMHCA conducts fidelity checks on all clinical and delinquency groups and maintains a caseload, as needed, conducting individual and family sessions.

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 two licensed mental health counselors (LMHC) on staff, of which one is designated as the designated mental health clinician authority (DMHCA), and both are on-site at least forty hours a week. The program also has an agreement with a medical doctor to serve as the program's psychiatrist and who has completed graduate medical education in psychiatry and child and adolescent psychiatry. The psychiatrist is on-site weekly and is on call twenty-four hours a day, seven days a week for consultation. The program also has an advanced registered nurse practitioner (ARNP) to serve as the backup to the psychiatrist on an as-needed basis. The program has an agreement with a psychologist to provide services, as needed. A review of licenses found all licensed staff have clear and active state licenses.

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 program has two non-licensed mental health clinical staff, with one being part time. The program has used seven non-licensed mental health clinical staff during the annual compliance review period. All non-licensed clinical staff were master-level with the appropriate field of study and proper training. The program is licensed under Chapter 397, F.S. to provide outpatient treatment. A review of the clinical supervision log found all non-licensed clinical staff received one hour of on-site, face-to-face supervision each week they provided a service to the youth. The documentation of the direct supervision was recorded on a form; which, included all of the information on form MHSA 019. The licensed mental health professional also reviewed all Assessment of Suicide Risks (ASR), follow-up ASRs, crisis assessments, and comprehensive mental health and substance abuse bio-psychosocial evaluations conducted by the non-licensed staff.

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 completes the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) for all youth admitted to the program. The MAYSI-2 is completed in the Department's Juvenile Justice Information System (JJIS) by a trained staff member, on the day of admission, and in a confidential manner. The program also competes a screening for vulnerability to victimization and sexually aggressive behavior (VSAB), Adolescent SASSI-A2 substance abuse subtle screening inventory (SASSI), and Assessment of Suicide Risk (ASR) on all youth to identify those youth at risk for mental health and substance abuse issues. A review of five youth mental health records found they all contained a MAYSI-2 and confirmed the program reviews

the youth's commitment packet during the admission process along with all other available documentation. The licensed mental health professional also reviewed and signed all ASRs conducted by non-licensed clinical staff within twenty-four hours or when they were next on-site. An interview with the facility administrator (FA) confirmed the program utilizes the above listed forms to identify youth at risk for mental health and substance abuse issues. The FA further indicated the program also provides comprehensive mental health and substance abuse evaluations on all youth within thirty days of their 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.	

All youth are referred for a comprehensive mental health and substance abuse bio-psychosocial evaluation even if they did not have a hit on the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) completed during the admission process. A review of five youth mental health records found all of the records contained a new comprehensive mental health and substance abuse bio-psychosocial evaluation completed within thirty days of admission and the licensed mental health professional reviewed and signed all evaluations completed by non-licensed clinical staff within ten days of completion.

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.*	

All youth are assigned to a treatment team upon admission to the program. The treatment team is comprised of the youth, therapist, case manager, medical, living unit representative, administration, education, and parent/guardian, if available. A review of five youth mental health records confirmed all youth were receiving individual sessions, group, and family counseling in accordance with their individualized mental health treatment plan. The mental health treatment notes were documented on a form which contained all of the information on form MHSA 018. All records contained a signed youth consent for substance abuse treatment form and youth consent for release of substance abuse treatment records. All youth had a properly executed Authority for Evaluation and Treatment (AET) form in their individual health care record. One youth turned eighteen while in the program and they signed a new AET for youth eighteen years and older on their birthday. A review of documentation confirmed the mental health groups did not exceed ten youth in a group and the substance abuse groups did not exceed fifteen youth in a group. Five direct care staff were interviewed and indicated they did not facilitate mental health groups; however, the youth did participate in those groups. Observation of multidisciplinary treatment team meetings confirmed the treatment team consisted of the required individuals. Observations of mental health groups confirmed the groups did not exceed ten youth and substance abuse groups did not exceed fifteen youth.

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.*	

Five mental health and substance abuse records were reviewed for treatment and discharge planning. All records contained an initial treatment plan which was completed on the day of admission. The initial treatment plan contained all of the information required in form MHSA 015. The plans were signed by the youth, mental health clinical staff who developed the plan, case manager, living unit representative, and administration, and was reviewed with the parent/guardian. All records contained an individualized treatment plan which was completed within thirty days of admission. The plans were signed by all members of the treatment team to include the parent/guardian if they came to the program for a future treatment team review and all plans were signed by the licensed mental health professional within ten days of completion. A review of five youth mental health records confirmed treatment plan reviews were conducted every thirty days following the development of the individualized treatment plan. None of the reviewed records were applicable for discharge planning; therefore, three closed records were reviewed. All three closed records contained a copy of the mental health discharge summary. None of the youth required notification to the parent/guardian and juvenile probation officer (JPO) due to the youth having a suicide alert or being on suicide precautions. All summaries included services needed for daily maintenance of the positive improvement in behavioral, emotional, and social skills made by the youth during treatment. Documentation confirmed the discharge summary was discussed with the youth, parent/guardian, and JPO during the exit conference. Documentation was also present indicating a copy of the discharge summary was provided to the 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 provides mental health overlay services as their specialized services provided to the youth. The program provides individual sessions on a weekly basis, group seven days a week, and family therapy monthly. Therapeutic activities are provided daily by mental health clinical staff. The program is licensed under Chapter 397 for outpatient treatment and youth with co-occurring substance abuse disorders receive substance abuse services, and a psychiatrist is on-site weekly to provide services. The program has a licensed mental health professional on site at least five days a week. Mental health clinical staff are on-site seven days a week, and the counselor case load does not exceed ten youth. The program also has an agreement with a psychologist to provide services as needed; however, they have not utilized the psychologist services during the annual compliance review period.

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 an agreement with a medical doctor to serve as the program's psychiatrist and they are on-site weekly and when on-site, they meet with the medical and mental health staff to discuss those youth on psychotropic medications. The psychiatrist is also on call twenty-four hours a day; seven days a week. There is also an advanced registered nurse practitioner (ARNP) to serve as a backup as needed for the psychiatrist. A review of the sign-in log for the past twenty-six weeks found the psychiatrist was on-site weekly every week except for three weeks. The ARNP was on-site for two of those weeks and the third week, another psychiatrist was on-site to see the youth and meet with the medical and mental health staff. A review of licenses found all were clear and active and the collaborative practice protocol with the ARNP was on-site and available for review. Five mental health and substance abuse records were reviewed for psychiatric evaluation, consultation, medication management, and supportive counseling. One of the five youth entered the program prescribed psychotropic medication; however, they were not taking them, and the psychiatrist discontinued them during the initial psychiatric diagnostic interview. The youth was subsequently prescribed psychotropic medication after being referred to the psychiatrist in the past month. All youth received an initial psychiatric diagnostic interview within fourteen days of admission. Three additional youth records were reviewed and two of those youth entered the program on psychotropic medication and the third was prescribed psychotropic medication after admission. The initial psychiatric diagnostic interview was completed for all youth within fourteen days of admission and was completed on the clinical psychotropic progress note (CPPN) which included all three pages. All youth prescribed psychotropic medications were seen by the psychiatrist every thirty days for medication management.

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 a written suicide prevention plan detailing their suicide prevention procedures. The plan was last signed July 2, 2018 by the facility administrator and designated mental health clinician authority. The plan addresses identification and assessment of youth, staff training of at least six hours, suicide precaution (precautionary observation and secure observation), levels of supervision (one-to-one supervision, constant supervision, and close supervision), as well as the referral process, communication, notification, documentation, immediate staff response, and review process. The suicide prevention plan did not address quarterly mock drills on each shift; however, mock drills were covered in the emergency mental health and substance abuse services plan. A review of mock suicide drills confirmed the program conducted drills quarterly on each shift.

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.*	

The program has written policy and procedures addressing suicide prevention services. Five youth mental health records were reviewed for placement on precautionary observation (PO). None of the youth were applicable for placement on suicide precautions; however, one of the youth was placed on PO after admission. The program provided two additional youth records for review of precautionary observations. All three youth were placed on PO due to staff observation. An Assessment of Suicide Risk (ASR) was conducted the same day as placement on PO. Two of the ASRs recommended placement on standard supervision and the third was placed on constant supervision. The suicide precaution observations logs were completed correctly with exception of one; which, identified secure observation as the safe housing area and the youth was not placed in secure observation. PO was authorized for all youth and mental health staff provided supportive services. Only one youth required a follow-up ASR to be completed. All youth remained on precautions until a conference was held with the facility administrator and licensed mental health professional who agreed with a reduced level of supervision. The parents/guardians and juvenile probation officers were notified of each youth's potential suicide risk. Two of the three ASRs were completed by the licensed mental health professional and the third was conducted by a non-licensed mental health clinical staff. The ASR completed by non-licensed staff was reviewed and signed by a licensed mental health professional. A review of the non-licensed staff training record confirmed they had received all required ASR training prior to conducting the ASR on the youth. A review of the log books for the dates the youth were placed on PO, found the time the youth went on precautions and the time they were placed on close supervision and returned to standard supervision were properly documented in the log books. The program has a written policy and procedures addressing secure observation; however, they did not have any youth requiring placement in secure observation during the annual compliance review period. A review of four suicide alerts confirmed the alerts were entered and closed correctly in the Juvenile Justice Information System. Five staff were interviewed and all stated they would notify mental health if a youth expressed any suicidal thoughts and document supervision of the youth. Four of the staff also stated the youth would be placed on constant sight and sound, and two stated they would inform their supervisor. Three of the five staff indicated there was a knife-for-life in master control and in the youth dormitories.

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.	

The suicide precaution observation logs for three youth placed on precautionary observation were reviewed. All logs were maintained for the duration the youth was on suicide precautions, the staff documented the youth's behavior in real time at intervals which did not exceed thirty minutes. Warning signs were documented, and mental health clinical staff and administration were notified, each log was reviewed and signed by the shift supervisors, and mental health clinical staff reviewed and signed the logs daily. The suicide precaution observations logs were completed correctly with exception of one; which, identified secure observation as the safe housing area and the youth was not placed in secure observation. The three youth placed on suicide precautions were interviewed and all stated staff were with them always and they were never left alone while on suicide precautions.

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.	

Training records were reviewed for five pre-service and five in-service staff for suicide prevention training. All ten staff received two hours of web-based training from the Department's Learning Management System, SkillPro. Also, all pre-service staff had four and a half hours of instructor-led training and all in-service staff received four hours of instructor-led suicide prevention training. Reviewed documentation confirmed the program is conducting quarterly mock drills on each shift. Nine of the ten staff participated in quarterly mock drills in response to a suicide attempt or self-inflicted injury. The one staff who had not participated in a mock drill was hired in the current quarter. A review of the medical drills confirmed they were conducted on a quarterly basis for every shift and included the use of the suicide response kit and the demonstration of CPR techniques. Five staff were interviewed and each indicated they participated in suicide and medical drills.

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 written mental health crisis intervention services plan. The plan addresses the notification and alert system, means of referral to include youth self-referral, communication, supervision (one-to-one supervision, constant supervision, and close supervision) and documentation, and review. The plan was last signed July 2, 2018 by the facility administrator and designated mental health clinician authority.

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 had three youth who required the completion of a crisis assessment during the annual compliance review period. The program uses the crisis assessment form MHSA 023 and the assessments were conducted by a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional. The crisis assessments were conducted within two hours of the incidents. Two of the three youth did not require an alert be entered in the Department's Juvenile Justice Information System (JJIS) as they were recommended to remain on standard supervision. The third youth had the appropriate alert entered and closed in JJIS by the authorized staff member and remained on constant supervision with checks documented on the Mental Health Alert Observation Log. The youth who remained under observation until a follow-up mental status examination was conducted to indicate they could return to standard supervision. A review of the program's log book found the youth's name was entered in the log book as being under a mental health status on the date the crisis assessment was conducted and placed on constant supervision. Once the youth was returned to standard supervision there was a log book entry documenting the placement of the youth back on standard supervision. There were no youth who received an off-site 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 written emergency care plan which address immediate staff response, notifications, communication, supervision, authorization to transport for emergency mental health or substance services, transport for emergency mental health evaluation and treatment under Chapter 394 FS (Baker Act), transport for emergency substance abuse assessment and treatment under Chapter 397 (Marchman Act), documentation, training to include mock drills and review. The program has identified the Children's Crisis Center of Tampa Bay in Tampa, Florida as the crisis stabilization unit to be used for Baker Act proceedings. The program also uses St. Joseph's Hospital for those youth eighteen years or older, and the juvenile addictions receiving facility (ACTS) for Marchman Act proceedings. The emergency care plan was last signed July 2, 2018 by the facility administrator and designated mental health clinician authority.

3.17 Baker and Marchman Acts (Critical)	Non-Applicable
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 has not had any Baker or Marchman Acts during this annual compliance review period; therefore, this indicator is non-applicable.

Standard 4: Health Services

Overview

The program has medical staff providing services to youth at Hillsborough Girls Academy. This includes a medical doctor identified as the designated health authority (DHA). The DHA is on-site once a week for a two-hour period. Two full-time registered nurses (RN) are on site Monday through Friday from 7:00 a.m. to 3:30 p.m. The nurses are responsible for sick call, medication administration, inventories, referrals, follow-ups, and chart documentation. After-hour medical services include a nurse from a residential program co-located on the TrueCore complex compound. The program utilizes the Hillsborough County Health Department for immunization services and tuberculosis medication follow-up. The program provides on-site x-ray contracted services and off-site optometrist services are made available to the youth. Psychiatric services are provided to youth by a contracted psychiatrist who is on-site weekly to conduct evaluations, prescribe medication, and monitor youth on psychotropic medications. Human Immunodeficiency Virus (HIV) counseling and testing services are provided by Metro Wellness Center from a certified counselor. The observed clinic area was clean and well organized. The program maintains an individual healthcare record for each youth. All healthcare records were labeled confidential and organized with tabs, as required by the Department's Health Services Manual and Health Services Rule.

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 program has a designated health authority (DHA) responsible for ensuring medical oversight. The DHA is on-site weekly. Sign-in sheets were reviewed from February 2017 through August 2017, which confirmed the DHA conducted weekly on-site visits. The DHA holds an active and clear unrestricted medical license in the state of Florida. The DHA is available twenty-four hours a day, seven days a week by phone for acute medical concerns, emergency care, and coordination of off-site care. The DHA has a contract with licensed medical doctor (MD) for absent coverage. An interview with the DHA confirmed this practice of conducting regular meetings with the health services administrator (HSA) to discuss medical issues for each youth at the program.

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 program has written health-related facility operating procedures (FOP) and protocols signed by the designated health authority (DHA), psychiatrist, corporate officer, and facility administrator. All parties signed the FOPs on July 9, 2018. The registered nurse reviewed and signed the FOPs on July 11, 2018, along with the protocols. A review of the healthcare policies and nursing protocols documented each nursing staff reviewed and signed a cover sheet to indicate they read the FOPs and any new health-related Department policies.

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.	

Five youth healthcare records were reviewed and contained a copy of a signed Authority for Evaluation and Treatment (AET) by a parent/guardian and witnessed by a Department representative verifying the form was completed. One record contained an AET for a youth who was eighteen years of age. There were no samples of youth in the care of the Department of Children and Families (DCF).

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.	

Five youth records were reviewed for documentation of parental notification. Each of the records contained appropriate notification to the youth's parent/guardian for medical care, vaccinations/immunizations, medication changes, and any changes in the youth's medical status. Notifications were made by sending the information through regular mail, certified mail, and telephone notification, which were witnessed by another staff member. There were no applicable cases for review of a youth who presented the same medical complaint three or more times.

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.	

A review of five youth healthcare records confirmed three records contained documentation indicating the Clinical Psychotropic Progress Note (CPPN) was sent to the parent/guardian for new medications, adjustment of medications and discontinuation of medications. The three applicable CPPNs, along with explanatory information, were sent by certified mail. The three applicable healthcare records contain documentation of written, verbal, and witnessed verbal notification when a psychotropic medication had been increased, decreased, or discontinued by the provider. Documentation of parental telephone notification was located either on page three of the CPPN or in the nursing progress notes. There were no youth in the care of the Department of Children and Families (DCF) in the reviewed sample.

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).	

The program has a written policy and procedures for verifying youth immunization status upon admission. The admitting nurse documents the current immunization status and the need for any additional immunizations. Each of the five reviewed youth healthcare records documented this review took place upon admission to the program. None of the reviewed records were applicable for religious exemption from immunization. An interview with the regional health services administrator indicated medical has thirty days from admission to obtain consent for

and administer necessary vaccinations, and the parent/guardian must provide the vaccination exemption from their local health department if they wish to file a religious exemption.

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.	

A review of five youth healthcare records indicated each record contained a healthcare admission screening which were completed on the date of each youth's admission. A licensed practical nurse (LPN) completed all of the screenings, utilizing the Facility Entry Physical Health Screening (FEPHS) form. The designated health authority (DHA) is notified of all youth admitted to the program. All FEPHS forms were completed by a LPN or higher.

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.	

A review of five youth healthcare records, medical alert logs, and the alert board confirmed the program has an internal alert system which is updated daily and matches the alert information contained in the youth healthcare records. The program maintains a white board used in the conference room to remind staff of all medical alerts. All five interviewed staff confirmed they were informed of youth medical alerts through the alert forms, shift meetings, and the alert board.

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.	

A review of five youth healthcare records documented each youth received a general healthcare orientation completed the day of admission. Each of the records contained documentation the youth received a healthcare services orientation information upon admission and addressed sick call, emergency need for medical care, medication administration, medication side effects, allergies, chest pain, right to refuse care, sexual assault, and the role of health care staff. The orientation includes all required educational topics, as outlined in the administrative rule. The youth sign an orientation form to verify the information has been received from nursing staff.

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.	

The program's current practice is to notify the designated health authority (DHA) of the medical status of all youth admitted to the program. The five reviewed youth records documented the DHA was notified on the day of admission. The nursing notes documented any directions and/or orders given by the DHA regarding the care of the youth. Reviewed documentation supports the program maintains a chronic physical health condition roster. None of the five reviewed youth healthcare records indicated a youth was in need of an emergency response.

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.	

The program has a written policy and procedures in place to address healthcare admission rescreening. The policy provides direction to nursing staff on the completion of a new Facility Entry Physical Health Screening Form (FEPHS) form when the physical custody of a youth changes and the youth subsequently returns to the program. A review of five youth healthcare records confirmed three youth were applicable for nursing staff completing a new FEPHS form when the physical custody of a youth changed, and the youth subsequently returned to the program. All three FEPHS forms were completed by the program's LPN upon the youth's return to the program.

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.	

A review of five youth healthcare records revealed the licensed practical nurse (LPN) completed a new Health-Related History (HRH) form upon each youth's admission into the program. The designated health authority (DHA) signed the HRH prior to the completion of the Comprehensive Physical Assessment (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.	

A review of five youth healthcare records confirmed each youth record contained a new Comprehensive Physical Assessment (CPA) completed by the designated health authority (DHA). All five reviewed records contained a new CPA which was completed within the seven-day time frame. All the CPAs were completed in accordance with the Department's administrative rule requirements. All reviewed healthcare records documented an update of the Department's Problem List. A body mass index (BMI) graph and printout are completed upon admission for all youth utilizing the Centers for Disease Control and Prevention (CDC) guidelines.

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

A review of five youth healthcare records confirmed each youth was offered and consented to gynecological examinations. Exams are conducted off-site at the Exodus Women's Center. All youth were provided with a qualitative urine pregnancy test. All sexually active youth were offered a pelvic and gynecological examination.

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

A review of five youth healthcare records contained evidence a tuberculin skin test (TST) was completed on each youth. Each TST was confirmed or conducted during the completion of the Facility Entry Physical Health Screening (FEPHS) form on the youth's date of admission. Each FEPHS contained documentation of a completed TST. The results of the TST were documented on the Comprehensive Physical Assessment and the Infectious and Communicable Disease (ICD) form.

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).	

The program has a written policy and procedures to address sexually transmitted infection (STI) screening. The designated health authority (DHA) maintained physician's standing orders for routine tests, including tests for STIs to be completed upon each youth's admission to the program. Five healthcare records were reviewed, and all contained documentation each youth received a screening for STIs during admission to the program. The screening was completed, and results were maintained within each youth's record on the Infectious and Communicable Disease (ICD) form.

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 offers Human Immunodeficiency Virus (HIV) counseling and testing through a local contract with Metro Wellness Center by a certified counselor. A review of five youth healthcare records confirmed all five records contained documentation each youth was offered HIV testing and counseling. This documentation was maintained in their health care records. The results of the HIV test were found in a sealed envelope stamped "confidential." All five interviewed youth indicated they could request a HIV test.

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 explains to youth the sick call process during their orientation. Sick calls are provided daily at the program by licensed medical professionals pursuant to their scope of practice and according to protocols approved by the designated health authority (DHA). The process requires youth to complete a Sick Call Request form located outside the clinic which is accessible to all youth. The nurse then completes the sick call process and documents in the youth's healthcare records. All five reviewed healthcare records showed evidence of a request. None of the reviewed records indicated a youth presented a similar sick call complaint three or more times within a two-week period. None of the records indicated a youth complained of any

severe pain unfamiliar to staff. All five interviewed youth indicated they see the nurse within a day or sooner after they summit a sick call.

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.	

A review of five youth healthcare records revealed each contained documentation indicating a Sick Call Request was submitted. All sick call complaints were conducted by either a licensed practical nurse (LPN) or registered nurse (RN). Sick call complaints conducted by the LPN were reviewed by the RN. All sick call complaints were documented on the Department's Sick Call Index. All sick call complaints were documented on the Sick Call Referral Log. All Sick Call Request forms were completed in accordance with the administrative rule and contained the signature of the youth indicating they had been seen by the medical staff. None of the reviewed sick calls presented with the same compliant three or more times. All five interviewed staff indicated only medical conducts sick calls.

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

The program has a written policy and procedures in place for restricted housing and/or controlled observation. One of the five youth health care records reviewed was applicable for room restriction. The program provided two additional records. All three health care records contained a health status checklist completed for each occurrence of room restriction/controlled observation, indicating the youth was seen. An interview was conducted with all three youth; they all indicated they received medical services while in controlled observation. All five staff interviewed indicated medical staff assess youth for medical needs while in controlled observation.

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 maintains a policy and procedures addressing episodic/first aid care. The program has access to emergency medical and dental care twenty-four hours a day. A knife-for-life and an automated external defibrillator (AED) are maintained in the program. First aid kits are located in each of the dorms and master control. All first aid kits were fully stocked with no expired contents. First aid kits are monitored by the program's medical staff on a monthly basis and replenished as the need arises. The program has a log indicating monthly checks to ensure the AED is working properly. Five staff were interviewed and indicated they are aware they have the right and responsibility to call 9-1-1 when necessary. Training records supported non-healthcare staff maintains current certifications in first aid and basic cardiopulmonary resuscitation (CPR) with AED training. All five healthcare records contained documentation of an episodic event which required first aid provided by the facility nurse. These events were also documented on the episodic log.

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 to address emergency care for the youth and how to facilitate an appropriate response in an emergency situation. Five interviewed staff stated they can call 9-1-1 in an emergency situation. The program has four first aid kits, an automated external defibrillator (AED), and suicide response kit. All staff are trained and current in CPR, first aid, and AED certifications. There was documentation a supervisory staff and healthcare staff received training in the use of an EpiPen. The program has postings throughout the building informing staff of their right and responsibility to call 9-1-1. The program conducts monthly emergency medical drills on all three shifts, exceeding the quarterly requirement. The program has listings of emergency telephone numbers to include the Poison Information Center accessible to all staff but not in a location accessible to the youth. During the annual review the AED was observed in a box located in the program's multi-purpose room. The AED was checked to see if it was operational and all equipment was functional. The AED test mode indicated the AED was functional. The AED battery was last changed on May 17, 2017 and expires July 2022. The AED pads were last changed on May 15, 2017 and expire in July 2017.

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.	

A review of five healthcare records indicated all five youth were referred for medical services to an off-site healthcare provider for medical or dental care. All five records contained the Summary of Off-Site Care Consultation Report form which was reviewed and signed by the designated health authority (DHA). The parents/guardians were notified in all three applicable youth records. The follow-up, referrals, and additional appointments were tracked and completed as documented in the healthcare record.

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.	

A review of five healthcare records indicated three were applicable for chronic illness and periodic evaluations. All three youth were placed on the chronic illness list. A review of documentation indicated the youth consistently received periodic evaluations at least every ninety days by the designated health authority (DHA). An interview with the DHA indicated he prefers to evaluate the youth at a minimum of every sixty days. The psychiatrist indicated he evaluates the youth every thirty days. There was no indication of lapses in care or missed periodic evolutions.

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

Three of the five youth healthcare records reviewed were applicable for youth medication to be verified upon admission to the program. All three applicable records contained documentation in the chronological progress notes indicating the designated health authority (DHA) or psychiatrist was notified of each admission and current medications each youth was taking upon admission. All three records also confirmed the youth's parent/guardian confirmed the medications the youth was taking.

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.	

A review of five healthcare records confirmed all medications had a current patient-specific label and were administered according to the prescription. The designated health authority (DHA) placed an order on the appropriate form when current medications were continued, discontinued, changed, or new medications were ordered for the youth. The program has approved protocols for over-the-counter (OTC) medications.

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.	

An observation of the medical clinic for medications revealed medications were stored and secured, as required in the Department's administrative rule. The medication storage area was inaccessible to youth. Youth prescriptions and over-the-counter (OTC) medications are maintained in a locked medical cart. The medical cart contains separate storage areas for different medications, and a separate area for each youth with prescribed medications. The medical cart is stored in a locked room when not in use during medication administration. A working and bulk stock of OTC medications and sharps are stored in locked cabinets located in the clinic. The program has a process for the disposal and destruction of expired or discontinued medications and contracts with Stanley Pharmacy as the consultant pharmacist who is responsible for the disposal of expired medications. The clinic is clean and very well organized.

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

The program has a policy and procedures for inventory of medication and sharps, which also includes how to report discrepancies. All medication and sharps are securely stored in the medical clinic. A review of three youth's Medication Administration Records (MAR) was conducted and documentation confirmed the program maintains perpetual daily inventories for all prescription medications. Perpetual and weekly inventories are completed for over-the-counter (OTC) medications and sharps. The medical staff maintains inventory for all opened OTC medications. All stock supply of OTC medications is inventoried weekly with a perpetual

count recorded. A review of the last six months of inventories for three identified sharps, three youth medications, and three OTC medications was conducted during the review and no discrepancies were found.

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 policy and procedures in place for the perpetual inventory of controlled medications; however, the program had no controlled medications on-site during the annual compliance review to inventory and did not have any records on-site for previously inventoried controlled medications since the information was forwarded to the Juvenile Probation Officer upon the youth's release. The reviewer did observe the program has a locked box within the locked medical cart where all controlled medications are stored when they are on-site.

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.	

The program utilizes a pre-printed pharmacy Medication Administration Record (MAR), which contains each youth's name, Departments identification number (DJJID), date of birth, any allergies, any precautions, medical grade, medical alters, and a current picture. Five individual youth MARs were reviewed and contained all required elements. Three youth were admitted with medication which matched the initial MAR. There were no lapses and/or errors in medication administration. Weekly side effect monitoring was documented on the MARs. All five interviewed youth and staff indicated youth receive medication from the nurses.

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.	

Medication administration was observed during the annual compliance review. The registered nurse (RN) administered the medication. Medications were administered to youth in accordance with the five rights of medication administration. Youth stand at the doorway and do not have access to the medical cart. A staff was positioned with the youth to ensure the medication is taken appropriately. Youth swallowed the medication in the presence of the nurse and direct care staff. The youth was asked to cough and to sweep out their mouth by both the RN and direct care staff. None of the reviewed youth records contained a refusal for medication and none of the youth observed receiving their medication refused their medications. The program does have a form which clearly documents a youth's refusal to take their medication. When the form is used it is maintained in the progress note section of the youth's individualized medical record and signed by the youth and nurse who observed the refusal. The working space was observed to be clean and organized. All five interviewed youth indicated they receive their medication from the nurses.

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.	

A review of training documentation confirmed there were five staff who have been trained to assist youth with self-administration of oral prescription medications or over-the-counter (OTC) medications, when the licensed nurses are not on-site. The program has a policy and procedures in place to support the practice. There was no documentation in any of the medical records reviewed to indicate non-healthcare staff administered medication to the youth. All five interviewed youth indicated they receive their medication from the nurses. All five interviewed staff indicated the nurse gives medications to the youth. Additionally, two of the five staff further indicated a trained supervisor may give medications to a youth and another staff indicated a trained youth care worker II can assist youth with self-administration of medications.

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.	

A review of five healthcare records indicated three records were applicable for youth who entered the program on psychotropic medications, and the designated health authority (DHA) and the psychiatrist were notified at the time of each youth's admission. The program practice is for the youth to continue taking the psychotropic medication, as prescribed, until the initial diagnostic psychiatric interview is completed by the psychiatrist. The initial diagnostic psychiatric interviews were conducted within fourteen days of each youth's admission. The psychiatrist provided monthly medication monitoring to each youth which addressed all elements required by the administrative rule. The psychiatric evaluations were documented on the Clinical Psychotropic Progress Note (CPPN). When applicable, parent/guardian verbal contact or attempted contact was documented on page three of the CPPN. All CPPNs were signed and dated by the psychiatrist. A review of operating procedures revealed no standing or emergency orders for psychotropic medications. When a practitioner places an order and it is prescribed, Tardive Dyskinesia monthly monitoring is conducted for youth who are prescribed antipsychotic medications.

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 has infection control procedures which include prevention, containment, treatment, and reporting requirements, based on the Occupational Safety and Health Administration (OSHA) federal regulations and the Centers for Disease Control and Prevention (CDC) guidelines. The infection control procedures address all required types and categories of diseases outlined in the administrative rule. The plan includes procedures related to infectious diseases such as tuberculosis, hepatitis, HIV, common self-limiting illnesses, common diseases of childhood, meningitis, scabies, lice, methicillin-resistant staphylococcus aureus (MRSA),

foodborne illnesses, chemical exposures, and bioterrorist agents. The program had documentation of universal precautions were included in the comprehensive education and prevention program.

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.	

All five reviewed staff training records contained documentation of annual in-service trainings in biomedical waste, blood borne pathogens, universal precautions, HIV, and site-specific exposure control trainings. Pre-service trainings also included site-specific exposure control trainings. All five reviewed youth healthcare records contained evidence of training in hand washing techniques, universal precautions, prevention of transmission of communicable diseases, and vaccinations.

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 an exposure control plan which was reviewed and signed by the facility administrator, corporate officer, and the designated health authority (DHA) July 9, 2018. The exposure control plan was written in accordance with Occupational Safety and Health Administration (OSHA) standards. The program has not had any staff or youth who have experienced a facility occupational exposure since the last annual compliance review. The program maintains the exposure control plan in the medical department.

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

The program did not have any pregnant youth healthcare records available for review since the last annual compliance review. The program maintains written policies and procedures for the physical care of pregnant youth to include nutrition and education. The program's policy stipulates the designated health authority (DHA) will work cooperatively with a local obstetrician/gynecologist (OBGYN) in the event they receive a pregnant youth.

4.38 Prenatal and Neonatal Care – Nutrition, Education of Youth, and Lactation	Satisfactory Compliance
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.*	

The program maintains a written policy and procedures pertaining to prenatal and neonatal care and education. All youth entering the program receive education on family planning, parenting skills, and pre-natal care including an educational and informative brochure documenting the same. The program provides nutritious food in sufficient quantities for all pregnant youth. Each pregnant youth receive prenatal, post-partum, lactating, and parenting education including topics directly related to healthcare and the medical risks related to pregnant adolescents. There were no pregnant youth in the program during the annual compliance review and the facility administrator reported there have been no pregnant youth admitted into the program since the last annual compliance review.

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

All non-healthcare staff received annual basic education and training on supervision of pregnant youth conducted by a licensed healthcare provider. The training included monitoring, observation, and emergency care of pregnant youth. There were no pregnant youth in the program at the time of the annual compliance review and the facility administrator eported there have been no pregnant youth admitted into the program since the last annual compliance review.

Standard 5: Safety and Security

Overview

Hillsborough Girls Academy is a secure program for female youth ages fourteen to twenty-one. The program's facility administrator and assistant facility administrator are responsible for the safety and security of the program. The program's perimeter is surrounded by dual chain-linked fences with razor wire loops at the top of the fences. The program consists of two youth dormitories, a large multipurpose room, medical clinic, two classrooms, group room, and administrative area. The program does not have a kitchen and all youth meals are prepared at another facility on the compound and transported in a warming oven to the program. The program is equipped with thirty-two cameras for closed caption television with digital video recording capacity, providing twenty-four-hour surveillance. Master control operators are responsible for all persons entering and exiting the facility, maintaining key control, and documenting all movement, headcounts, and searches in the facility logbook. The physical plant manager is responsible for tool management, along with storage and disposable of flammable, poisons, and toxic items. Additionally, the physical plant manager is responsible for all outside contractors/repairmen entering and exiting the facility and documenting inventories of all tools. The program completes daily and weekly safety inspections of the perimeter and facility. The program does not participate in any water-related activities.

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 addressing active supervision of youth committed to the program. The policy requires staff to be accountable for youth whereabouts by engaging positively with youth. The program's policy also maintains a staff to youth ratio during awake hours of one staff to six youth and a sleeping ratio of one staff to twelve youth. A review of the facility log books for past six-months found documentation of scheduled head counts being conducted at the beginning and end of each shift, along with unscheduled headcounts during each shift. Further review of the facility logbooks confirmed the program's contracted staff to youth ratio of one to six is maintained during awake hours and during sleeping hours one staff to twelve youth ratios were observed. Observations conducted throughout the four-day annual compliance review period confirmed staff consistently maintained active supervision of youth during daily activities such as school, large muscle activity/recreation activities, groups, line movements, and meals. Five staff were interviewed, and all immediately knew the count of the youth they were supervising. All of the staff could articulate the program's process for reconciliating a count when it is found to be inaccurate.

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 policy and procedures in place which outlines the program's behavior management system, which is referred to as the positive performance system (PPS). A review of the program's comprehensive PPS indicated the system promotes and protects youth rights, contains positive and negative consequences, has constructive disciplinary actions/non-punitive, opportunities for positive reinforcement, recognition of accomplishments and positive behaviors at a four to one ratio. An interview with the facility administrator (FA) revealed the program's staff, as well as the educational staff are trained in the program's PPS. The FA also indicated the PPS utilizes a balanced approach with verbal and tangible awards, incentives, and consequences of negative behaviors. The program's PPS allows youth to earn daily, weekly, and monthly incentives/rewards. The FA further indicated the supervisors and the clinical director review point cards daily and monitor the use of the PPS, as well as ensuring staff adhere to the four-to-one ratio of positive to negative feedback to youth. The FA indicated the program's PPS is clearly written and posted throughout the program. The FA indicated all youth receive a copy of the PPS at admission when they receive their youth handbook. A review of the program's youth handbook confirmed the program's PPS is outlined in the handbook. A review of five youth case management records found evidence each youth received a handbook during their program orientation and within twenty-four hours of admission. A review of five pre-service and five in-service staff training records confirmed staff received training in the program's PPS. Five staff were interviewed and stated they receive feedback regarding the PPS through staff daily and monthly meetings.

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 has a comprehensive policy and procedures regarding the infractions of the behavior management system (BMS), which is referred to as the positive performance system (PPS) at the program. The PPS is inclusive of a point card and a level system. The point cards and level system give youth an opportunity to gain rewards or privileges as they progress through treatment and advance further in the level system. The PPS does not include the use of room restriction but uses treatment team referrals and level freezes as consequences for behavior and may include the use of controlled observation. Controlled observation is only used in cases where the youth's aggression escalates and there is a need to secure youth for the

safety to themselves or other youth. The program maintains a point card for each youth where they can earn points for specific activities each day for positive completion of hygiene, meals, groups, recreation, and school. The point cards are updated throughout each day and reflect what program activities the youth positively participated in or completed. The youth can request to see their point card anytime throughout the day to see how they are progressing. The youth can use the points they earn to purchase items in the program's boutique and some of the items include hair products, personal hygiene items, snacks, and knitting yarn. The program has a youth advisory board providing the youth with the opportunity to suggest what types of rewards and incentives they can receive through the PPS. Five youth were interviewed and they all rated the PPS as good and stated they are never allowed to punish other youth. Three interviewed youth indicated the staff are consistent in the use of rewards. One interviewed youth indicated staff are not consistent in the use of rewards and indicated staff makes promises but they never follow through. The fifth youth indicated they did not know if the staff are consistent in PPS awards. The youth were also interviewed regarding PPS infractions, all five youth indicated things could not be taken away from youth as a consequence for negative behaviors and all of the youth could provide examples of consequences youth receive for inappropriate behaviors. All five staff interviewed could explain the PPS in detail and were able to provide examples of rewards the program provides as part of the PPS system.

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 a policy and procedures in place regarding ten-minute safety and security checks. The program has a digital video recorder (DVR) with thirty-two operational cameras used for surveillance. The DVR has a recording capacity and storage for a maximum of thirty days. Ten-minute checks are completed on ten-minute accountability forms, which contain the names of each youth and the room number assigned. A review of a random sample of the program's accountability forms for the past six months found staff completed ten-minute checks on each youth and their initials were on the form. All times were documented in real time. There were no discrepancies identified on any of the reviewed accountability forms. A random observation of video coverage of different days, and various times was conducted for both youth dormitories. There were no discrepancies observed in the practice of ten-minute checks. A review of the program's living unit logbook found the documentation for ten-minute checks was maintained in the logbook. The assistant facility administrator (AFA) also conducts a random review of ten-minute checks. Five staff were interviewed about accountability checks and they all indicated checks are completed every eight minutes when youth are placed behind a closed door.

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 addressing youth census, counts, and tracking. The policy requires staff to conduct informal, formal, and emergency counts and compare it to the program's daily census. The annual compliance review team was able to observe facility head counts being conducted and found master control calls for a count and staff radio the count back to master control, who documents the count in the program logbook. Counts were observed being completed and documented every thirty minutes. Each count was controlled, accurate, and cleared without issue. A review of log books for the six months prior to the annual compliance review confirmed counts are completed at the beginning and end of each shift, as well as multiple times during each shift. Counts were documented with each youth movement. Logbooks documented new admissions, releases, off-site transports, and when youth returned from off-site transports. Five staff were interviewed, and each staff knew the proper procedures for reconciling a count if a discrepancy was identified. Each staff was also able to explain when emergency counts need be completed.

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.	

The program maintains a policy and procedures regarding logbook entries. The policy mandates the logbook be bound books with numbered pages, containing a record of events, incidents, and activities. The logbook must include entries regarding emergency situations, admissions, releases, when youth are temporarily away from the program, perimeter checks, and youth being placed on and removed from heightened supervision. Six logbooks were reviewed, covering the six month period prior to the annual compliance review. The entries in each logbook were made in ink and legible. There was no use of correction fluid or erasures noted. The logbooks contained highlighted entries requiring special attention. The entries consistently included the full name and the signature of the person making the entry. The program maintains a logbook which is carried by the supervisor or lead staff on duty. According to Florida Administrative Code 63-7.016, each incoming staff shall sign and date the logbook report for the previous shift to document he or she has reviewed or was verbally briefed about its contents.

Documentation confirmed after each shift briefing, the staff printed and signed and dated the logbook indicating their briefing of the last two shifts.

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 in place regarding the control and use of keys including issuing keys, inventory of keys, tracking of keys, storage of keys, and lost or misplaced keys. The annual compliance review team observed consistent collection of program visitor keys by master control upon entry to the program. Restricted keys were maintained in a separate secure locked box, in master control. All program and visitor keys are secured in a locked cabinet located in master control. The master control operator was interviewed to determine the program's practice regarding key assignment, key inventory, and key security and they indicated they were responsible for key control in the program. The master control operator detailed the program system of key control and showed the reviewer the places where facility keys are maintained, demonstrating a thorough understanding of the importance of key security. Keys to the program's key box, the mental health, medical, and case management departments are issued only to specific personnel. It was observed all staff key rings are secured in such a way the keys cannot be removed or added and all rings are tagged with a control number for identification and inventory. When staff arrive at the program to begin their shift, personal keys are given to the master control staff, in exchange for program keys. When the shift is over, the staff turns in program keys to receive their personal keys. All visitors signing in at the program are required to turn personal keys into master control, who secures the keys in the key control cabinet. All keys not in use are secured in master control, which youth do not have access. The assignment of keys is documented on a key control log, which contains the date, key ring assigned, and signature of person providing keys and receiving keys. The master control officer documents in the logbook on every shift their review of the key cabinet. The program's policy includes procedures for lost and broken keys. The program has not reported any lost or missing keys since the last annual compliance review. Visitors to the program are required to sign in with the master control staff, where they receive a visitor badge, with a number on it, in exchange for their keys. The number on the badge corresponds with the hook on which the visitor's keys are placed in the locked key box. The annual compliance reviewer was able to observe the process of handing out keys to staff and visitors and observed the key cabinet was locked upon inspection. The master key inventory was reviewed and reconciled against the keys in the box and was found to be accurate. Interviews were conducted with five staff and all staff were able to articulate the program's key control process. The same five staff were able to describe the program's process for missing or lost 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 prevention and introduction of contraband into the facility. An interview with the facility administrator (FA) found contraband items are defined in the youth handbook and include obvious risks to security which are items such as weapons, tools, dangerous chemicals, drugs, alcohol, tobacco, money, lighters, cell phones and pornography. The policy requires all youth to receive a copy of the youth handbook, which outlines the program's contraband policy and specifically outlines items which are considered contraband. Five youth case management records were reviewed, and each record contained documentation each youth received a youth handbook upon their admission. There was also documentation in each record the case manager reviewed the program's contraband policy with each youth during the orientation to the program. The program documents the review of the contraband policy with the youth on an orientation checklist, which was in each of the five reviewed records and was signed by the youth and case manager. During the tour of the program, the reviewer observed the required contraband signage for visitors and staff, which complies with the residential assistant secretary's 2015 contraband memorandum and Florida administrative code. The FA indicated during their interview, if contraband is found, it is reported, documented, and disposed of properly, if it was determined not to be illegal. If it was determined illegal, then law enforcement would be contacted.

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.

The program conducts searches according to their policy and procedures and as outlined in the Protection Action Response (PAR) manual. Review of supporting documentation, indicated full body visual searches are conducted when a youth is admitted to the program, after a youth returns from off-campus activities, and when there is a suspicion of contraband. Throughout the annual compliance review, searches were observed to be conducted after all movement, and prior to a youth being transported to an off-site appointment. Program staff were observed providing clear instructions while being properly positioned for maximum observation of youth being searched. Interviews with five youth confirmed youth searches are conducted when youth return from off-campus, after outdoor activities, after visitation, after meals, and whenever items

are missing. An interview with five staff confirmed searches are conducted after each youth movement, prior to and after transportation, and after visitation.

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.*	

The program has two vehicles which are fifteen passenger vans used to transport youth. Both transportation vehicles are equipped with a safety screen separating the driver's compartment from the passengers' compartment. The program's policy indicates each vehicle shall pass an annual safety inspection. The program maintains Tire Plus invoice documentation supporting each vehicle received an annual safety inspection within the past twelve months by an authorized licensed automotive mechanic. All deficiencies identified during the normal operation or during the annual inspection was found to be corrected. Inspections of each vehicle found a seat belt cutter, window punch, a fire extinguisher and all were equipped with the appropriate number of working seatbelts. Each vehicle was secured and clean upon inspection by the reviewer.

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 addressing off-site transportation of youth to ensure safety and security of youth, staff, and the public. The policy further directs a cell phone to accompany staff on all transports, which allows communication with the program. The policy restricts staff from transporting youth in personal vehicles and states youth are not permitted to drive program or staff vehicles. Additionally, the policy requires the program maintain a two-person transport, with one being the same gender as the youth being transported. Furthermore, the transportation policy states staff shall not leave youth unsupervised in a vehicle and must ensure personal and program vehicles are locked and secured when not in use. During the annual compliance review, a random check of personal vehicles and program vehicles was conducted and found all to be secure. Five staff were interviewed regarding youth transports. All five staff stated there is always two staff when conducting youth transports and they are provided a company cell phones for use during transports. Each staff knew the staff-to-youth ratio for transports is one to five. All staff stated seat belts are used for both staff and youth during transports and personal vehicles are not used unless approved by the facility administrator. Driver license checks are conducted monthly on all program approved drivers by the program's human resources department. The drivers list is updated monthly by the facility administrator. A review of the last six months of approved drivers' s list confirmed each staff had a valid driver license and are eligible to transport program youth.

5.12 Weekly Safety and Security Audits	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 maintains a policy and procedures requiring weekly safety and security checks of the physical plant, grounds, and perimeter are conducted. The policy meets all the requirements of Florida administrative code 63E-7.013(5). The program's physical plant manager is responsible for conducting safety and security audits every seven days, monthly, quarterly, semiannual, and annual preventative maintenance and inspections for security, safety, and health reasons. In an interview with the facility administrator (FA), it was confirmed the program uses the Department's facility security audit and safety inspection form to document the completion of the audits and document any deficiencies which need to be addressed. The FA confirmed the form is completed weekly. Furthermore, the program maintains a maintenance log which is in master control. The log is used to address maintenance issues which need immediate attention. The log is checked daily by management and addressed, so problems are corrected immediately. A review of the weekly safety and security inspections forms was conducted during the annual compliance review and there was documentation to support the form was completed weekly. The program addresses any deficiencies found during the weekly inspections at the weekly management meeting and decides on a course of action to correct the deficiency.

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 a policy and procedures in place regarding tool inventory and management. The policy states class 'A' tools are prohibited on campus. Brooms, mops, and scrub brushes are the tools used at the program, which are considered class 'B' tools. An interview with the facility administrator (FA) found if a class 'A' tool is needed by the physical plant manager, it is borrowed from an adjacent program. The program does maintain documentation of all inventories of class 'B' tools located within the program. During the annual compliance review, six months of documentation confirmed daily inventories were conducted on class 'B' tools. The inventory sheet was completed by the assistant facility administrator and the physical plant manager. A review of five pre-service training records and five in-service training records confirmed all staff were trained on the intended and safe use of tools. A review of five youth case management records found documentation youth were trained on the intended and safe use of class 'B' tools. Five youth were interviewed regarding what tools they use in the program and all youth responded mops and brooms. Four of the five interviewed also indicated they use scrub brushes, and one youth indicated they use a duster.

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 maintains a policy and procedures regarding youth tool handling and supervision. The policy requires each youth receive a risk assessment before using any tools. Youth are provided training on the intended and safe use of class 'B' tools during their admission process. The program's procedures include staff to youth ratios of one to five, tool distribution, and

collection of tools. The policy also requires youth to be searched using the Protection Action Response (PAR) techniques at the completion of each work activity. Review of the program youth risk assessments for the six month period prior to the annual compliance review confirmed youth are assessed prior to using class 'B' tools. Observations made during the annual compliance review confirmed staff were supervising youth while they were using tools. Five youth were interviewed regarding what tools they use in the program and all youth responded mops and brooms. Four of the five interviewed youth also indicated they use scrub brushes, and one youth indicated they use a duster.

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's policy and procedures address protocols for outside contractors who perform work at the facility. The protocols require the outside vendor sign the contract sheet for contractors which outlines specific instructions for arriving and leaving the program. The program's physical plant manager escorts and accompanies the outside contractor while they are on-site at the program. The policy also requires the contractor's tools to be inventoried before and after all work is completed. A review of the program's outside contractor vender sheets confirmed the program is compliant in the practice of having the outside contractor sign the contractor guideline sheet, as well as inventorying the contractor's tools before entering and exiting the program. Each guideline sheet had an attached inventory log indicating what tools were brought into the program and what tools the contractor left with. The inventory logs confirmed each contract left with the tools they brought into the program. The program does not maintain any project invoices on-site, as the bills are sent to its corporate office for review and payment. There were no outside contractors on-site during the annual compliance review, and the program's practices was not able to be observed.

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 has a policy and procedures in place addressing fire, safety, and evacuation drills. The policy requires drills to be conducted every month and on every shift. An interview with the facility administrator (FA) found the program conducts drills on fire, chemical spills, severe weather, disturbances, riots, bomb threats, hostage, flooding, and terrorist threats. A review of the program's drill documentation found the program completed fire drills monthly on each shift. The program has documentation which supports fire inspections were conducted by the fire marshal on an annual basis. Program staff also document fire, safety, and evacuation drills in the facility logbook under the title emergency drills and the reviewer was able to confirm the reviewed drills were documented in the reviewed logbooks. Five youth were interviewed, and four of the five youth stated they have been instructed on what to do in case of a fire. The fifth youth indicated she forgot what to do in case of a fire, but fire drills happen monthly. All five youth indicated fire drills occur monthly. Five staff were interviewed and they all stated they participated in fire drills in the last twelve months. Four of the five staff stated they participated in suicide, clinical, code white, medical, and chemical spill drills. Two of the five staff indicated they participated in terrorism drills, weather drills, and a major disturbance drill. Three of the interviewed staff indicated they participated in a flood drill and a bomb threat drill. At least one of the staff indicated they had participated in a hostage situation drill and an escape drill.

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 program maintains a Comprehensive Continuity of Operations Plan (COOP), which was reviewed and approved by the Department's residential regional director on May 13, 2018. An interview with the facility administrator (FA) found the COOP plan is posted in the program's master-control area and in the FA's office. The plan contains a detailed evacuation plan, emergency contact numbers for staff, local venders, and Department personnel. Observations conducted during the tour confirmed the program had ample water, food, and personal hygiene supplies in the event of an emergency.

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 in place which outlines the storage and inventory of flammable, poisonous, and toxic items, and materials. The program does not maintain flammable, poisonous, and toxic materials at the program. These items were observed secured in a building off-site at a separate program on the campus. Only the physical plant manager has access to the off-site building. Inventories were maintained by the other facility's physical plant manager, and a review of the inventories confirmed all materials were accounted for. An interview with the physical plant manager indicated all inventories of flammable, poisonous, and toxic materials, along with the safety data sheets (SDS) are maintained in the off-site storage building. The program does maintain a small supply of cleaning products in a locked area inaccessible to youth. A review of the inventory was conducted and compared to the amount of cleaning products in the storage area; there were no discrepancies found.

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 maintains a policy and procedures regarding youth handling of flammable, poisonous, and toxic, items and materials. The program procedures do not allow for youth to handle any flammable, poisonous and toxic items, or materials. The policy permits youth to clean under strict staff supervision. The staff are required to spray the cleaner on the surface and the youth wipes down the surface. The facility maintains flammable, poisonous, and toxic items at a separate program located on the compound. There program maintains a small supply of regular household cleaners, which are maintained in a secured office. All chemicals are maintained behind locked doors or cabinets and are inaccessible to the youth. Each secured

area has a keep out of reach of children sign located within the room or posted on the locked cabinet. Observations made during the review confirmed the locked closet held cleaning supplies. Youth were also observed cleaning the dining tables prior to and after meals; however, the youth were never observed holding any cleaning products. The staff could be observed spraying the cleaning product and the youth wiping them off, which follows the facilities policy. Five youth were interviewed about what type of chemicals they have handled since being at the program. All five youth indicated they had used window and toilet bowl cleaner; all youth further indicated the staff spray the chemicals and they never handled them.

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 regarding the disposal of flammable, poisonous, caustic, and toxic materials. The policy requires the disposal of such items to be in accordance with the Occupational Safety and Health Administration (OSHA) standards. The procedures also indicate the program will dispose of all flammable, toxic, caustic, and poisonous items which can be disposed of on-site, according to Safety Data Sheet (SDS) requirements, and the disposal is to be documented on the applicable disposal form. The physical plant manager is responsible for the disposal of any flammable, caustic, poisonous, and toxic materials. During the annual compliance review period, the program did not have any instances where they were required to dispose of any flammable, poisonous, caustic, and toxic materials. An interview with the physical plant manager verified they are aware of the proper procedures for chemical waste disposal. An interview with the facility administrator (FA) indicated the program disposes all flammable, poisonous, caustic, and toxic materials through the Hillsborough county waste landfill. The process for chemical spills is found in the program's Continuity of Operations Plan (COOP). There have not been any incidents of chemical spills at the program during the annual compliance review cycle.

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

The program has a policy and procedures in place indicating the program shall provide each youth with the opportunity to engage in large muscle exercise at least one hour daily. During the annual compliance review, the annual compliance review team's observations, interviews, and facility schedule postings confirmed the youth are afforded with large muscle activity for at least one hour a day. The youth are provided with activities which explore a variety of interests and provide them with muscular activities. The program's policy states activities are planned to expose youth to a variety of recreational and leisure choices, exploration of interests, constructive use of leisure time, social and cognitive skill development, as well as to promote creativity, teamwork, healthy competition, mental stimulation, and physical fitness. During the annual compliance review, youth participating in outdoor activities were observed to be supervised with staff members taking precautionary measures to prevent over-exertion, heat stress, dehydration, and physical injury. A review of the living unit logbook further confirmed recreation and leisure activities took place as outlined in the program's daily schedule.
The program employs a recreational therapist. The therapist has a bachelor's-level degree and is a certified therapeutic recreational specialist. The recreational therapist completes a monthly

recreation activity calendar and ensures the youth are provided with a wide array of supervised and structured recreation and leisure activities which includes basketball, dodgeball, volleyball, run laps, football, workout sessions, and kickball. A review of each five youth case management records revealed each youth has a goal on their performance plan addressing recreational therapy. Three of the five interviewed staff indicated the youth get at least thirty minutes to an hour of large muscle group activity a day. Two of the five interviewed staff indicated activities the youth participate in but not how long the youth get for leisure time. All five interviewed staff confirmed the youth participate in the activities listed above. Four of the five interviewed youth indicated they get at least one hour of large muscle activity a day. The five interviewed youth confirmed they participate in activities such as basketball, dodgeball, volleyball, workout sessions, football, kickball, and relay races.

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 any water-related activities; therefore, the 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 has a policy and procedures in place which provide youth with opportunities to re-establish and maintain family and community ties; to be involved in the first-person communication with attorneys, and their agents, approved law enforcement, court, and Department personnel. The program policy further indicates the program shall make every effort to assist the youth in maintaining and strengthening positive family and community ties in an environment which is unobtrusively monitors and control the movement of visitors within the program. Youth at the program are eligible for visitation immediately after their admission.
A review of five youth case management records found each record contained a telephone log of phone contacts, which indicated weekly telephone calls to approved family members. Each record also contained a record of mail received and sent by the youth. The list of authorized visitors is listed in each youth's case management record and is limited to those on their Department's Juvenile Justice Information System (JJIS) face sheet, unless approved by the facility administrator (FA). The case managers are responsible for maintaining the list of approved visitors prior to visitation and supplying the list to direct care staff and administration, to ensure only authorized individuals can visit with the youth. If necessary, the program considers requests for alternative visitation arrangements when the youth's family is unable to visit during regular visitation days. The program's multi-purpose room is the program's designated visitation area. Visitation rules are posted on the interior wall of the program lobby and next to the entry door into the program's secure area. Also, each youth's parent/guardian receives a copy of the program's visitation policy and guidelines in their parent handbook, which is mailed out to them shortly after the youth's arrival at the program. All five interviewed youth stated they were given the opportunity to communicate with family members by mail, visitation, or telephone.

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 has a policy and procedures regarding searching the observation room prior to placing a youth in the room. Observations of the room by the reviewer found the room had a shatter proof window and there were no vents, outlets, anchor points, or switches in the room. In the six months prior to the annual review the program had documentation to support they had used the controlled observation room on thirty-five occasions. A review of five controlled observation reports contained documentation supporting the room was searched prior to each youth being placed in the controlled observation room. All of the reviewed reports documented the search was completed and there was no contraband, or any other items found in the room which the youth could use for self-harm. Each of the reviewed controlled observation reports were found to be documented in the program's logbook on the appropriate date. During the annual compliance review, there were no youth placed in controlled observation.

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

The program has a policy and procedures in place regarding the use of controlled observation. The program documented thirty-five reports of youth placed in controlled observation for the past six months. A review of five controlled observation reports contained documentation youth were placed in controlled observation due to emergency safety situations. Each of the reports documented the placement of the youth in controlled observation met the criteria for placement since each youth was exhibiting behaviors indicative of a mental health crisis. Each of the reports documented active aggression toward others, violent behavior, and if continued was likely to result in immediate injury or harm to self or others. In each reviewed report program staff of the same sex as the youth completed the health status checklist. All five reviewed controlled observation placements were approved by a supervisory level staff or higher. All reports contained documentation of on-going communication with the youth while they were under observation, explaining the reasons for the controlled observation, and the expectations for removal. None of the reviewed controlled observations required placement over two hours.

5.36 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.	

The program maintains a policy and procedures regarding controlled observation and the required safety checks. The program documented thirty-five youth were placed in controlled observation in the six months prior to the annual compliance review. Five controlled observation reports were reviewed for the completion of safety checks and release procedures. Each of the five reviewed reports contained documentation confirming safety checks were completed every fifteen minutes. Each check was documented on the required controlled observation supervision form. Each of the five reports contained documentation the youth's release from controlled observation was approved by the facility administrator or designee. There was documentation to support each approved release was granted based on the de-escalation of the youth and it was determined the youth was no longer an imminent risk of physically harm to themselves, staff, or others. Each of the five youth were released from controlled observation into the general population of the program. The reviewed records also documented the facility administrator reviewed the observation reports within the required fourteen days, and each reported denoted if the controlled observation placement was appropriate.

Program Name: Hillsborough Girls Academy
Provider Name: TrueCore Behavioral Solutions, LLC
Location: Hillsborough County / Circuit 13
Review Date(s): August 7-10, 2018

MQI Program Code: 1224
Contract Number: R2111
Number of Beds: 20
Lead Reviewer Code: 140

Overall Rating Summary

The following limited and/or failed indicators require immediate corrective action.

Limited Ratings	Failed Ratings
1.14 Internal Alerts System and Alerts (JJIS)*	
1.17 Advisory Board	