STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

Annual Compliance Report

Miami Youth Academy

TrueCore Behavioral Solutions, LLC
(Contract Provider)
10855 Southwest 84th Street
Miami, Florida 33173

Review Date(s): July 23-26, 2019

Promoting Continuous Improvement and Accountability
In Juvenile Justice Programs and Services

Rating Definitions

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

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

Review Team

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

Gabriel Medina, Office of Program Accountability, Lead Reviewer (Standard 1)
Keith Bennis, Office of Program Accountability, Regional Monitor (Standard 2 and Interviews)
Christine Calvert, Office of Program Accountability, Regional Monitor (Standard 3)
Patrick Morse, Office of Program Accountability, South Regional Supervisor (Standard 4)
Keyla Osorno, Office of Program Accountability, Contract Manager (Standard 5)
Dominique Robinson, Palm Beach Youth Academy, Director of Case Management (Standard 2)

Program Name: Miami Youth Academy
Provider Name: TrueCore Behavioral Solutions, LLC
Location: Miami-Dade County / Circuit 11
Review Date(s): July 23-26, 2019

MQI Program Code: 1289
Contract Number: 10000
Number of Beds: 28
Lead Reviewer Code: 50

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.

Overall Rating Summary

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

Limited Ratings	Failed Ratings
2.04 Classification Factors, Procedures, and Reassessment for Activities	3.06 Mental Health and Substance Abuse Treatment
3.09 Psychiatric Services *	
5.04 Ten Minute Checks *	

Standard 1: Management Accountability
Residential Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	Initial Background Screening *	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Provision of an Abuse-Free Environment *	Satisfactory
1.04	Management Response to Allegations *	Satisfactory
1.05	Incident Reporting (CCC) *	Satisfactory
1.06	Protective Action Response (PAR) and Physical Intervention Rate	Satisfactory
1.07	Pre-Service/Certification Requirements *	Satisfactory
1.08	In-Service Training	Satisfactory
1.09	Grievance Process	Satisfactory
1.10	Delinquency Intervention and Facilitator Training	Satisfactory
1.11	Life Skills Training Provided to Youth	Satisfactory
1.12	Restorative Justice Awareness for Youth	Satisfactory
1.13	Gender-Specific Programming	Satisfactory
1.14	Internal Alerts System and Alerts (JJIS)*	Satisfactory
1.15	Youth Records (Healthcare and Management)	Satisfactory
1.16	Youth Input	Satisfactory
1.17	Advisory Board	Satisfactory
1.18	Program Planning	Satisfactory
1.19	Staff Performance	Satisfactory
1.20	Recreation and Leisure Activities	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	Limited
2.05	Gang Identification: Notification of Law Enforcement	Satisfactory
2.06	Gang Identification: Prevention and Intervention Activities	Satisfactory
2.07	Residential Assessment for Youth (RAY)	Satisfactory
2.08	Youth Needs Assessment Summary (YNAS)	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 *	Non-Applicable
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	Failed
3.07	Treatment and Discharge Planning *	Satisfactory
3.08	Specialized Treatment Services*	Satisfactory
3.09	Psychiatric Services *	Limited
3.10	Suicide Prevention Plan *	Satisfactory
3.11	Suicide Prevention Services *	Satisfactory
3.12	Suicide Precaution Observation Logs *	Satisfactory
3.13	Suicide Prevention Training *	Satisfactory
3.14	Mental Health Crisis Intervention Services *	Satisfactory
3.15	Crisis Assessments *	Satisfactory
3.16	Emergency Mental Health and Substance Abuse Services *	Satisfactory
3.17	Baker and Marchman Acts *	Satisfactory

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Standard 4: Health Services
Residential Rating Profile

Indicator Ratings

Standard 4 - Health Services		
4.01	Designated Health Authority/Designee *	Satisfactory
4.02	Facility Operating Procedures	Satisfactory
4.03	Authority for Evaluation and Treatment	Satisfactory
4.04	Parental Notification/Consent	Satisfactory
4.05	Healthcare Admission & Rescreening Form	Satisfactory
4.06	Youth Orientation to Healthcare Services/Health Education	Satisfactory
4.07	Designated Health Authority/Designee Admission Notification	Satisfactory
4.08	Health-Related History	Satisfactory
4.09	Comprehensive Physical Assessment/TB Screening	Satisfactory
4.10	Sexually Transmitted Infection & HIV Screening	Satisfactory
4.11	Sick Call Process	Satisfactory
4.12	Episodic/First Aid Care/Emergency Care	Satisfactory
4.13	Off-Site Care/Referrals	Satisfactory
4.14	Chronic Illness/Periodic Evaluations	Satisfactory
4.15	Medication Management	Satisfactory
4.16	Medication/Sharps Inventory and Storage Process	Satisfactory
4.17	Infection Control/Exposure Control	Satisfactory
4.18	Prenatal Care/Education	Non-Applicable

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Standard 5: Safety and Security
Residential Rating Profile

Indicator Ratings

Standard 5 - Safety and Security		
5.01	Youth Supervision *	Satisfactory
5.02	Comprehensive and Consistent Implementation of the Behavior Mgt System and Staff Training	Satisfactory
5.03	Behavior Management System Infractions and System Monitoring	Satisfactory
5.04	Ten Minute Checks *	Limited
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 Handling 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	Elements of the Water Safety Plan, Staff Training, and Swim Test *	Non-Applicable
5.22	Visitation and Communication	Satisfactory
5.23	Search and Inspection of Controlled Observation Room	Non-Applicable
5.24	Controlled Observation	Non-Applicable
5.25	Controlled Observation Safety Checks and Release Procedures	Non-Applicable
5.26	Safety Planning Process for Youth	Satisfactory

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Program Overview

The Miami Youth Academy is a twenty-eight bed, non-secure residential program, for fourteen to eighteen-year-old males, located in Kendall, Florida. The program is operated by contracted provider TrueCore Behavioral Solutions, LLC, through a contract with the Department. The program provides services to youth committed by the juvenile criminal court who are in need of residential substance abuse treatment overlay services (SAOS), including substance abuse assessment, treatment, and relapse prevention for youth who are substance abusers. Youth receive daily substance abuse treatment within a general offender correctional setting. The program's services are designated to address criminogenic risk factors, according to the youth's needs and risks. At the time of the annual compliance review, the program had twenty-one youth. The anticipated average youth's length of stay is three to six months for low risk males and six to nine months for moderate risk males. Among the evidence-based interventions offered by the program are Thinking for a Change (T4C), Impact of Crime (IOC) restorative justice, Boys Council Pathways to Self-Discovery and Change, and Living in Balance. In addition, the program offers life-centered education which address issues of trauma. The program fosters each youth by providing additional treatment services who includes individual, group, recreational, and family therapy, coupled with transitional services. The program also provides gender-specific services including the Council for Boys and Young Men, Young Men's Work, and Talks to Young Men. Program management is comprised of a facility administrator (FA), an assistant facility administrator (AFA), a director of clinical services, and a health services administrator. Case management services are provided by the case management staff and the transition specialist. Mental health staff at the program includes the director of clinical services, one licensed full-time recreational therapist, two licensed therapists, a master's-level therapist working under the direct supervision of the clinical director, a recreation therapist, along with a records clerk. The program subcontracts services with a licensed psychologist and a licensed psychiatrist, along with a certified behavior analyst. At the time of the annual compliance review, the program had twenty-one volunteers who assist the program with motivation and encouragement to youth whether educationally, socially, therapeutically, and spiritually. Medical services are offered seven days a week and are provided by the health services administrator, a registered nurse, and a medical records clerk. The program contracts with a licensed medical doctor (MD) to serve as the designated health authority (DHA) who is on-site once a week for four hours. Medical services provided by the program include screening the youth for medical concerns and assisting the youth with medications when the youth take prescription medications during the time the youth are at the program. The program also subcontracts with First Choice Pharmacy, which provides all pharmaceuticals services. Educational services are provided by the Miami Dade County Public Schools (MDCPS) on a year-round basis, with a regular mainstream school curriculum for course credit. The program provides transportation services as-needed. At the time of the annual compliance review, the program had a total of eleven vacant positions including one transition services manager, three case managers, three staff mentors, two youth specialist I, and two youth specialist II. The layout of the program includes an administration area, where staff control and monitor the main security entrance. The administration area has offices for the management team. There are two dormitories for youth housing, and a multipurpose area used for meetings, indoor recreation, school, the kitchen and other youth activities. A laundry area is located between each dormitory. The program has twenty-two security cameras positioned in various locations through-out the facility. At the time of the annual compliance review, all cameras were reported to be operational. The staff work on three shifts, of eight each.

Strength and Innovative Approaches

- The program transported a group of five youth and two staff to the University of Miami's Department of Sociology to participate in a class facilitated by Exchange for Change which addressed many questions concerning juvenile delinquency.

- The program youth benefitted by learning about empathy and philanthropic practices conducting collections for Puerto Rico, Texas, and Florida hurricane victims.

- The program partnered with Riverside Baptist Church and Calvary Chapel food distributions to feed the homeless and provide school supplies to youth in need.

- Program youth participated in the community celebrations such as the Overtown Festival and the Smart N Up Summit.

- Youth participated in outings at Farm Share in Homestead, Florida. Youth worked as a team in an assembly line packaging food items to distribute to families in need,

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. A contract provider may hire an employee to a position which requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates he or she exhibits no behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.	

The program maintains a written policy and procedures to address required background screenings upon hire, as well as the submission of an Annual Affidavit of Compliance with Level 2 Screening Standards. Since the last annual compliance review, the program hired ten new staff, who were all applicable for an initial background screening. A review of documentation for the ten newly hired staff found the program received background screening clearances from the Department's Background Screening Unit (BSU)/Clearinghouse prior each date of hire. Each of the records also contained a copy of the pre-employment assessment tool, as well as the passing score. Reviewed documentation confirmed the hiring authority reviewed the status of the Department's Central Communications Center (CCC) Person Involvement Report, the Staff Verification System (SVS) module, and the Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS). All of the staff were included on the Department's BSU/Clearinghouse employee roster. The program submitted the Annual Affidavit of Compliance with Level 2 Screenings standards to the Department's BSU on December 6, 2018, meeting the annual requirement. The program submitted an Annual Affidavit of Compliance with Level 2 Screening Standards for Miami-Dade School Board personnel to the Department's BSU on December 6, 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 maintains a written policy and procedures to address five-year background re-screenings. A re-screening is required every five years, calculated from the staff's original hire date with the program or five years from the date the staff was screened through the Department's Background Screening Unit (BSU)/Clearinghouse. Three staff were applicable for the five-year re-screening and in each of the three records, a rescreening/resubmission was submitted to BSU/Clearinghouse at least ten business days prior to the five-year anniversary or retained prints expiration date. There were no volunteers eligible for a five-year background rescreening.

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.

- *The residential program shall post the Florida Abuse Hotline telephone number for youth under the age of eighteen and the Central Communications Center telephone number for youth 18 years of age and older telephone number.*
- *All allegations of child abuse or suspected child abuse shall be 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 (incorporating trauma responsive principles).*
- *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, while also incorporating trama responsive practices.*
- *The program shall complete or schedule a TRACE self-assessment.*

The program has a written policy and procedures for abuse reporting and for providing an abuse-free environment. The policy reflects youth and staff have unhindered access to report alleged abuse to the Florida Abuse Hotline. Observations during the facility tour found postings of the Florida Abuse Hotline and Central Communications Center (CCC) telephone numbers throughout the program. The program's policy outlines the reporting procedures for all staff to follow when a youth would like to report abuse. All staff signed a form acknowledging their understanding of the code of conduct upon hire located in the employee handbook. A resident handbook is provided to each youth upon admission. The handbook includes the youth's rights, the program's grievance process, and the Florida Abuse Hotline and CCC telephone numbers. Documentation within the last six months was reviewed for allegations of abuse to the Florida Abuse Hotline or CCC and one report alleging abuse was found. Documentation confirmed a report was made by staff to the Florida Abuse Hotline and CCC within two hours of staff being made aware of the incident. A child protective investigator reported to the program to follow-up on the allegation and the investigator advised there were no signs of abuse, and there were no findings of abuse. Five interviewed staff, as well as an interview with the facility administrator (FA) confirmed the program's abuse reporting practice. The abuse reporting process includes: Immediately reporting any knowledge or suspicion regarding abuse to the Florida Abuse Hotline and the CCC [for youth eighteen years of age or older, verbally notifying the on-duty supervisor regarding the incident and the telephone calls, and completion of an incident report form and forward the complete form to the assigned supervisor. If the youth refusal to make a call staff always make the abuse call themselves. The FA further reported if staff violate the code of conduct policy, immediate disciplinary action will take place. Five interviewed staff reported never hearing staff use profanity when speaking to a youth. The staff also reported never hearing a staff deny a youth access to make a call to the Florida Abuse Hotline. Five interviewed youth reported feeling safe in the program and indicated all staff are respectful. The youth reported never being denied access to make a call to the Florida Abuse Hotline.

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

The program maintains a written policy and procedures to address allegations of physical, psychological, and emotional abuse. Five staff training records were reviewed and documented receipt of training on child abuse reporting requirements. Documentation within the last six months was reviewed for allegations of abuse to the Florida Abuse Hotline or the Department's Central Communications Center (CCC). One report alleging abuse was found. Documentation confirmed a call was made by staff to the Florida Abuse Hotline and the CCC within two hours of staff being made aware of the incident. A child protective investigator followed-up the allegations and found the allegations not substantiated. Reviewed documentation indicated management staff acted to address the incident by removing the staff from youth contact during the investigation. Observations made during the facility tour reflected the program had the Florida Abuse Hotline information posted on the walls throughout the program. The review of the program's internal incident report binder indicated none of the internal incidents were related to allegations of abuse and/or neglect or applicable to be reported to the CCC since the last annual compliance review. An interview with the facility administrator (FA) indicated there were no staff disciplinary actions due to allegations of abuse towards a youth in the program since the last annual compliance review.

1.05 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
The program shall notify the Department's Central Communications Center (CCC) within two hours of the incident occurring, or within two hours of any program staff becoming aware of the reportable incident.	

The program maintains a written policy and procedures to address reporting incidents occurring at the program to the Department's Central Communications Center (CCC), in accordance with the Florida Administrative Code. Reviewed documentation confirmed the program had thirteen CCC incidents since the last annual compliance review and each was reviewed. All of the incidents were reported to the CCC within two-hours of the program being made aware. One incident was reported to the CCC within the required timeframe during the annual compliance review week. Documentation reviewed indicated the program did not experience an increase in the number of reportable incidents.

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

The program has a written policy and procedures regarding Protective Action Response (PAR) techniques. The program's PAR plan was approved by the Department's Office of Staff Development and Training on December 21, 2018. The program had five PAR reports in the past six months and five PAR reports were reviewed. All staff completed the appropriate

statements prior to the end of the shift. All PAR reports were reviewed by the program's management staff, as required, within seventy-two hours and included a post-PAR interview with the youth conducted within thirty minutes of each incident. Documentation indicated there was not a need for a medical review for any of the reports completed. An interview with the facility administrator (FA) confirmed his knowledge of the program's PAR policy. During the time of the annual compliance review period, the program's PAR rate was 2.16, which is above the statewide residential PAR rate of 1.51.

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

The program has a written policy and procedures regarding the provision of pre-service training. The program has a pre-service orientation training plan which was submitted and approved by the Department's Office of Staff Development and Training on January 16, 2019. In addition, the program has a 2019 new hire master calendar which was reviewed. Five new hire training records were reviewed for pre-service certification training within 180 days of hire. Currently, four staff completed a minimum of 120 of pre-service training within the 180-day timeframe and one staff has time and is still working on completing the remaining one and a half hours of the certification training. All staff completed Protective Action Response (PAR), first aid, cardiopulmonary resuscitation (CPR), suicide prevention, child abuse reporting, emergency reporting, and automated external defibrillator (AED) prior to having contact with youth or confidential records. All training was documented in the Department's Learning Management System (SkillPro) and was conducted by a qualified trainer. The program provided a list of twenty-three staff considered to be direct care staff.

1.08 In-Service Training	Satisfactory Compliance
Residential contracted provider 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 maintains a written policy and procedures to address annual in-service training. The program has an in-service annual training plan which was submitted and approved by the Department's Office of Staff Development and Training on January 16, 2019. Reviewed documentation validated the program updates the training plan as changes occur. Five staff training records, including two supervisory records, were reviewed for completion of in-service training. All five staff had current certifications in Protective Action Response (PAR), first aid, automated external defibrillator (AED), and cardiopulmonary resuscitation (CPR). Each of the five staff exceeded the twenty-four hours of required in-service training. The program's contract requires management staff to complete sixteen hours of training in areas of management leadership, personal accountability, employee relations, and communication skills in addition to the twenty-four hours of in-service training. One of the supervisors completed sixteen hours of management topics, and the other supervisor completed twenty-five hours of the management areas specified in Florida Administrative Code.

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.*	

Grievance process training is a part of the program's pre-service training plan. A review of five staff training records confirmed staff received the required training regarding the program's grievance process and procedures during pre-service training. In addition, each youth is educated on the grievance process during orientation and the process is outlined in the youth handbook which each youth receives. The program has a grievance policy and procedures specifying the process for youth to grieve actions of program staff and conditions or circumstances in the program related to the violation or denial of basic rights. The procedures indicate youth are to be treated fairly, respectfully, without discrimination, and their rights are protected. The procedures for the grievance process specifies timeframes promoting timely feedback to youth and rectification of situations or conditions when grievances are determined to be valid or justified. The process allows the youth to file an informal or formal complaint and file an appeal, if necessary. The program utilizes a grievance form which contained an informal phase, a formal phase, and an appeal phase. The grievance forms and grievance box are accessible to all youth. The program has a grievance tracking log which was reviewed. Five interviewed staff and five interviewed youth indicated an understanding of the program's grievance process. The program maintains all youth grievances in an active binder which includes grievances for the past twelve months. The program had nine grievances within the past twelve months of which five were reviewed. A review of five grievances indicated they were resolved in the formal stage and were not be appealed. All staff receive training regarding the grievance process and are required to provide youth with assistance pertaining to filing a grievance. An interview with the facility administrator (FA) indicated the program has an informal phase for the grievance where youth complete a Let's Talk form and address it to the staff who can help them resolve the complaint, or concern within seventy-two hours. The FA also indicated the program has a formal phase where the youth complete a grievance form addressing their complaints, it is assigned a number and a written response is provided to the youth by the grievance office; and if the youth disagree to the outcome they can appeal the grievance, send it to the next level and it will forwarded to the FA. Five interviewed youth indicated they can request assistance in completing a grievance form, if needed.

1.10 Interventions and Facilitator Training	Satisfactory Compliance
The program shall implement interventions for each youth. Interventions shall include, but are not limited to, evidence-based practices, promising practices, or practices with demonstrated effectiveness. Staff whose regularly assigned job duties include the implementation of a specific intervention and/or curriculum must receive training in its effective implementation.	

The program provides delinquency interventions through evidence-based principles. The program utilized Pathways to Self-Discovery and Change, Impact of Crime (IOC), Thinking for a Change (T4C), and ARISE Life-Skills as their delinquency interventions models. Reviewed documentation confirmed youth are placed in groups according to their identified individual needs. The documentation reviewed and interviews with the program's clinical staff showed groups were held, as required, with minimal interference. Delinquency groups are evidence-based, a promising practice, or a practice with demonstrated effectiveness as defined by the

Florida Administrative Code. Groups are facilitated by clinical staff, case managers, or youth care workers (YCWs). The review of records for staff who facilitated the groups found the appropriate trainings in each applicable intervention were completed. An interview with the assistant facility administrator (AFA) indicated each youth is matched with a case manager based upon the individualized needs and the level of treatment required. In addition, the clinical director and therapists review each youth's clinical supervision history and match each youth with a therapist based upon their presenting history, symptoms and treatment needs. The review of five youth case management records, the program's activity schedule, and the group sign-in-sheets validated each youth received delinquency intervention groups, and an intervention service goals were included as part of their individualized performance plans.

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

The program maintains a written policy and procedures to address the provision of life and social skills training, including decision-making, problem-solving, critical thinking, interpersonal relationships and interactions, non-violent conflict resolution, and anger management. The program utilizes several interventions to develop life and social skills competencies in youth. The review of the program's activity schedule and documentation confirmed youth received services and groups in ARISE Anger Management Life Skills, Pathways to Self-Discovery and Change, communication, critical thinking, employability skills, overcoming obstacles, building community support, foodhandler training, faith-based activities, and Seeking Safety, which all cover various life and social skills topics. A review of the staff who facilitate the groups validated they were trained to deliver the applicable curriculums and each had the applicable educational background for the group practices. Reviewed group documentation confirmed groups were delivered according to the program's groups/activity schedule. An interview with the facility administrator (FA) found the program considers staff's intervention training, education, and work experience to determine which staff deliver the life and social skills groups to the youth. Five interviewed youth indicated they learn anger management coping skills, anger control, staying drug free, think before acting, stress management, and support in the program's groups.

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.	

A review of the program's daily activity schedule and an interview with the facility administrator found the program provides activities intended to increase youth awareness of, and empathy for, crime victims and survivors, and increase personal accountability for youth's criminal actions and harm to others. The program utilizes the Impact of Crime (IOC) curriculum. The curriculum includes victim impact, restorative justice, personal accountability, introduction to harm, consequences of making decisions, ripple effect of crime, managing conflict, and the road to reparation. The program activity schedule identified time frames set aside for IOC on Tuesdays and Fridays. The review of the groups sign-in sheets confirmed groups were held according to the dates on the activity schedule. Documentation reviewed in the Department's Learning Management System (SkillPro) reflected staff facilitators of IOC completed IOC training prior to facilitating groups. Documentation reviewed and staff interviews confirmed the program

regularly utilized guest speakers who visit the program to share their stories of personal accountability. An interview with the facility administrator (FA) indicated the program has ongoing relationships with community charities and service events in which the youth demonstrate restorative justice practices. Interviews completed with the clinical director and five youth confirmed their participation in IOC groups. A review of five youth case management records confirmed restorative justice programming was outlined in each individual performance plan.

1.13 Gender-Specific Programming	Satisfactory Compliance
A residential commitment program shall provide delinquency interventions and treatment services which are gender-specific and focus on preparing youth to live responsibly in the community upon release from the program.	

The program provides gender-specific programming which targets the male population, including the Council for Boys and Young Men, Young Men's Work, and Talks to Young Men. The Council for Boys and Young Men is a structured support group for males age nine to eighteen which follows a strength-based approach to promote healthy masculinity, incorporating theories of masculine identity formation rooted across cross-cultural traditions. The program increases boys' emotional, social, and cultural literacy by promoting valuable relationships with peers and adult facilitators through activities, dialogue, and self-expression. Talks to Young Men is an interactive group approach to target issues of self-esteem, family peers, authority, academics, life skills, relationships, and fatherhood. Young Men's Work teaches males, ages fourteen to nineteen, how to work together and solve problems without violence. This curriculum addresses a myriad of gender-identity topics ranging from power, violence, bullying, anger, fear, frustration, women and the interpersonal relationships between men, dealing with loss, creating family, and the future. All groups are facilitated by a trained direct care staff or licensed health practitioner. The review of the program's daily schedule indicated the Young Men's Work groups is not included in the activities scheduled; however, the facility administrator (FA) explained the groups are conducted along with the Boys Council and documentation maintained with the Boys Council groups supported this. An interview with the FA indicated the program ensures youth identified as a targeted gender group receive the same culture of care as any other youth. The FA indicated the program provides youth with alternative under garments and haircuts. Five interviewed youth reported participating in gender specific groups.

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

The program maintains a written policy and procedures regarding security, medical, and mental health alerts to ensure all staff are made aware when medical or mental health issues exist

which may affect the security and safety of the youth in the program and which may necessitate the need for emergency medical and mental health services. The program's procedures explain the alert system and how and when management reviews the alerts, who is responsible for updating the Department's Juvenile Justice Information System (JJIS), and how staff are informed of youth alerts. The program also has a daily youth alerts detailed report which contains all the program's open alerts, which was reviewed. A review of five youth records, in comparison with JJIS, reflected each applicable and current youth alert was consistent with the program's internal alert system. A review of five medical and mental health and substance abuse records found all applicable medical, mental health, and gang alerts were entered into JJIS, as required. Only authorized medical and mental health staff have the authority to enter, adjust, downgrade, or discontinue alerts, and this was also supported by the logbooks updates to alerts. A review of youth medical records confirmed all of the youth with medical grades of two to five were placed on the program's medical alert system. An interview with one registered nurse confirmed the practice. An interview with the facility administrator (FA) indicated the healthcare staff receive important medical issues pertaining to the youth at intake, at the classification meeting, the staff daily shift briefings, and at all staff meetings. Five interviewed staff confirmed they are made aware of alerts the program's daily debriefings, the alert board, and the previous shift's briefings.

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 written policy and procedures regarding record management to ensure the management of all records is consistent across operations and programs, consistent with the program's philosophy, goals, and objectives, and consistent with legal and contractual requirements. The program procedures contain a records retention section with the Department's requirements of the maintenance of documents. The program maintains an official case record for each youth, which consists of an individual healthcare record (IHCR), an individual case management record, and a mental health and substance abuse record. A review of five youth active records found each record was labeled "Confidential" and secured in the medical office behind a locked office door, within locked cabinets not accessible to youth which were also marked "confidential." Each individual healthcare record was divided into five sections and contained youth's Department identification number, county and circuit, date of birth, date of admission to the program, and committing offense. Each mental health and substance abuse record was divided in four sections and secured in the therapist's office. Each individual case management record was divided into five sections, maintained in the case management office behind a locked door into a locked cabinet with separate tabs dividing information into the specific sections, and contained legal information, correspondence, and documentation of case management and treatment activities. A review of the youth program's case management records confirmed the program's practice is following the tab requirements, records, and confidential information provisions pursuant to Florida Statute.

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

Reviewed documentation, observations during the annual compliance review, and five youth interviews confirmed the program has a formal process to promote positive youth input for the improvement of the program's operations. The program has a Youth Advisory Council which consists of three youth who have exhibited leadership and mentoring skills during their stay at the program. The council members gather youth issues or concerns to be presented to the program's assistant facility administrator (AFA) during weekly community meetings. A review of the council binder confirmed youth meetings were conducted once a month; however, there were no meetings in January or February of 2019. The program also utilizes the "Let's Talk" form which provides youth the opportunity to address issues, problems, or concerns they may have which are not necessarily grievances. In instances where the issues seem to be program-wide issues, youth may forward the concern to the youth council for further review. Interviews completed with five randomly selected youth confirmed the program has a process allowing them to provide input about what happens at the program. An interview with the facility administrator (FA) revealed youth provide input into the program's operations at the monthly youth advisory board meetings.

1.17 Advisory Board	Satisfactory Compliance
The program has a community support group or advisory board meeting at least every ninety to 120 days. The program director solicits active involvement of interested community partners.	

The program has a nine-member community advisory board consisting of representatives of the Miami-Dade Police Department, community partners, the business community, the school district, volunteers, State Attorney's Office (SAO), faith community, and a parent/guardian of a former youth. There was not a victim or victim advocate or other victim services representative on the board at the time of the annual compliance review; however, the program's facility administrator (FA) was able to provide evidence of recruitment letters to different individuals and indicated the program has unsuccessfully been working to find a victim representative for the board. A review of the community advisory board agendas and sign-in-sheets validated the program hosted two advisory board meetings since the last annual compliance review. The program maintains a community advisory board binder which was reviewed. An interview conducted with a current board member confirmed the board's frequent involvement in the program activities. An interview with the facility administrator (FA) revealed the program's community advisory board meetings are held quarterly and invitations are sent by email and a follow-up telephone call or reminder maybe conducted.

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

The program has a written policy and procedures to address program planning designated to establish a system of on-going communication, program staff involvement, discuss program issues and develop policies and procedures for the program. Reviewed documentation confirmed the program conducted formal structured daily morning management meetings which included all department managers, as well as designated staff assigned by the facility administrator (FA). The morning meetings also include a review of operational data, safety and security, case management, treatment and health services, support services, human resources,

and education. An interview with the FA indicated the same staff who attend the morning meetings also have weekly meetings on Thursdays, and monthly meetings with all staff. The review of the sign-in sheets and agendas validated the program's practice. The program also has a suggestion/comment box staff can utilize to improve communication and program improvement. In addition, the program conducts parent/guardian and youth surveys upon each youth's release and incorporates this feedback for planning purposes. Observations found program management utilizes staff recognition and recognize successes, including posting photographs of the employee of the month, appreciation for staff with perfect attendance and celebration of staff birthdays. Interviews completed with five staff indicated the program has an open-door policy and they can communicate with management at any time.

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 written policy and procedures to address staff performance to ensure the annual evaluations of staff, based on established performance standards. The review of five staff records revealed each staff received a ninety-day performance evaluation which included staff comments, signatures and dates, as well as the supervisor's signatures, dates, and performance rating calculations. In addition, each staff received an annual evaluation; however, staff may receive more than one evaluation during the year, as deemed appropriate by the supervisor. A review of staff records indicated the program maintains position descriptions for each position title which outlines the position expectations and essential functions, requirements of the position, knowledge, skills and abilities, physical requirements, and work environment. Interviews completed with five staff revealed the program conducted ninety-day evaluations, six-month evaluations, and yearly evaluations. An interview with the facility administrator indicated department heads complete the staff evaluations and scoring and meet with each staff to review and provide comments.

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

The program promotes the active participation of youth though opportunities to make choices, assume meaningful roles, including team membership, and leadership roles, and give input into the rules and operation of the residential community. A review of the program's logbooks and observations during the annual compliance review week revealed the program exposes youth to a variety of recreation and leisure activities, constructive use of leisure time, and social and cognitive skills development which promote creativity, teamwork, health competition, mental stimulation, and physical fitness. Interviews with random staff indicated they take precautionary measures to prevent overexertion, heal stress, dehydration, hypothermia, and exacerbation of existing illness or physical injury. Interviews completed with five randomly selected youth revealed the youth play football, volleyball, basketball, and exercises and stretches outside, and indoor recreation, play cards, and work indoors when the weather is too hot. Reviewed documentation and observation indicated the program has a recreational therapist who assists youth in restoring motor, social, and cognitive functioning, building self-confidence, developing coping skills, and integrating skills learned in treatment settings into the community settings. The recreational therapist develops individualized wellness plans with a focus on balancing cortisol levels which correlate with sleep, weight, stress management, and impulse behavior. A review of the recreational therapist's position description and an interview with the recreational

therapist confirmed she met all credential requirements. An interview completed with the recreational therapist revealed the program utilizes behavior modification, cognitive retraining, loss counseling, guided imagery, play/therapy skills, re-motivation, reality orientation, sensory stimulation, stress management and relaxation, values clarification, biofeedback, family interventions, group interventions, leisure education, pre/post op procedural training, re-socialization, reminiscence, social skills training, therapeutic community, community integration, and wellness training techniques with the youth in the program. A review of five youth records found each record contained a completed wellness plan.

Standard 2: Assessment and Performance Plan

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

The program maintains a written policy and procedures requiring each youth's parent/guardian to be notified by telephone within twenty-four hours of admission and maintain written correspondence within forty-hours of admission. A review of five youth case management records found each documented the parent/guardian was contacted within twenty-four hours of admission. In addition, the parents/guardians were notified in writing within forty-eight hours, as outlined in the program's facility operation procedures. A review of the records also revealed the program was timely in notification to the committing court, assigned juvenile probation officer (JPO) and post-residential services when applicable.

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 maintains a written policy and procedures ensuring all youth successfully complete program orientation, including all required elements required by Florida Administrative Rule within twenty-four hours of admission. Five reviewed youth case management records included youth acknowledgment forms confirming receipt of orientation. All documentation was in accordance to the policy time frames. During the annual compliance review, there were no new admissions to the program. Five youth were interviewed and each verbalized receipt of orientation within twenty-four hours of admission.

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 maintains a written policy and procedures to obtain consent of any youth eighteen years of age or older prior to discussing or providing parent/guardian any information related to the youth's physical or mental health screening or assessment. Five youth case management records were reviewed, and three youth were applicable. All three records contained a consent form signed by each youth prior to any release of information.

2.04 Classification Factors, Procedures, and Reassessment for Activities	Limited 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 which may be used as potential weapons or means of escape, or participation in any off-campus activity.*	

The program maintains a written policy and procedures regarding the classification system. A review of five youth case management records indicated youth were classified promoting safety and security, as well as the effective delivery of treatment services in accordance with Florida Administrative Code. The program's classification form included maturity level, age, history of violence, security alerts, mental health and substance abuse history, medical records, and vulnerability to victimization. Forms revealed all pertinent key staff were present during the classification meeting at admission. The program has an internal alert roster which is maintained in the staff lounge area for accessibility. A review of the Risk Assessment/Leisure Activity binder documented youth were reviewed to assess the level of privileges or participation in activities, eligibility for off-site outings, and use of tools. An interview with the residential case manager (RCM) reflected youth are reviewed monthly, and the information is maintained in the binder, accessible to all direct care, medical, administration, kitchen and pertinent staff. In addition. A review of the Vulnerability to Sexual Aggressive Behavior (VSAB) Assessment was completed prior to the classification of each youth; however, the assessments were not maintained in the Department's Juvenile Justice Information System (JJIS), but in the program's internal system (Lauris). Interview with the facility administrator (FA) revealed the program completes a classification meeting to identify what unit and room assignment is best for the youth physical and emotional safety.

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 maintains a written policy and procedures to ensure youth who are identified as or are suspected gang members are provided gang prevention and intervention services/activities. Five youth case management records were reviewed and two were applicable for gang involvement. One additional youth record was requested and reviewed. Each of the three youth records confirmed the notification to the law enforcement was made to the identified local law enforcement agency. In addition, documentation supported the educational staff and the youth's assigned juvenile probation officer (JPO) were also notified. Local law enforcement is notified in writing by the program's director of case management. The program identifies youth who are suspected gang members at intake and enter any applicable alert in the Department of Juvenile Justice Information System (JJIS). Reviewed documentation reflected all gang alerts were maintained in JJIS.

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 maintains a written policy and procedures to ensure youth who are identified as or are suspected gang members are provided intervention services and activities. Two of the five reviewed records were applicable for gang association; therefore, an additional record was reviewed. Each of the applicable records included a gang intervention outlined in the youth's Individual Performance Plan. In addition, all identified youth were assigned to participate in the Impact of Crime (IOC) curriculum which the program utilizes as their gang intervention. Reviewed sign-in sheets for the past six months confirmed youth participation.

2.07 Residential Assessment for Youth (RAY) Assessments 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 maintains a written policy and procedures which outlines all initial Residential Assessments for Youth (RAY) be completed within thirty days of admission. Five reviewed youth case management records indicated the RAY was completed within thirty days of each youth's admission to the program. The initial RAY was maintained in each youth's case record and located in the Department's Juvenile Justice Information System (JJIS). Two of the five records reviewed were applicable for a RAY Reassessment. The two applicable Reassessments were completed within ninety days of the initial assessment.

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 initial assessment process in JJIS on the YNAS.	

The program maintains a written policy and procedures to ensure each youth has a completed a Youth Needs Assessment Summary (YNAS) within the initial thirty-days after admission. Five reviewed youth case management records contained a copy of the YNAS which were completed within thirty-days of admission. All of the applicable documentation and the original YNASs were maintained in the Department's Juvenile Justice Information System (JJIS).

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 maintains a written policy and procedures to ensure the intervention and treatment team and youth develop an Individual Performance Plan (IPP) within the initial thirty days of admission. A review of five youth case management records revealed each contained an IPP created within thirty days of the youth's admission. All IPPs included acknowledgement by the youth, treatment team leader, medical staff, therapist, administrator, education staff, and parent/guardian participated in the development of the IPP. In addition, reviewed documentation supported a IPP questionnaire was mailed to each parent/guardian with the admission package. Each of the five IPPs included delinquency interventions, measurable goals, and targeted court-ordered sanctions. Each IPP outlined staff and youth responsibilities to accomplish the goals. Each record also contained documentation indicating a copy of the IPP was sent to the committing court, assigned juvenile probation officer (JPO), and parent/guardian. Five youth were interviewed, and each confirmed receiving a copy of the IPP, and participation in the creation.

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 maintains a written policy and procedures to address the revision of each youth's performance plan based upon the Residential Assessment for Youth (RAY). Five reviewed youth case management records found performance plan revisions for three of the five records. The two other records were not applicable for a revision. Revisions were made to two of the youth's Individual Performance Plans (IPP) due to failure to progress within goals. Additionally, two IPPs were updated due to transition services being rendered. A review of three close records indicated, based on the transition conference, the intervention and treatment team revised the youth's IPP, as needed, to facilitate transition activities targeted for completion during the last sixty days of the youth stay in the program.

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 maintains a written policy and procedures to address the transmittal of performance summaries. A review of five active youth case management records and three close youth records revealed each youth's performance summary was completed every ninety days or less. Summaries included reports on education, mental health, performance plan goals progress, staff and peer interactions, the youth's level of motivation to change, significant events and anti and pro-social behaviors. One of the five records contained a release summary which was sent to the committing court within the required time frame. Two additional close records were reviewed for release summaries, and each summary contained a justification for discharge from the program. All of the performance summaries in the five youth records also found each youth was able to provide a comment. Five interviewed youth reported performance summaries are reviewed every thirty days of treatment and they were provided a copy of their performance summaries. All of the records reviewed reflect the required signatures of the youth, treatment team leader, the staff whom prepared the summary, and the program director or designee. Four of the five records contained supporting documentation indicating the performance summaries were sent to the committing courts, assigned juvenile probation officer (JPO), and parent/guardian. One record reflected no evidence the performance summary was sent to the appropriate parties within the ten-day time frame. A review of three youth close case management reflect Pre-Release Notifications and release summaries were sent to the committing courts and assigned JPO at least forty-five days prior to each youth's scheduled discharge date; however, one original release summary was found in one of the youth's records.

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.	

Five youth case management records were reviewed, and each contained documentation the parent/guardian participated in the creation of the Individual Performance Plan, treatment team meetings, and monitoring events. Each record indicated multiple attempts of notification to the parent/guardian to participate in treatment services, and participate in treatment team meetings, including mailing a schedule of youth events, encouragement to participate in activities, telephone meetings, as well as being mailed copies of youth documentation. An interview with the facility administrator (FA) indicated parents/guardians are notified of and invited to all scheduled meetings involving their youth from the date of entry until the time of discharge. All five interviewed youth indicated their parents/guardians are involved in their case management activities.

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 assigns a representative from each program area to participate in biweekly informal progress reviews and formal reviews for each youth at least once every thirty days. A review of five youth case management records indicated a formal review was conducted once a month in four records. One youth was not applicable; however, had a treatment team review meeting date scheduled for the future. Treatment team members were documented on the treatment team form, and signatures were captured from the youth, case manager, medical staff, therapist, and education staff provided written input in all records. Parent/guardian participation was noted by telephone in some instances. Two applicable youth case management records documented invitations to the Department of Children and Families (DCF) representatives to participate in the meetings. Observations of three treatment team meetings during the annual compliance review revealed active participation by all required staff and parties, as outlined in the program's facility operation procedures and Florida Administrative Code. The assigned juvenile probation officer participated by telephone in two meetings, and face-to-face in one meeting.

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 maintains a written policy and procedures for the intervention and treatment team to reference or incorporate each youth's treatment plan into the youth's performance plan. A review of five youth case management records found all plans included specific interventions to address the education, academic, mental health, and substance abuse goals identified from other plans and areas of the program. One of the reviewed records confirmed the incorporation of plans with the Department of Children and Families (DCF). All five reviewed youth records confirmed the inclusion of goals from the Individual Treatment Plan, Individual Academic/Education Plans (IAP/IEP) and program sanctions. The program had no applicable youth for involvement with the Agency for Persons with Disabilities.

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 RAY 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 plan progress.	

The program maintains a written policy and procedures to address formal and informal treatment team meetings, ensuring the case manager meets informally with each youth at least biweekly and formal treatment team meetings occur at least once every thirty days. A review of five youth case management records confirmed each youth received formal treatment team reviews every thirty days. Documentation concluded the case manager, therapist, medical staff, direct care specialist, and assistant facility administrator (AFA) physically participated in formal reviews. It was also evidence the parent/guardian and assigned juvenile probation officer (JPO) participated in treatment by telephone. The Residential Assessment for Youth (RAY) is

reviewed and, when necessary, revisions to the individual treatment and or performance plans are discussed at the formal review. Observations of three formal treatment team meetings during the annual compliance review evidenced the program practices the review of performance goals, and written reports from education, medical, and the recreational specialist with the youth's progress notes and follow-up goal(s) were completed. Four of the five youth case management records reviewed documented informal review meetings were conducted at least once a month. Information included in each reviewed record supported the youth's progress in mental health, education, behavior, and performance plan goals were discussed. Documents in four of the youth's records reflected the youth's name, date of review, meeting participants, and an overview of the youth's progression over the last month. The fifth applicable youth will have his first initial review August 2019. Interviews completed with five youth revealed they are provided during treatment teams with the opportunity to act out, roleplay, and demonstrate certain skills they are learning and working towards in the program.

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

The program offers Type 2 career education services provided by the Miami-Dade County School Board, which teaches personal accountability skills and behaviors, such as interpersonal and decision-making skills appropriate for youth in all age groups and ability levels and are geared to help youth maintain employment. The vocational programming provides an orientation to various occupations which are directly related to each youth's individual abilities, aptitudes, and skill levels. Course work includes résumé writing to summarize individual education and past work experiences, and completion of job applications and college applications for those youth looking to further their education. Career education assessments and services at the program include the Florida View Career Interest Survey, Florida Ready to Work placement testing, and Safe Staff® food handler and ServSafe™ public food manager certifications. An interview with two lead teachers verified the program's practice. An interview with the facility administrator (FA) found youth in the program can participate in the ServSafe™ food handler management certification, Florida Ready to Work, fork lift operations, horticultural and agriculture, and art therapy. Three closed youth case management records were reviewed for youth with employability skills and each individual performance plan included an employability skills goal. A review of five youth records found each contained a completed resume, location/business hours of Career Source Center, documentation essential to obtain employment, and parent/guardian and JPO knowledge of vocational plan.

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 operates an academic program under the supervision and direction of the Miami-Dade County School Board on a year-round basis. The youth are required to participate in educational and vocational career-related instruction for, a minimum of 250 days during the calendar year, with a minimum of twenty-five hours of instruction weekly. Ten days are set aside for teacher planning and professional development. Five youth were interviewed, and none reported educational classes being interrupted. During the annual compliance review, the program held a formal graduation ceremony for a youth who earned his high school diploma, which was able to be observed by an annual compliance review team member. During the

ceremony, which was attended by the graduating youth's parents/guardians by way of Skype, presentations by other youth, program staff, and volunteer/mentors, who spoke about the youth's progress in the program and their support of the youth in the future. The program's daily schedule and logbooks were reviewed which reflected youth were attended educational classes as required.

2.18 Education Transition Plan	Satisfactory Compliance
Upon admission, staff and youth develop an education transition plan which includes including provisions for continuation of education and/or employment.	

Three closed case management records were reviewed, and each contained a detailed education transition plan completed prior to the youth's release from the program. Each plan was based upon the youth's specific post-release goals beginning at the youth's admission to the program, as required. Documentation indicated all required participants, including the youth, parent/guardian, educational staff with access to the district's management information system, certified school counselor, and post-release/re-entry staff provided input regarding each youth's education transition plan. A review of the transition plans indicated the services, interventions, and placements were based upon the assessed educational needs, performance, and post-release educational plans for each youth. Each plan identified the individuals specifically responsible for monitoring the reintegration and coordination of support services. All three records were for youth with employability as a transition goal and each plan included provisions for continuation of education or employment, a completed employment application, a résumé summarizing the youth's education, work experience, and completed career training, valid Florida identification card, and information pertaining to the Career Source Center located near the area in which the youth would be seeking employment. Documentation indicated the youth's case manager and parent/guardian was aware of the post-release discharge plan.

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.*	

A review of three closed case management records confirmed the program held a transition conference at least sixty-days prior to each youth's anticipated release date for each reviewed record. The program sent written notification to all required participants including the parent/guardian, the youth's juvenile probation officer (JPO), educational staff, and other pertinent parties. Reviewed documentation reflected the program's treatment team leader, facility administrator/designee, and other treatment team members participated in each

transition conference. The parent/guardian and JPO participated in the transition conference either in person or by telephone. Documentation indicated transition activities were reviewed during the transition conference, including target dates for goal completion, along with any additional goals needed upon release. There was documentation to support goals for completion of transition activities were identified during the transition conference. Reviewed documentation confirmed each youth participated in a Community Re-Entry Team (CRT) meeting prior to their release from the program.

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 maintains a written policy and procedures to address the development and contents of a comprehensive transition portfolio for each youth. A review of three closed case management records confirmed an exit portfolio was completed by the program and was provided to each youth to assist with a successful transition back into the community. Each record contained a copy of the youth's birth certificate, social security card, and State of Florida identification card. Each record contained a résumé, sample job applications, education records, and a calendar with dates, times, and locations of follow-up appointments within the community. Reviewed documentation confirmed a copy of the exit portfolio was sent to each youth's juvenile probation officer (JPO).

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 maintains a policy and procedures to address the requirements for each youth's exit conference. A review of three closed case management records reflected the youth's juvenile probation officer (JPO) was notified of each youth's release prior to the program conducting an exit conference. Each exit conference was held within fourteen days prior to the youth's release. Reviewed documentation confirmed each exit conference was documented in the case record inclusive of dated signatures of all applicable participants. When applicable, program staff noted the participants attending the conference telephonically on the signature line. Reviewed documentation confirmed the participation of the case manager, parent/guardian, education staff, JPO, youth, and other applicable parties in the exit conference. Each date of admission and release corroborated the dates entered into the Department's Juvenile Justice Information System.

Standard 3: Mental Health and Substance Abuse Services

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

The program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse facility operating procedures documented review and signature by the psychiatrist, designated mental health clinician authority (DMHCA), and facility administrator on July 18, 2019. The program's DMHCA is responsible for the oversight of mental health and substance abuse services within the program. The DMHCA's outlined duties include providing weekly face-to-face clinical supervision, management meeting attendance, assist in program development, and to provide training and support services, as needed, within the program. The DMHCA's job description and facility operating procedures also outline the DMHCA's responsibility of reviewing and signing all comprehensive mental health evaluations, Assessments of Suicide Risk (ASRs), initial treatment plans, individualized treatment plans, and treatment plan reviews. The program's DMHCA is a licensed mental health counselor (LMHC). A review of the license showed it was clear and active in the State of Florida with an expiration date of March 31, 2021. The DMHCA reported being on-site at least forty hours a week Monday through Friday and on-call twenty-four hours a day, seven days a week when interviewed during the annual compliance review. An interview with the DMHCA also verified the role in the coordination and implementation of mental health and substance abuse services at the program. Interviews with the program's facility administrator and DMHCA reported the program offers specialized substance abuse overlay services to all youth.

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 one full-time licensed mental health counselor (LMHC) serving as the designated mental health clinician authority (DMHCA).

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 a designated mental health clinician authority (DMHCA) and three full-time non-licensed, master's-level therapists providing services to youth at the program. A review of clinical supervision logs showed there were six master's-level non-licensed staff, one bachelor's-level recreational therapist, and one certified addictions professional (CAP) attending on-site face-to-face clinical supervision facilitated by the either the licensed DMHCA, the licensed regional clinical director, or the assisting licensed clinical director from another TrueCore program since the last annual compliance review. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for outpatient treatment. A review of clinical supervision documentation showed the program's current three non-licensed master's-level therapists received weekly face-to-face supervision by a licensed mental health professional for each week services were provided during the annual compliance review period. The reviewed clinical supervision logs included a review of case history, caseload directions, review of fidelity checks, clinical service instructions, documented strengths, findings, trends, and/or problem areas, situational concerns, and training. Each reviewed direct supervision log was documented on the program's form and included all elements outlined on the Department's Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log form. A review of five individualized mental health and substance abuse records compared to clinical supervision documentation supported each mental health professional providing treatment planning, assessment, crisis and suicide intervention, and therapy services to youth at the program received the required clinical supervision. A review of each therapist's caseload assignment showed each was within the contractual limit of sixteen youth. A review of the training records for the three non-licensed staff validated completion of the required twenty-hours and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. Training documentation also included the administration of five Assessments of Suicide Risk or crisis assessments conducted on-site in the physical presence of a licensed mental health professional and was documented on the Department's Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk form. The program maintains an agreement for professional services with a State of Florida American Board of Psychiatry and Neurology certified licensed psychiatrist who is scheduled to be on-site bi-weekly. The program has an agreement with a certified behavior analyst (CBA), a certified addiction professional (CAP), and a psychologist who offer services up to four hours a week, as needed. Reviewed documentation found each licensed clinician maintains a clear and active license in the State of Florida. A review of staff records demonstrated each staff worked within the scope of their licensure, experience, and training. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for outpatient treatment. A review of the program's Chapter 397 license showed it was active and expires April 7, 2020. An interview with the program's DMHCA verified both the DMHCA and psychiatrist are on-call for emergencies and consultation twenty-four hours a day, seven days a week.

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 maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The policy outlines the pre-screen process by which a youth's individualized history is reviewed and an admission screening is completed. A review of five individualized mental health and substance abuse records showed the program administered a Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) screening on the day of admission. Each reviewed record documented a review of available information to include the commitment packet, reports, and records of existing documentation of mental health or substance abuse problems on the program's document review form. A review of training records confirmed each of the five records contained screenings administered by a trained mental health staff member working under the direct supervision of the licensed DMHCA. Each of the five reviewed MAYSI-2 screenings was completed in full and scored using the Department's Juvenile Justice Information System (JJIS). Each of the five reviewed records indicated the need for further assessment based on screening results and the need for further assessment was clearly checked on each form. The program's practice is to refer all newly admitted youth for a comprehensive evaluation and an Assessment of Suicide Risk (ASR) regardless of MAYSI-2 screening results; therefore, the program does not utilize a separate mental health referral form based on screening results. None of the five reviewed records were applicable for requiring immediate attention due to an identified crisis or emergency based on the MAYSI-2 screening results. An interview with the facility administrator reported youth undergo a standardized screening process upon admission which includes the review of the youth's commitment packet, the administration of the MAYSI-2.

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

The program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The policy outlines the process by which all youth are referred to a licensed mental health service provider for the completion of a mental health and substance abuse evaluation. The program policy is to complete a new compressive mental health and substance abuse evaluation regardless of identified needs for each new admission. A review of five individualized mental health and substance abuse records showed each youth was referred for evaluation the day of admission and each evaluation was completed within thirty days of admission, as required. Two reviewed comprehensive evaluations were completed by a licensed mental health professional and three were completed by a master's-level clinician working under the direct supervision of the designated mental health clinician authority (DMHCA). Each of the three evaluations completed by a non-licensed staff were signed within ten calendar days a licensed staff, as required. Each reviewed new evaluation contained identifying information, reason for evaluation, relevant background information, behavioral observations, mental status examinations, procedures administered, discussion of findings,

diagnostic impressions, and recommendations. Each of the three reviewed records were applicable for a substance abuse diagnosis and contained a substance abuse assessment. Each record documented a consent for substance abuse services and urinalysis. Each substance abuse evaluation was completed within thirty days. Each reviewed substance abuse assessment contained reason for assessment, behavioral observations, methods of assessment, patterns of alcohol and drug abuse, impact of alcohol and drug abuse on major life areas, risk factors of continued alcohol and other drug abuse, clinical impressions, recommendations, and the original referral reason. An interview with the program's DMHCA reported during the first two weeks of a youth's admission, the primary therapist completes Reynolds Adolescent Depression Scale - Second Edition, Adolescent Psychopathology Scale™ Short Form, Trauma Symptom Checklist for Young Children™, Trauma Symptom Inventory™, Substance Abuse Subtle Screening Inventory, and Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB) assessments upon admission and throughout treatment as indicated by the therapist. The DMHCA further explained the initial assessments, as well as the follow-up assessments, are included within the comprehensive mental health and substance abuse assessment in addition to all pertinent information from the initial screening, parent/guardian interviews, the youth's juvenile probation (JPO) officer interviews, and youth behaviors exhibited during the first few weeks at the program.

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

The program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan states mental health and substance abuse treatment services are available to all youth at the program who are determined to meet clinical criteria. Additionally, mental health and substance abuse treatment is provided on-site through the provision of substance abuse treatment overlay services (SAOS). The program's SAOS services include record review, bio-psychosocial evaluation, substance abuse assessment, drug screening, mental health evaluations for youth with a co-occurring mental disorder, individualized substance abuse treatment planning, psychiatric services, medication management, individual, group, and family substance abuse counseling, crisis management, twenty-four-hour suicide prevention services, and emergency management services. The program's plan for mental health and substance abuse services indicated all youth are prescribed treatment based on their identified individualized need and, at a minimum, all youth shall receive weekly individual therapy sessions, monthly family sessions, daily clinical group services, and supportive counseling, as needed. A review of five individualized mental health and substance abuse records documented each youth was assigned to a treatment team on the day of admission. Each of the five reviewed records contained an active Authority for Evaluation and Treatment (AET), substance abuse treatment consent, and urinalysis consent. The program is licensed under Florida Statute, Chapter 397, and certified through the Florida Department of Children and Families (DCF) to provide substance abuse services for adolescents. Each of the five reviewed mental health and substance abuse treatment records contained notes which included all elements of the

Department's Counseling/Therapy Progress Note form. Progress notes were completed weekly and each reviewed progress note form contained youth identifying information, date of services, start and end time of services, type of service, number of participants, curriculum, clinical interventions, youth response, summary of overall progress in treatment for the week, goals addressed during the week, summary of significant events, summary of family involvement, and primary counselor's signature. Five youth were interviewed regarding participation in groups at the program. Each of the five youth reported participating in group counseling at the program and one youth also reported participating in weekly individual sessions. Five staff were interviewed regarding which staff facilitate mental health and substance abuse groups at the program. Each of the five staff reported direct care staff do no facilitate groups and therapists and/or group trained staff facilitate groups. An interview with the program's DMHCA reported the program uses a mental health tracker to ensure the youth are receiving group, individual, family, and supportive therapy, as prescribed. A review of five individualized mental health and substance abuse records showed four youth did not receive mental health and substance treatment, as prescribed. Four of the five reviewed records were missing prescribed family and individual counseling sessions. The first record contained two missing sessions since April 2019, the second contained six missing sessions since April 2019, the third contained eleven missing sessions since April 2019, and the fourth contained twenty-five missing sessions since October 2019. The four records with missing services were missing a culmination of thirteen prescribed monthly family counseling sessions and thirty-one individual sessions. Observations of mental health and substance abuse groups during the annual compliance review week and reviewed sign-in sheets reflected mental health groups had no more than ten youth and substance abuse youth had no more than 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.*	

The program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan states treatment planning at the program includes an initial mental health and substance abuse treatment plan and individualized mental health and substance abuse treatment plan, monthly treatment plan reviews, and discharge planning. A review of five individualized mental health and substance abuse records showed an initial treatment plan was developed on the day of each youth's admission. Each was documented on the program's form and contained all elements outlined in the Department's Initial Mental Health/Substance Abuse Treatment Plan form. Two of the reviewed Initial Treatment Plans were completed by a licensed mental health professional and three were completed by a master's-level mental health staff working under the direct supervision of the licensed designated mental health clinician authority (DMHCA). The licensed staff signed the three initial plans completed by non-licensed staff within ten calendar days, as required. A review of five individualized mental health and substance abuse records

documented four of the five reviewed Initial Treatment Plans contained signatures of all treatment team members participating in the development of the plan. One record was missing the signature of the living unit representative. Each of the five reviewed Initial Treatment Plans documented the youth's psychiatric needs to include prescribed medication and medication monitoring frequency.

A review of five records showed each contained an Individualized Treatment Plan documented on the program's form containing all elements in the Department's Individualized Mental Health/Substance Abuse Treatment Plan form. The program's Individualized Treatment Plan form includes youth identification information, youth Diagnostics and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis, symptoms supporting diagnostic criteria, any changes in diagnosis, youth and family strengths, needs, and ability preferences, services to be provided, clinical goals, youth interpretations of clinical goals, objectives, status and date, target completion dates, progress summary, summary of additional services, youth overall progress in program, medication details, and signatures of treatment team members. Each reviewed plan was developed within thirty days of admission and signed by the clinical staff creating the plan, all treatment team members who participated in plan development, and then the licensed staff member within ten days. Five records were reviewed for Individualized Treatment Plan reviews. Each record also contained a monthly American Society of Addiction Medicine (ASAM) summary and recommendation. Additionally, each reviewed treatment plan review form contained identifying youth information, DSM-5 diagnosis, symptoms supporting diagnostic criteria, any changes in diagnosis, clinical goals, youth interpretations of clinical goals, objectives, status and date, target completion dates, progress summary, summary of additional services, youth overall progress in program, medication details, and services to be provided. Each reviewed treatment plan review was documented on the program's form containing all the information in the Department's Individualized Mental Health/Substance Abuse Treatment Plan Review form. A total of sixteen treatment plan reviews were applicable in the reviewed five youth records. Each of the sixteen reviews contained signatures of treatment team members participating in the review; however, five of the reviews did not clearly document participation of signature by the living unit representative.

Three closed individualized mental health and substance abuse records were reviewed for the completion of mental health and substance abuse discharge plans. Each record contained a discharge plan documented on the program's form and included all elements outlined on the Department's Mental Health/Substance Abuse Treatment Discharge Plan form. Each of the three reviewed discharge plans were completed by the individualized treatment team on the same day of each youth's exit staffing. None of the records were applicable for notification of suicide risk upon discharge. Each youth's discharge summary documented services needed, and documented youth and parent/guardian participation. The program practice is to obtain the parent/guardian signature on the discharge plan upon admission and then provide the parent/guardian of the plan. The program also sends all mental health and substance abuse discharge plans to the youth's juvenile probation officer (JPO) by mail upon release. An interview with the DMHCA reported within thirty days of the development of the Individualized Treatment Plan, each youth receives a treatment plan review during which his goals and objectives are reviewed and updated.

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 maintains a written plan for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan outlines specific substance abuse treatment overlay services (SAOS) provided at the program to include individual, family, psychoeducational, supportive, and group counseling. The program's contract, written plan for mental health and substance abuse services, and schedule support the youth are provided group therapy services to include Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT), Seeking Safety, Pathways to Self-Discovery and Change, Cannabis Youth Treatment, Living in Balance, Anger Management for Substance Abuse and Mental Health Clients, Strategies for Anger Management, Adolescents Coping With Depression, Coping With Stress (CWS), and The Shyness and Social Anxiety Workbook for Teens. The program also maintains a written policy and procedures for outpatient substance abuse services to establish a method in which substance abuse treatment services shall be provided to youth. The substance abuse services facility operating procedures include procedures for screening, assessment, special needs, residential placement criteria, primary counselor assignment, treatment planning, treatment plan reviews, progress notes, ancillary services, record of disciplinary problems, control of aggression, discharge and transfer summaries, provisions of services for outpatient treatment, record keeping, and drug testing. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for outpatient treatment. The program participates in on-site and off-site Narcotics Anonymous (NA) local chapters, providing access to additional substance abuse services for youth. The program also participates in Art Therapy in Motion. The program is through a grant through Very Special Artist of Florida where a local artist provides hands-on therapeutic art instruction to youth, creating visual art, art shows, field trips, and assistance with mural projects. The program maintains an independent contractor agreement with a board-certified behavior analyst (CBA) to supplement mental health services. A review of the CBA's credential verified the CBA is a board-certified behavior analyst with the recertification date of August 31, 2019. The program maintains an independent contractor agreement with a certified addiction professional (CAP) for up to four hours a week. A review of the CAP certification showed it was active with an expiration date of June 30, 2020. The program's CAP delivers twice a week Life Centered Education curriculum in a group setting in addition to leading on-site NA groups and holding individual sessions. Additionally, the program maintains an independent contractor agreement with a licensed psychologist for up to four hours a week. A review of the psychologist's license showed it was clear and active in the State of Florida with an expiration date of May 31, 2020. A review of five individualized mental health and substance abuse records showed each contained an initial urine drug screen, at least one random urine drug screen, and a detoxification assessment form completed by the program's medical staff. A review of staff sign-in and invoicing documentation along with a review of five individualized mental health and substance abuse records supported CAP, CBA, and psychologist services are provided to youth. A review of five individualized mental health and substance abuse records weekly progress notes supported the groups are provided to youth, as scheduled. Five youth were interviewed regarding participation in groups at the program. Each of the five youth reported participating in group counseling including Pathways, IOC, T4C, drug abuse group, gang group, behavior group, Arise, and anger management group.

3.09 Psychiatric Services (Critical)	Limited 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. ****Tele-psychiatry is not currently approved for use in Residential Programs****	

The program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan outlines the role of a contracted psychiatrist for the management and oversight of psychiatric care. The program's psychiatrist supervises the treatment team and provides psychopharmacological therapy to youth receiving psychotropic medications. In addition to a psychiatric evaluation, medical and psychiatric follow-up visits are conducted on an individualized basis. The program maintains an independent contractor agreement with a State of Florida, board-certified, licensed psychiatrist. The program does not utilize an advanced registered nurse practitioner (ARNP). A review of the psychiatrist's license showed it was clear and active in the State of Florida with an expiration date of January 31, 2020. The psychiatrist is a licensed medical doctor with a specialty in psychiatry and neurology. A review of psychiatrist sign-in sheets since the last annual compliance review supported the psychiatrist is on-site bi-weekly, as required. Additional documentation reviewed supported the psychiatrist participates in bi-weekly treatment team meetings with the program's mental health staff. Treatment team meeting minutes included a review of referred youth, diagnosis, and discussion and meting outcomes. A review of five individualized mental health and substance abuse records showed each contained a psychiatric initial diagnostic interview completed within fourteen days of admission. Each diagnostic interview documented youth history, Mental Status Examination, Diagnostics and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnosis, applicable prescribed medications, and frequency of medication monitoring. One reviewed record did not document treatment recommendations. All reviewed records documented the initial diagnostic psychiatric interview on the department's Clinical Psychotropic Progress Note (CPPN) form, and each contained page number three of the CPPN. Three records were applicable for changes to existing medications and clearly documented a treatment plan discussion with the parent/guardian. Each of the five reviewed records was applicable for the prescription of psychotropic medications and a total of sixteen monthly medication management reviews were observed. None of the sixteen reviewed diagnostic interviews documented the explanation of the need for psychiatric medications related to the youth's target symptoms, potential side effects, and risks and benefits of taking the medication.

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 maintains a written policy and procedures to establish a method in which suicide prevention services shall be provided to all youth. The program also maintains an attached Suicide Prevention Plan. A review of the program's Suicide Prevention Plan showed it included admission screening, staff observation, assessment, documentation facility administrator notification, levels of supervision, suicide attempt or serious self-inflicted injury review and

mortality review, and training. An interview with the program's facility administrator (FA) reported the program conducts emergency mental health drills, to include emergency response to suicide attempts or self-inflicted injury, at least 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 maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan outlines the staff pre-service training requirements in mental health/substance abuse illness, symptoms, and treatment modalities. All direct care and non-direct care staff also receive ongoing on-site training regarding suicide prevention, crisis intervention, and emergency care. The program's practice is to complete an Assessment of Suicide Risk (ASR) on the day of admission, regardless of intake screening results. Five individualized mental health and substance abuse records were reviewed for suicide prevention services and three were applicable for exhibiting risk factors requiring a suicide assessment. One youth was determined to be at risk during the admission screening process, the second self-reported suicidal thoughts, and the third youth engaged in self-injurious behavior. Each of the three records documented an ASR was completed using the Department's ASR form within twenty-four hours, as required. Each of the three reviewed records documented the youth was placed on precautionary observation, documented parent/guardian and juvenile probation officer (JPO) notification, and mental health staff provided supportive services. Each record also documented the completion of a Follow-Up ASR completed on the Department's form. Each reviewed Follow-Up ASR documented a conference with the facility administrator prior to stepping a youth to close supervision. Each reviewed ASR and Follow-Up ASR was completed on-site by a licensed mental health professional. Each of the three applicable records also documented the completion of a mental status exam prior to placing the youth on program standard supervision. A review of the program logbooks, shift reports, and the Department's Juvenile Justice Information System supported the program documented the beginning and end times of youth placed on precautions. The program does not utilize secure observation. Five staff were interviewed regarding responsibilities of direct care staff if a youth expresses suicidal thoughts. All five staff reported they would search the youth and room for sharp objects, maintain constant sight and sound supervision, and notify the mental health staff. Four staff reported they would document supervision and notify the program's administrative staff. Each of the staff reported the program's suicide response kit is located in the conference room and another is in the laundry room. Three staff reported a kit is in the medical office and one staff reported a kit is in the teacher's office. The program maintains three complete suicide response kits located in the medical office, classroom office, and conference room. The program also maintains an extra knife for life within all program first aid kits. An interview with the program's designated mental health clinician authority (DMHCA) reported each youth receives an ASR upon entrance into the

facility setting. It was also reported staff may also write a referral indicating the youth is suicidal and the primary therapist will immediately assess the youth. The program's facility administrator reported when a youth is potentially suicidal and placed on precautionary observation, a notation is made in the logbook which is reviewed when each shift comes on-duty. Additionally, the status of youth on precautionary observation is noted during the staff briefing and reviewed during the daily management meetings.

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 program maintains a written plan and facility operating procedures for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan outlines requirements for youth maintained on precautionary observation. Five individualized mental health and substance abuse records were reviewed for suicide prevention services and three were applicable for completion of a precautionary observation log. Each reviewed log was documented on the Department's Suicide Precaution Observation Log form and was maintained for the duration each youth was on suicide precautions. Each of the three reviewed logs documented signature by mental health staff and the shift supervisor. Each reviewed log documented safe housing requirements and were documented in real time not exceeding thirty-minute intervals. There were no documented lapses in supervision on the three reviewed logs. None of the reviewed logs were applicable for documenting warning signs or the need for immediate consultation with mental health staff. Three youth previously placed on suicide precautions were interviewed during the annual compliance review Each of the three youth reported never being left alone while on precautionary observation.

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.	

The program maintains a written training plan outlining suicide training requirement for all program staff. A review of five direct care staff training records supported each staff received six hours of annual suicide training, as required. The program has completed a total of fifteen mock suicide drills in the last twelve months. All of the completed drills included the use of life saving measures including the use of cardiopulmonary resuscitation (CPR) or an automated external defibrillator (AED). A review of the completed drills against the program staff roster showed fifteen staff were applicable for participating in mock drills semi-annually. Documentation supported eleven staff completed in two or more dills in the last twelve months, two staff participated in one, and two staff participated in none. A review of the program's mock suicide drills and mental health drills since the last annual compliance review supported drills are conducted on each shift quarterly as required. Each reviewed drill documented a description of the incident, a synopsis of the response, identified deficiencies, corrective action, and staff members involved.

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 maintains a written policy and procedures to establish a method of crisis intervention services to be provided to all youth. The program also maintains an attached crisis intervention plan. The program's crisis intervention plan facility operating procedures documented review and signature by the psychiatrist, designated mental health clinician authority (DMHCA), and facility administrator on July 18, 2019. A review of the program's crisis intervention plan showed it included a process for ensuring safety and security, notification and alert system, referral, communication, supervision, documentation, and review, as required.

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 maintains a written plan for mental health and substance abuse services to establish the coordination of mental health and substance abuse services for all youth. The program's mental health and substance abuse plan outlines crisis intervention, suicide prevention, and emergency services provided at the program. The plan states crisis intervention will be provided as needed in a one-to-one setting for youth who require immediate processing relating to the specific incident. The program's crisis intervention services include anger control issues, depressive symptoms, maladaptive coping mechanisms, and impaired impulse control. In the event a youth exhibits out of control behaviors, the program's direct care staff place the youth on mental health alert and refer to a qualified mental health professional for a crisis assessment. A review of five individualized mental health and substance abuse records showed three applicable crisis assessment and crisis interventions were provided. Each of the reviewed crisis assessments included the reason for assessment, mental health status examination and interview, determination of danger to self and/or others, initial clinical impressions, supervision recommendations, treatment recommendations, parent/guardian notification, and recommendations for follow-up. Each reviewed crisis assessment was completed by a master's-level therapist and two documented reviewed and signature by the licensed mental health professional within twenty-four hours, as required. The third assessment was signed three hours late. Each of the three assessments resulted in an increased supervision level and the corresponding alert was placed into the Department's Juvenile Justice Information System (JJIS) as required. Each youth was placed on precautionary observation and precautionary

observation logs were applicable and maintained. Each youth was re-assessed, and a mental health status exam was completed prior to lowering the supervision level. Each follow up assessment documented completion by a master's level non-licensed mental health staff and review and signature on the same day by the licensed mental health professional. There were no Prison Rape Elimination Act (PREA) allegations requiring a crisis assessment since the last annual compliance review.

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 maintains a written policy and procedures to establish a method in which emergency mental health and substance abuse services will be provided to all youth. The program also maintains an attached emergency care plan. A review of the program's emergency care plan showed it included a process for emergency identification and immediate staff response, supervision, authorization of transport for emergency services and transportation for mental health and substance use emergencies, mortality review, and staff training. The program utilizes Nicklaus Children's Hospital located in Miami for youth under eighteen, and Kendall Regional Medical Center for youth eighteen and over for mental health/ baker act emergencies requiring involuntary placement and/ or assessment. The program utilizes Jackson Memorial Hospital in Miami, Florida for youth identified with detoxification symptoms admitted under the Marchman Act proceedings.

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

The program maintains a written policy and procedures to establish a method in which emergency mental health and substance abuse services will be provided to all youth. The program also maintains an attached emergency care plan. The program's emergency care plan plan outlines the process for Baker and Marchman Act proceedings. There was only one Baker Act and no Marchman Act proceedings at the program since the last annual compliance review. A review of the one record applicable for a Baker Act showed the youth was placed on precautionary observation four days prior to the Baker Act. A review of the youth's record, the program logbook, the program's incident report, and an interview with the facility administrator explained the youth was brought to Jackson Behavioral Health in Miami Florida by law enforcement. Law enforcement arrived at the program to place the youth under arrest and brought the youth for an involutory examination based on observed behaviors. The youth was assessed and immediately released by the Baker Act unit. Upon return to the program the youth was placed on constant supervision as required. An Assessment of Suicide Risk (ASR) was not applicable for completion due to the youth not presenting with suicidal risk factors before or after the involuntary examination was completed. A review of the youth record confirmed a mental status examination was completed prior to lowering the youth's supervision level, as required.

Standard 4: Health Services

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

The program maintains a written policy and procedures ensuring a health authority shall be responsible for the healthcare services provided. The program maintains an independent contractor agreement with a State of Florida physician to serve as the designated health authority (DHA) signed on March 4, 2014, with an automatic annual renewal. The DHA holds an active, unrestricted license under Chapter 458, Florida State Statute, and is a medical doctor with specialty training in pediatrics and surgery with a license expiration date of January 31, 2020. The DHA is a current member of the American Board of Pediatrics and maintains certificate of insurance with an expiration date of April 1, 2020. The program does not utilize an advance registered nurse practitioner/advance practice registered nurse or physician's assistant. The DHA is scheduled to be on-site weekly for approximately two hours. Reviewed physician logs for the past six months validated the DHA was on-site weekly; however, the days and times were not consistent due to their hospital schedule and there was never more than nine days passing between visits. The DHA is responsible for communication with program staff regarding youth medical needs, and is available for consultation twenty-four hours a day, seven days a week for acute medical concerns, emergency care, and coordination of off-site care. The scope of services includes medical screenings, assessments and evaluations, provide medication evaluation and on-going monitoring of medications and chronic medical medications. Supporting documentation validated the DHA consults and works with the treatment team members in developing and modifying treatment plans and performance plans as needed. The program did not renew their independent contractor agreement with the back-up physician; therefore, the DHA schedules all leave around the weekly on-site visits. An interview with the DHA supported their role includes performing Comprehensive Physical Assessments, sick call, periodic evaluations, and reviews healthcare policies and procedures and nursing protocols. The program maintains an independent contractor agreement with a State of Florida licensed psychiatrist. The current license expires on January 31, 2020 and the certificate of insurance expires October 15, 2019. The psychiatrist is on-site twice a month and meets with the nursing staff, clinical director, and case managers to discuss the needs of the youth and evaluate medication management. An interview with the psychiatrist indicated they have concerns with the youth being admitted into the program. The program is vested for substance abuse; however, many youths have serious psychiatric problems. The program maintains independent contractor agreements with a State of Florida licensed dentist and a State of Florida licensed optometrist. The dentist license expires February 28, 2020 and maintains certificate of liability insurance with an expiration date of January 21, 2020. The optometrist license expires February 28, 2021.

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 maintains facility operating procedures for all health-related procedures and protocols utilized. The program's assigned designated health authority (DHA) conducts an annual review of all health-related policies, procedures, and protocols. Reviewed documentation supported the DHA signed all healthcare policies and procedures on June 25, 2019, the facility

administrator documented a review on June 27, 2019, and the psychiatrist documented a review on July 11, 2019. The program maintains three full-time registered nurses (RN), with one who serves as the health services administrator (HSA). The program had no new nursing staff since the last annual compliance review; however, the program maintains a training requirement whereby newly employed healthcare personnel shall receive a comprehensive clinical orientation to the Department's healthcare policies and procedures, to include Florida Administrative Code 63-M, provided by HSA. Reviewed training curricula and plan supported a new RN would receive the required pre-service and orientation training to include on-the-job training. The program maintains a nursing protocol manual developed and approved by the DHA on July 9, 2018. Reviewed training records for nursing staff supported training on the treatment protocols and healthcare policies and procedures in June and July 2019. Treatment protocols were reviewed by the DHA on July 25, 2019 and remained effective without change to include admission standing orders, non-licensed medical and emergency protocol guide, body mass index protocol, and approved first aid kit content and designee.

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.	

The program maintains a written policy and procedures ensuring, fully possible, parents/guardians are afforded the right to give or withhold consent about the healthcare provided to their children. The Authority for Evaluation and Treatment (AET) form is signed by the parent(s) who have legal custody or legal guardian and the AET serves as informed consent for non-invasive medical procedures which can be treated by healthcare staff or for minor ailments requiring over-the-counter (OTC) medications. The signed AET is valid until the parent/guardian revokes or modifies it, or the youth leaves the custody of the Department. The program utilizes a separate form for youth eighteen years of age or older providing consent for release of specific information as noted on the Release of Information Authorization for Youth Eighteen Years of Age and Older form and to whom the information can be released and shared. A review of five youth healthcare records found three youth eighteen years of age or older and all three youth signed a Release of Information form. Two applicable reviewed youth healthcare records each contained a copy of the signed AET and the word "Copy" was clearly stamped on each. There were no original AETs reviewed. One youth was also in the custody of the Department of Children and Families (DCF); however, parental rights had not been terminated. Each reviewed AET and/or Release of Information form was filed in each youth's healthcare record in the appropriate section. An interview with nursing staff indicated the registered nurses review all admissions in the Department's Juvenile Justice Information System (JJIS) and validates the AET. If needed, the assigned juvenile probation officer would be contacted through the case manager to obtain a new AET. Upon intake or when the youth turns eighteen years of age, two releases of information are completed to include the youth stating who, if any, information should be released and as an emergency contact for release of information to any off-site medical provider.

4.04 Parental Notification/Consent	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.	

The program maintains a written policy and procedures ensuring the parent/guardian is informed of significant changes in the youth's condition and to obtain consent when new

medications and treatments are prescribed. Procedures also ensure the parent/guardian is notified to obtain consent of new psychotropic medications, discontinuances, or psychotropic medication adjustments. Five reviewed youth healthcare records supported three youth were eighteen years of age or older. Five applicable reviewed healthcare records supported the parents/guardians were notified when significant changes to existing medication occurred and when changes in condition and/or medication for youth identified with a chronic condition. There was one applicable youth record of parental notification for over-the-counter (OTC) medication beyond those covered by the Authority for Evaluation and Treatment (AET) and documentation supported parental notification was sent. Two reviewed youth healthcare records were applicable for off-site emergency care and reviewed documentation supported the parents/guardians were notified. Program practice indicated the parents/guardians are notified within twenty-four hours with a written notification. Verbal consent is obtained as soon as possible after an order is written. Verbal consent is obtained for any over-the-counter medication which has not been previously approved. For new prescriptions, significant dosage change, or for discontinuing a medication, a parental notification is also completed. All attempts are made to verbally contact the parent/guardian prior to a youth leaving for the emergency room (ER). The parent/guardian is also contacted upon the youth's return with the results of the ER visit. Written notification is completed after the return from the ER. Nursing interviews indicated parental notifications are written and sent the same day as the event to include off-site appointments, new intake, seen on-site by the designated health authority, and/or any other pertinent medical event. All five reviewed youth healthcare records supported each youth was prescribed a psychotropic medication and the required parent/guardian consents were obtained. Each reviewed healthcare record documented a telephone consent conducted by the psychiatrist and witnessed by the nurse. The parent/guardian received a written follow-up of a copy of the Department's Clinical Psychotropic Progress Note (CPPN) outlining the medication prescribed and reasons for the medication with the Acknowledgement of Receipt of Clinical Psychotropic Progress Note. Copies of all correspondence was maintained in the applicable youth healthcare record. There were no applicable youth requiring immunizations; however, policy and procedures outline the AET provides an opportunity for parental consent to be obtained for missing vaccinations. At the time of signing the AET, the parent/guardian shall be provided with the relevant Vaccine Information Statements (VIS) to inform them of the potential risks and side effects. When the parent/guardian does not consent to the vaccinations, the Parent Notification of Health-Related Care: Vaccination/Immunizations form is sent with the required VIS to obtain consent. There were no applicable reviewed healthcare records of the parent/guardian not consenting due to religious reasons. Program practice is for the nursing staff to pull each youth's immunization record from the Florida Shots website within the first week of admission and have the designated health authority document a review of the record.

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

The program maintains a written policy and procedures ensuring each youth receives a routine healthcare screening and evaluation upon admission and ensure a healthcare admission rescreening shall be completed each time the physical custody of the youth changes and they are subsequently returned or readmitted. A review of five youth healthcare records validated each youth received an initial admission screening utilizing the Department's Facility Entry Physical Health Screening (FEPHS) form. All admission screenings were completed by a registered nurse (RN). An interview with the health services administrator indicated a nursing

assessment is conducted immediately following the initial search, normally within ten to fifteen minutes of the youth's arrival. The RN notifies the designated health authority (DHA) by telephone or verbally, if on-site, with the youth's history and identified chronic condition and documents the notification on the DHA Notification form and in the nursing admission chronological notes. The DHA Notification form is filed in the youth's healthcare record in the practitioner's chronological note section. Referrals are documented in the physician's log. Two of the five reviewed healthcare records were applicable for a change in custody. An additional applicable youth healthcare record was reviewed to meet the sample size and found all three youth received a re-screening upon admission utilizing the FEPHS.

4.06 Youth Orientation to Healthcare Services/Health Education	**Satisfactory Compliance**
All youth shall be oriented to the general process of health care delivery services at the facility.	

The program maintains a written policy and procedures establishing a system whereby all youth shall be oriented to the healthcare system upon admission or the next available opportunity. The health education shall be provided by the healthcare staff, in writing and during an individual session with the youth to ensure youth with identified disabilities can understand the information provided. When applicable, the orientation/admission health education will be provided in Spanish, as well as any other language a youth uses as a primary language. For youth with cognitive deficits, the teachers in the program shall provide information as to how to present the information to the youth who are impaired. A review of five youth healthcare records validated each youth received a healthcare orientation on the day of admission, as documented on the Department's Health Education Record form. Each youth received a health education packet specifically designed for male adolescents. Youth and nursing staff signed the health education packet acknowledging the training was conducted and the youth reviewed and understood the information. In addition to the admission health orientation, youth received health education throughout their stay documented in the healthcare record. Each reviewed healthcare record validated this practice.

4.07 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 practice is for the designated health authority (DHA) to be notified by telephone or verbally of all admissions and when a youth is admitted on prescribed psychotropic medications, the psychiatrist is also notified by telephone. Nursing staff document the notification on the DHA Notification of Admission form. The nurse signs the form and the DHA signs the form at the next on-site visit. A review of five youth healthcare records validated the DHA was notified by telephone and the Notification of Admission form was filed in the practitioner's section of the healthcare record. In addition, the nurse documents the DHA notification on the Nursing Chronological/Notification Progress Note – Male Admission form and the form is filed in the nursing chronological notes section of the healthcare record. The nursing staff update the Chronic Conditions Log after the notification(s) is completed.

4.08 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.	

The program maintains a written policy and procedures ensuring nursing staff shall complete the Department's Health-Related History (HRH) form prior to the Comprehensive Physical Assessment (CPA). A review of five youth healthcare records found a new HRH completed in all for each youth within seven days of the youth's admission. Reviewed practice supported the HRH form was completed on the day of admission. The nursing staff provided their electronic signature on the HRH form. The DHA documented a review of the HRH form on the completed CPA. An interview with nursing staff validated the practice and indicated the HRH form is also completed whenever any new significant medical event or change occurs and then annually. Reviewed practice found three applicable records where changes occurred, and the HRH form was updated.

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

The program maintains a written policy and procedures ensuring each youth receives a physical health evaluation after admission and prior to any participation in sports, exercise, or any other strenuous activity. The program also maintains a written policy and procedures ensuring each youth receives a routine healthcare screening and evaluation for latent or active tuberculosis. A review of five youth healthcare records validated the program utilizes the Department's standardized Comprehensive Physical Assessment (CPA) form. All CPAs were completed by the designated health authority (DHA). All sections of the CPA were completed in full utilizing "O" with no applicable "X." All five reviewed CPAs did not complete sections numbers twenty-three, twenty-four, twenty-five, and twenty-six (pelvic and rectum examination) and each documented the youth refusal with their signature on the CPA. Reviewed documented practice validated the Department's Problem List was updated for each youth throughout their stay, when applicable. A review of five youth healthcare validated each youth had at least one verified tuberculin skin test (TST) documented on the CPA within the last year to determine exposure to tuberculosis. In addition, as part of the healthcare admission screening, nursing staff utilize the Department's Facility Entry Physical Health Screening (FEPHS) form to conduct a tier I tuberculosis screening. All tier I tuberculosis screenings were conducted on the day of admission for each youth. Reviewed documented practice found the results of the TST were also documented on the Department's Infectious and Communicable Disease (ICD) form, and on the program's Tuberculosis Skin Test/Purified Protein Derivative (PPD) form. Nursing interviews indicated nursing staff also review the Department's Juvenile Justice Information System to ensure there is a documented TST and to ensure the TST is current and documented as required. A medical tracker is also maintained to monitor TST/PPD due dates. There were no current youth with symptoms suggestive of active TB. Program procedures outline if the screening indicates the youth has symptoms suggestive of active TB, the youth are not placed in the general population until medically assessed by the DHA. The program does not have an airborne infections isolation room, so the youth is taken outside in the open air until the DHA is notified and the youth is transferred to Baptist Health – Kendall Hospital or Miami Children's Hospital for further evaluation.

4.10 Sexually Transmitted Infection/HIV Screening	Satisfactory Compliance
The program shall ensure all youth are evaluated and treated (if indicated) for sexually transmitted infections (STIs) and HIV risk factors.	

The program maintains a written policy and procedures ensuring all youth admitted shall be clinically screened and medically evaluated for sexually transmitted infections (STI). The designated health authority (DHA) shall then decide based on the screening tool and medical evaluation to order testing for sexually transmitted diseases/infections. A review of five youth healthcare records found each youth was identified as sexually active and was clinically screened and evaluated for STIs utilizing the Sexually Transmitted Infectious Screening form. Each youth was referred to the DHA for further evaluation. Testing was ordered and was performed for each youth. Test results were filed in the lab section of the healthcare record and the screening results were documented on the Department's Infectious and Communicable Disease (ICD) form. There were no applicable youth who were out of the Department's custody for over thirty days and/or required a rescreening due to symptoms present. Nursing interviews validated the practice. The program maintains a written policy and procedures ensuring all youth at risk for human immunodeficiency virus (HIV) infection are offered counseling, testing, education, prevention counseling, and a referral for medical treatment, as indicated. A review of five youth healthcare records validated each youth was offered the opportunity to receive counseling and testing for HIV. The program utilizes a site-specific HIV Risk Assessment and a referral for testing is based on the assessment results. Youth who consent to receive counseling and testing sign the Department's Human Immunodeficiency Virus (HIV) Antibody Test Youth Consent form. Four youth consented for testing. The program utilizes testing companies to provide pre-counseling, testing, and post-counseling. Each provider maintained current certificate of registration with the Florida Department of Health, Division of Disease Control and Health Protection authorized to conduct HIV testing expiring on October 31, 2019 and March 17, 2020 respectively. Reviewed youth healthcare records validated when youth received pre-counseling, testing, and post-counseling, the youth's Health Education Record form was updated. The results were placed in a sealed envelope marked "confidential" and the youth's name and test date documented on the outside of the envelope. Nursing staff interviews indicated the confidential results are given to the youth upon discharge. Nursing staff also maintain a HIV Testing Tracking Log to document the youth's name, Department identification number, date refused testing (if applicable), date of testing, pre-testing date, post-testing date, and provider name. Five interviewed youth indicated they can request HIV testing.

4.11 Sick Call Process	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 shall respond appropriately, in a timely manner, and document all sick call encounters as required by the Department. All youth in room restriction/controlled observation shall have timely access to medical care, as required by Rule.	

The program maintains a written policy and procedures ensuring all youth shall be able to make sick call requests and have their complaints treated appropriately through the sick call system. The program identifies sick call as the official method for a youth to request healthcare services for an illness or injury. Sick call care, including dental complaints, shall be available to all youth. Sick call care is provided by licensed healthcare professionals, pursuant to their scope of practice and according to the protocols approved by the designated health authority (DHA). The sick call process is intended to provide care in response to complaints of illness or injury of non-

emergency nature, but which requires some form of assessment and/or decision-making by a licensed nurse and/or licensed physician. Each youth is oriented to the program's sick call process upon admission. The program maintains independent contractor agreements with a State of Florida licensed dentist and a State of Florida licensed optometrist. The dentist's license expires February 28, 2020 and maintains certificate of liability insurance with an expiration date of January 21, 2020. The optometrist's license expires February 28, 2021. The program maintains an independent contractor agreement with a State of Florida licensed psychiatrist. The psychiatrist is on-site two times month and meets with the nursing staff, clinical director, case managers to discuss the needs of the youth and evaluate medication management. The program offers youth the opportunity to make a sick call request, seven days a week, two times daily, conducted by the registered nursing staff. Monday through Friday sick call is conducted from 9:15 a.m. to 9:40 a.m. and 5:00 p.m. to 5:30 p.m. Saturday and Sunday sick call is conducted 8:30 a.m. to 9:30 a.m. and 3:00 p.m. to 5:00 p.m. A review of five youth healthcare records validated four youth completed a Sick Call Request form at least once during their stay. One youth had three separate complaints submitted, one youth had four, one five, and the last youth ten. The registered nurse (RN) documented the treatment and/or services provided to the youth during the sick call event on the Sick Call Request form. There were no applicable youth who presented a similar sick call complaint three or more times within a two-week period. However, program procedures outlined the healthcare staff will automatically refer the youth to the DHA or dentist for an evaluation and treatment. Reviewed healthcare records indicated each sick call incident was documented on the Sick Call Index and Sick Call Referral Log and the completed forms were filed electronically in the program's electronic medical record as well as the healthcare record. When a licensed healthcare staff is not on-site, all Sick Call Request forms shall be turned into the staff mentor for review. The staff mentor is required to review the sick call complaint promptly but no longer than two hours after the request was submitted. The staff mentor will determine if the sick call requires immediate attention. The designated health authority (DHA) is on-call and available for consultation to determine if the sick call requires immediate attention and/or for instructions. Any youth complaining of severe pain, including dental, which a staff member is unfamiliar and cannot determine the severity, shall be treated as emergencies and require immediate referrals to a licensed healthcare professional. All staff mentors received medical technician training delivered by the RN. An interview with the RN indicated refresher training is provided annually. The program maintains a sick call box located in the day room hallway mounted to the wall. The box is monitored throughout the day by nursing staff and complaints are triaged for urgency to be evaluated. All youth are seen within twenty-four hours of submission. Five interviewed staff indicated nursing staff all indicated the nursing staff conduct sick call. Five interviewed youth found two indicated they can be seen immediately once they submit a Sick Call Request form, two indicated within one day, and one youth indicated they have never submitted a Sick Call Request form.

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

The program maintains a written policy and procedures ensuring there is a written plan to provide twenty-four-hour emergency medical, mental health, and dental care to youth, as needed. Staff must be able to respond to unexpected illnesses, accidents, or conditions which require immediate attention or an immediate professional assessment to determine their severity. The program also maintains a written policy and procedure ensuring the program-based automated external defibrillator (AED) is properly managed and administered to persons eight years of age and older who experience sudden cardiac arrest. The program maintains a current agreement and scope of services with Tech Care X-ray to provide on-site radiology

services. A review of five youth healthcare records found four youth requiring episodic and/or first aid care during their stay in the program. One youth had three separate incidents of care, one youth had five, one youth had nine, and one youth had sixteen separate incidents of care provided. All treatment services were provided by nursing staff and the nursing progress notes clearly documented treatment services rendered in standard narrative charting and/or problem-oriented subjective, objective, assessment, and plan (SOAP) elements. Nursing staff also maintained an Episodic / First Aid / Emergency Care Log documenting all incidents of care by date, name of youth, Department identification number, injury/emergency, treatment rendered, registered nurse initials, and whether the youth was referred to the designated health authority (DHA). Nursing interviews validated this practice. Youth who are sent off-site for emergency care are tracked in the nursing progress notes and documented on the Episodic Log. The program maintains an AED located in the day room hallway mounted to the wall. All staff, volunteers, and interns are authorized to provide assistance to victims of sudden cardiac arrest, if they have been trained in the use of the AED, as documented in their respective training record. The program maintains seven first aid kits located in the conference room, teacher's office, kitchen, laundry room, maintenance office, van number one, and van number two. The program also maintains three suicide response kits located in the laundry room, conference room, and teacher's office, each containing a knife-for-life, wire cutters, and needle nose pliers. The first aid kits, AED, and suicide response kits are checked monthly by nursing staff to ensure adequately supplied and in working order. Nursing staff ensure the AED is functioning adequately and include the inspection of the batteries and pads to ensure they are in working order. The AED procedures were observed as audio as demonstrated by the nursing staff. Program policy and procedure indicate all batteries should be installed prior to the "install before date." Following installation, the battery will expire in four years. The AED batteries have a shelf life of five years. Reviewed AED batteries and pads expire on August 31, 2021 and were last changed on August 31, 2018. Reviewed training records supported all non-healthcare staff who have direct contact with youth maintained current certifications in first aid, cardiopulmonary resuscitation (CPR) with AED. Nursing staff maintained current certifications in CPR and AED. The program conducts announced and unannounced mock emergency medical drills monthly on each shift. Reviewed drills supported an annual calendar is maintained identifying the drill conducted. A review of drills conducted for the last twelve months supported drills were conducted monthly on each shift and included CPR / AED demonstration at least quarterly. Observations during the tour of the program found postings throughout the facility informing staff of their right and responsibility to call 9-1-1. Emergency telephone numbers were located in the conference room and the medical clinic inaccessible to youth. Reviewed training records supported staff mentors have been trained in the administration of the epinephrine auto injector. Five interviewed staff found one indicated they were not permitted to call 9-1-1 when a youth has been identified with a medical emergency. All five indicated a code white is called and then they would have to call the staff mentor and/or assistant facility administrator to call 9-1-1. Five interviewed youth indicated they can see a dentist in the event they have tooth pain and/or doctor if needed.

4.13 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.	

The program maintains a written policy and procedures ensuring for timely referrals and coordination of medical services to an off-site healthcare provider. Evaluations conducted off-site shall be recorded on the Department's Summary of Off-Site Care Form. The designated

health authority (DHA) reviews, signs, and dates the off-site care instructions. A review of five youth healthcare records found two youth requiring off-site care and/or emergency care. One additional applicable youth record was reviewed to meet the annual compliance sample size. Each youth off-site care event was documented in their healthcare record. One of the three youth was eighteen years of age or older; however, the youth did provide consent for parental notification. Two reviewed youth healthcare records indicated the youth were under eighteen years of age and the parent/guardian was notified. The Summary of Off-Site Care Form was completed for each youth and was filed in the appropriate section of the healthcare record. Reviewed documentation supported the DHA reviewed each completed Summary of Off-Site Care Form and discharge paperwork, as evidenced by signature and date. Two youth required follow-up care, and each received services as prescribed. An interview with nursing staff indicated the registered nurses track follow-up testing, referrals, and appointments on the Medical Services Tracking form, Physician's Weekly Clinic List Form, and Sick Call/Referral Log Form. The nursing staff place all off-care care findings, instructions, and information in the DHA folder for review and documentation of signature.

4.14 Chronic Conditions/Periodic Evaluations	**Satisfactory Compliance**
The facility shall ensure youth who have chronic conditions receive regularly scheduled evaluations and necessary follow-up.	

The program maintains a written policy and procedures ensuring youth who have been identified with a chronic illness receives regularly scheduled evaluations and necessary follow-up treatment. The purpose of the periodic evaluation is to ensure the youth requiring ongoing treatment or who have experienced changes in condition or treatment regimen are adequately monitored. The frequency of the periodic evaluation is determined by the youth's condition, clinical needs, and clinically appropriate medical standards. A review of five youth healthcare records indicated each youth was admitted with an identified chronic condition as documented on the Facility Entry Physical Health Screening (FEPHS) form. All five youth were classified with a medical grade of two through five. There was one youth currently undergoing treatment for physical health condition which included a body mass index greater than thirty. The program maintains a youth roster of youth requiring periodic evaluations identifying the youth's name, date of admission, whether youth was admitted with prescribed medication, chronic condition, date of last visit, and next visit date. Reviewed records supported each youth received periodic evaluations as required. An interview with the designated health authority (DHA) indicated chronic conditions are monitored at least every sixty days and some conditions require more often. An interview nursing staff indicated youth identified with a chronic condition are placed on the medical tracker to ensure the DHA follows-up with each applicable youth. The DHA indicated the nursing staff and DHA meet regularly to discuss important treatment plans for youth, usually weekly when on-site, and any time there are identified concerns. The DHA indicated formal quarterly meetings are conducted with the facility administrator, nursing staff, clinical director, consultant pharmacist, and DHA to discuss the youth in the program. The psychiatrist indicated the youth are evaluated every thirty days. There was no indication of lapses in care or missed periodic evaluations. Reviewed documentation supported each youth receives a new Comprehensive Physical Assessment (CPA) within seven days of their admission. The DHA diagnosis the chronic condition with a treatment plan. Approximately every sixty days the DHA conducts a periodic examination of the youth, and if applicable, continues the youth on the specialized treatment plan and/or modifies the plan. Reviewed documentation supported the Department's Problem List was updated as required.

4.15 Medication Management	Satisfactory Compliance
Medication shall be received, stored, inventoried, and provided in a safe and effective manner which shall be demonstrated by observation, review of documentation of procedures and processes.	

The program maintains a written policy and procedures ensuring medical staff shall verify any medications arriving with a newly admitted youth and continue all currently prescribed medications. When a youth arrives to the program with medication(s) or order/prescriptions for medication(s), the healthcare staff will conduct a preliminary assessment and interview to determine the education is verified and indicated. Nursing staff complete the Facility Entry Physical Health Screening (FEPHS) to determine medical needs. The signed Authority for Evaluation and Treatment (AET) serves as the authority to continue the present medication(s) and administer the medication(s) as ordered. An interview with nursing staff indicated only a registered nurse completes the admission and any applicable medications are verified with the medical records and the youth's parent/guardian. A review of five youth healthcare records indicated all youth were admitted into the program on prescribed medication. Reviewed nursing admission note documented the youth's current medication and the designated health authority (DHA) Notification of Admission documented current prescribed medication and verbal notification or telephone was documented. Program practice is to notify the DHA for all youth admissions. The DHA or psychiatrist resumed the prescribed medication for each youth. Reviewed Medication Administration Records (MARs) validated the practice. There were no instances when a youth's medication could not be verified and had to be returned to the youth's parent/guardian. Reviewed documentation supported all medications had a current, valid order, and were given pursuant to a current practitioner's order. The program does not utilize restrictive housing; therefore, all medications are administered with consistent practice. Each reviewed youth healthcare record indicated the prescribed medication was continued, discontinued, changed, or a new medication was ordered. Each time the practitioner's order clearly documented the medication and dosage. Oral prescription medications are administered, according to instructions. All staff administering medications shall have knowledge or be informed of the common side effects and precautions of prescribed medications. Five reviewed youth healthcare records found each youth had a Medication Administration Record (MAR) outlining over-the-counter medications approved through the Authority for Evaluation and Treatment (AET) form. The medication was administered in accordance with the approved protocols and physician's order. All five youth were prescribed medications and reviewed documentation supported the program utilizes a pre-printed MAR to document administration of medication. Each reviewed MAR documented the youth's name, Department identification number, date of birth, youth allergies, precautions, medical grade, and a current picture of the youth. All five youth were taking prescribed medications upon admission and the initial MAR matched the medication listed. Observations found the medications are procured through a pharmacy. The medications are maintained in blister packs documenting the number of pills in each prescription order. Procured medications are administered by nursing staff. The youth's MAR and/or Individual Controlled Medication Inventory Record is updated after each administration. Shift-to-shift inventories of controlled medications are conducted by two registered nurses. All five reviewed MARs supported the youth received the medication(s), as prescribed. The MAR clearly indicated medication start and stop dates. Licensed staff initialed the MAR for each administered medication entry. Nursing staff maintain a locked tackle box with OTC medications listed on the Authority for Evaluation and Treatment (AET) form for the trained non-licensed staff to utilize when nursing staff are not on-site. The trained non-licensed staff are permitted to assist youth in OTC medications when nursing staff are not on-site. Five interviewed staff and five interview youth all indicated nursing staff provide medication to youth.

There were no indications of lapses and/or errors in the medication administration. A review of the Department's Central Communications Center reports validated there were no incidents of missed medications. Nursing staff documented side effect monitoring on the MAR daily each time medication was administered. One youth was applicable for a refusal of medication and it was clearly documented on the MAR; however, nursing staff did not complete the Department's Refusal of Treatment form when the youth refused the medication dosage. Observation of one medication administration by nursing staff validated the medication cart was secured when not in use. Observations of the medication cart found it clean and organized with medications separated. The Six Rights of Medication Delivery/Administration was maintained for each youth. The program maintains a written policy and procedures ensuring all controlled substances shall be inventoried, stored, and documented as required by the Board of Pharmacy and Department requirements. The program had no controlled medications on-site during the annual compliance review week. However, program procedures outline all controlled substances are to be maintained in the securely locked box within the securely locked medication cart located in the medical clinic. An interview with the nursing staff validated the practice. The program maintains one refrigerator in the medical clinic for the storage of medication. There were no applicable medications requiring refrigeration during the annual compliance review week.

4.16 Medication/Sharps Inventory and Storage Process	Satisfactory Compliance
Any medical equipment classified as stock medications shall be secured and inventoried by using a routine perpetual inventory descending count as each sharp is utilized and disposed of or when the medication is utilized.	

The program maintains a written policy and procedures ensuring all medications shall be identified and secured in a locked area designated for storage of medications. Observations found all medications securely stored in the medical clinic inaccessible to youth. All non-controlled medications were stored in a separate, secure, locked medication cart and a small amount of over-the-counter medications were placed in a tackle box on the wall of the clinic. Narcotics and other controlled medications are securely stored in the medication cart. The program practice is to store the mediations in a locked box located in the locked medication cart. The program had no applicable youth with prescribed medications during the annual compliance review week. Oral medications were not stored with injectable or topical medications. The program maintains one refrigerator for medications. There were no medications requiring refrigeration during the annual compliance review week. The program securely stored sharps and syringes separate from medications. The program maintains a written policy and procedures ensuring all chemical products, medicines, and medical and dental instruments assigned to the medical department are securely stored, regularly inventoried, disposed of and properly maintained in accordance with federal and state laws. Reviewed documentation and nursing interviews confirm all over-the-counter (OTC) are inventoried at least weekly. Program practice is for OTC medications to be inventoried using a perpetual inventory daily and verified weekly, usually on Saturdays and for fidelity purposes, again on Tuesday. Perpetual inventories with running balances are maintained on all controlled substance with a shift-to-shift inventory conducted by two registered nurses. Syringes and sharps are counted through a perpetual inventory and are verified weekly. The program contracts with a pharmacy and a State of Florida licensed consultant pharmacist. The consultant pharmacist license expires December 31, 2020. Reviewed documentation supported the consultant pharmacist conducted monthly on-site inspections and maintained a consultant pharmacist inspection log and consultant pharmacist monthly inspection report. Reviewed documentation supported the consultant pharmacist conducts a quarterly interdisciplinary risk reduction quality improvement process with the facility administrator and registered nursing

staff. The program maintains written procedures for the disposal of narcotics and other controlled substances. Program practice is for the consultant pharmacist and registered nursing staff to dispose of the medication by placing the medication in a Deterra Drug Deactivation System bag and document the disposal on the Disposal Log and on the Controlled Medication Inventory Record. An interview with nursing staff indicated the consultant pharmacist was on-site one day prior to the annual review and disposed of the applicable medication. All non-controlled medications are sent back to the pharmacy for credit. Observations conducted during the annual compliance review week supported three youth prescribed medications inventories were accurate. Three OTC medications were reviewed, and the inventories were accurate. Three sharps were reviewed, and inventories were accurate. A review of the program's counts from the past six months validated no discrepancies were identified with the counts. The program maintains a current agreement with Stericycle, Inc. for biomedical waste – treatment with an operating permit with the State of Florida, Department Health with an expiration date of September 30, 2019. Stericycle, Inc. picks up medical waste monthly.

4.17 Infection Control – Surveillance, Screening, and Management	**Satisfactory Compliance**
The program 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 Comprehensive Education Plan is to include pre-service and in-service training for all staff. Education for youth infection control shall also be provided at the time of intake and subsequently when the need is identified.	

The program maintains a written policy and procedures ensuring there is an approved plan for exposure control and infection control ensuring staff, youth, volunteers, and visitors are not exposed to infectious and communicable diseases. The program's Exposure Control Plan/Infection Control Plan includes prevention, containment, treatment, and reporting requirements related to infectious diseases, as outlined in the guidelines and recommendations of the Center for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA) federal regulations, and State of Florida guidelines. The plan was reviewed and approved by the facility administrator (FA) on June 27, 2019, and designated health authority (DHA) on June 25, 2019. The plan includes common, infectious diseases of childhood, self-limiting, episodic contagious illnesses, viral or bacterial infectious diseases, and tuberculosis. In addition, the plan includes Hepatitis A, B, C, and human immunodeficiency virus (HIV) infectious diseases caused by blood-borne pathogens. The plan outline outbreaks in pediculosis and/or scabies, outbreaks or epidemics caused by other infectious agents, food-borne illnesses, bio-terrorists agents, chemical exposures, Methicillin-Resistant Staphylococcus Aureus (MRSA), and other emerging antibiotic-resistant micro-organisms. The program maintains procedures for staff to adhere to universal precautions, and the program provides staff with the opportunity for Hepatitis B immunizations and access to protective equipment. The program also maintains a written biomedical waste plan for staff to utilize for any threat of infection due to solid waste or liquid waste which may present a threat of infection to humans. The program maintains monthly receipts of medical waste pick-up through a contracted provider. The program maintains a current operating permit through the Department of Health for biomedical waste – state laboratory/clinic with an expiration date of September 30, 2019. The program had no instances in which the Miami-Dade County Health Department, Centers for Disease Control and Prevention (CDC), and/or the Department's Central Communications Center (CCC) should have been notified of an infectious disease. The program's plan has a comprehensive process for needle stick post-exposure evaluation. In the event of an incident,

the facility administrator has a process in place to establish a separate file containing all documents for youth and staff who have experienced a facility/occupational exposure. The program's Exposure Control Plan/Infection Control Plan is written in accordance with the Occupational Safety and Health Administration (OSHA) standards. The plan includes risk assessment and methods of compliance. The program reports there were no incidents involving a contagious disease requiring the quarantining or hospitalization of at least ten percent of the total population of youth or staff or six individuals, which ever number is less. There were no documented instances of staff having experienced a facility or occupational exposure since the last annual compliance review. Interview with the program staff and FA indicated the program's exposure Control Plan/Infection Control Plan is located in the FA's office, assistant FA office, medical clinic, and in the conference room and the plan is reviewed with all staff at a minimum of once a year.

4.18 Prenatal Care/Education	**Non-Applicable**
The program shall provide access to prenatal care for all pregnant youth. Health Education shall be provided to both youth and staff.	

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

Standard 5: Safety and Security

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

The program has a policy and procedures addressing youth supervision. The program promotes safety and security by maintaining active supervision of youth to include interacting positively with youth, engaging youth in a full schedule of constructive activities, closely observe behavior of youth and change inappropriate behavior, and consistently apply the program's positive performance system. The program conducts formal and informal head counts throughout the day. The daily schedule is posted and available to youth in each living area was followed as outlined. During the annual compliance review week, youth and staff movements were observed for four days. Staff were supervising youth while engaged in a full schedule of activities and situated to ensure program safety and to react to any emergency. According to the program's contract, staff-to-youth ratio of one-to-eight during awake hours was observed to be in compliance. Random interviews with staff indicated they are aware of the policy and procedures regarding youth supervision including ratio requirements, reconciling the count, the use of two-way radios, and communication with medical and mental health staff when youth are not located. A review of the logbooks for the past six months confirmed staff are documenting counts and youth movement as required by policy.

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) utilized at the program.*	

The program has a written policy and procedures addressing the implementation and training of the program's behavioral management system (BMS). The program has a clearly written description of the BMS in the youth handbook which is a multi-level system designed to enhance the youth treatment, increase healthy, pro-social behavior using reinforcing and decreasing unhealthy behaviors through natural consequences. Program rules and expectations are also addressed in the handbook. The BMS is monitored by using a character point card each week where youth behaviors are documented using a four-to-one positive-to-negative consequence when redirecting youth. The program has weekly, monthly, and daily incentives and rewards for positive behavior. Rewards utilized by the program include game night, extra food, extra snacks, outings, and later bed time. A review of five staff training records verified staff were trained on the BMS. A review of five youth records indicated each received an orientation informing the youth of the BMS to include youth expectations, responsibilities, and consequences. Five youth were interviewed and knew the punishment and consequences used in the program and was able to tell the rewards used in the program. Five youth were interviewed and three rated the system as good and two as very good. All the five staff

interviews confirmed they are familiar with the BSM. Five staff were interviewed and was able to explain the program's BMS and knew the rewards provided to youth. Five staff were interviewed and each stated things cannot be taken away from youth as a consequence.

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 written policy and procedures to ensure staff are provided feedback regarding the implementation of the behavioral management system (BMS). A review of the BMS indicated it is not used solely to increase a youth's length of stay, deny basic rights, or services, promote the use of group punishment, allow youth to punish other youth, or include disciplinary confinement. The program includes a process during weekly treatment team meetings for staff to explain to the youth the reason for any imposed sanctions and youth are given an opportunity to explain their behavior. Special treatment team meetings are held for those youth whose behavior need immediate intervention. The program does not utilize room restriction for major infractions. The program utilizes a variety of rewards and incentives to encourage youth participation and completion of the program. A random review of five staff program descriptions indicated BMS implementation is addressed as a part of the staff daily functions. Five youth were interviewed and knew the punishment and consequences used in the program and was able to tell the rewards used in the program. Five staff were interviewed and stated youth are informed of the consequences and can explain their behavior.

5.04 Ten-Minute Checks (Critical)	Limited 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 written policy and procedures to ensure ten-minute checks are conducted while youth are in their sleeping quarters. Staff are required to document room check every ten-minutes when youth are in their sleeping quarters. Staff ensure skin, or a body part is seen to confirm the youth's presence and are not allowed to enter a youth's room. Staff will document the actual time of the room check and initial on the ten-minute check log sheets verifying who completed the room check. If a youth is not in his room, an "X" is marked in the box for the time of the room check. Supervisors are required to conduct three room checks and visibly see flesh of each youth in their room. The program has a total of twenty-two video surveillance cameras capable of recording thirty-days of footage. A random review of video footage found the video time-stamp is approximately an eight-minute difference than the actual time. Video footage was reviewed on six different days and six different times, on two shifts, coupled with the corresponding ten-minute check logs verified the checks were conducted, as required, in real

time, except for June 26, 2019. A review of the ten-minute check forms indicated the staff documented checks every ten-minutes between the hours of 1:00 a.m. to 2:00 a.m.; however, review of the corresponding video footage found the staff conducted the checks every twenty minutes. As a result, the program was notified, the Department's Central Communications Center (CCC) was contacted, and a report was accepted. An interview with the facility administrator (FA) and observations found the program has twenty-two security cameras which were all operational at the time of the review, and all had a thirty-days backup.

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 feasible 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 written policy and procedures to track the daily census. The program tracks daily census information to include the daily count, new admissions, releases, youth temporarily away from the program, transfers, and direct discharges. Youth are accounted for at all times by a physical count and a random head counts when requested by master control. A random review of the logbook indicated youth head counts and movements are conducted at the beginning of each shift, after each outdoor activity, missed counts, and during emergency situations. A random interview with staff indicated when the count is not reconciled, all movement stops until the count is corrected. New admissions, discharges, and youth temporarily away from program are also documented, as required. No youth transfers occurred during the last six months. The Department's Juvenile Justice Information System (JJIS) database is also used to track admission, releases, and transfers. Observations of youth counts during the annual compliance review indicated prior to any youth movement, staff would use the two-way radio to inform of the number of youth being moved and to what location. Five staff were interviewed and were able to explain when youth counts are conducted and what happens when there is a discrepancy, including during emergency counts.

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 has a written policy and procedures for logbook documentation. The program maintains a bound logbook with numbered pages. The logbook documents emergency

situations, incidents, population counts, perimeter checks, transports, removal of youth from population, admission, releases, calls to the Department's Central Communications Center (CCC), Florida Abuse Hotline, and supervisors are able to leave special instructions pertaining to supervision of youth. Each entry is made in ink with no erasures or white-out. A review of the logbooks for the past six months verified this practice. Program policy also requires the assistant facility administrator (AFA) to conduct a review of the shift logbook on a weekly basis and document the findings within the chronological flow of the logbook. A review of the logbooks indicated the AFA is not documenting the weekly review in the logbook, instead, the reviews are documented on the Facility Security Audit and Safety Inspection Report. As a result, the program has agreed to update their policy to include the new procedure.

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 written policy and procedures for assignment, inventory, tracking, and storage of facility keys. Permanent issued keys are assigned to facility administrator (FA), assistant facility administrator (AFA), physical plant manager, and administrative assistant. Staff mentors are responsible for the key distribution. The program's procedures staff mentors are responsible for the inventory, issuance, inspection, return and documentation of active, file, restricted and emergency keys, and for the distribution of the keys to staff entering the facility. The staff mentor is also responsible for reporting and replacement of lost keys and for report any violation of the key control policy. Facility keys are stored when not in use in a metal key box located in the administration area were youth do not have access. Keys are signed in and out and documented on the key log by the staff supervisor. The program's policy indicates once the staff mentor receives the assigned facility keys, they sign the key control log to verify the keys are in the staff's possession. When keys are returned, the supervisor documents on the control log denoting signatures of both the staff and supervisor. Five staff were interviewed and stated they do not initial the key control log. A review of the key control logs indicated there was no space for the staff to initial when keys are returned. As a result, the program updated the key control log during the annual compliance review to add a column to include the staff initials when returning the keys. Staff personal keys are collected prior to staff entering the secure area of the program and stored in a box located in the administration area. Three staff were randomly interviewed, and each did not have any personal keys in their possession. Five staff were interviewed and were aware of the daily tracking, reconciliation, and process for missing and lost keys as required according to policy. Five staff were interviewed and confirmed youth do not have access to facility keys. An interview with the physical plant manager confirmed he conducts an inventory of the keys daily, prior to the start of each shift. A review of the Department's Central Communications Center reports for the past six months reflected no reports of missing or lost keys.

5.08 Contraband Procedure	Satisfactory Compliance

The program's policy must address illegal contraband and prohibited items.

A program shall delineate items and materials considered contraband when found in the possession of youth, the list must include: sharps, escape paraphernalia, tobacco products, electronic or vaporless cigarettes, non-facility issued electronic equipment or devices, metals, personal non-facility issued cellular devices, unauthorized currency or coin(s), and non-facility issued keys. 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 staff/youth.

The program shall document the confiscation of any illegal 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 and a criminal report filed.

The program has a written policy and procedures which identifies a list of unauthorized and illegal contraband and how it is to be disposed. Youth are notified through the program's youth handbook of unauthorized and prohibited contraband and the consequences of possessing contraband. Visitors are also notified of unauthorized and prohibited contraband during visitation. A review of the program's policy, youth handbook, and visitor contraband list verified a list of unauthorized items not permitted to include personal cellular telephones or devices capable of taking photos and/or audio/video recordings. The program conducts search of rooms on each shift and document any contraband found on the contraband search log. Perimeter checks of the facility are conducted on each shift and documented in the facility logbook. A random review of contraband search logs verified this practice. A review of the facility logbooks for the past six months indicated perimeter searches are documented in the logbook. A review of the Department's Central Communications Center (CCC) reports indicated there have not been any incidents regarding contraband during the last six months. Searches were observed during daily activities such as school, meals, breaks, and line movements which confirmed searches are conducted throughout the day as documented in the logbook. Five interviewed staff demonstrated their knowledge about items considered contraband. The program maintains a current list of items considered to be contraband which is provided to each youth upon admission.

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 has a written policy and procedures to ensure searches and full body visual searches are conducted according to Florida Administrative Code. Youth are searched at the time of admission, after off campus activity, and visitation. Searches are conducted by two staff of the same gender as the youth being searched and are conducted in a private area. Parents/guardians are notified of searches during visitation by way of the parent/guardian intake letter which is sent at the time of the youth's admission. Youth are searched after school, after transport, group, outdoor recreation, and meals. Youth who are a new admission, re-admission,

returning from visitation, returning from off campus, suspected of contraband, or a security risk are searched prior to returning to the general population. Parents/guardians are notified of searches during visitation by way of the parent intake letter which is sent at the time of youth admission. Five staff were interviewed and stated only male staff can conduct searches. Staff are familiar with the policy and agreed no female staff may performed a frisk search. Five youth were interviewed and confirmed the program conduct searches after school, visitation, group, off campus outings, detail, and outside activities.

5.10 Vehicles and Maintenance	Satisfactory Compliance
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 to be 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 a written policy and procedures to ensure vehicles used to transport youth are properly maintained. The program has two vans utilized to transport youth. The inspection of one van found the door to the youth passenger area can be opened from the inside; however, the program policy requires the use of restraints and a staff person in addition to the driver seated next to the restrained youth in a vehicle where the rear doors are inoperable from the inside**.** Both vehicles were equipped with operable seat belts, a seat belt cutter, a window punch, a fire extinguisher and a first aid kit. A vehicle maintenance log was provided which documented regular maintenance was performed on July 23, 2019 for van number one and on April 29, 2019 for van two. Invoices from the automotive shop were reviewed and both vans received an annual safety inspection, and any deficiencies notice were corrected. A random check of personal vehicles found each to be locked and secured.

5.11 Transportation of Youth	Satisfactory Compliance
Appropriate minimum staff to youth ratio 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 written policy and procedures to ensure the safe secure transportation of youth and staff. The program has two operable vehicles to transport youth. Inspection of both vehicles verified an up-to-date fire extinguisher, first aid kit, seatbelt cutter and window punch. First aid kits remain in the mater control area until ready for use. The inspection of one van found the door to the youth passenger area can be opened from the inside. The program's policy requires the use of restraints and a staff person in addition to the driver seated next to the restrained youth in a vehicle where the rear doors are operable from the inside. One youth transportation was observed during the annual compliance review week. The driver, additional staff, and youth wore seat belts at the time of the transportation. The youth wore restraints, and the additional staff was seated next to the restrained youth as required by policy. The program maintains and authorized driver's binder which includes information of staff authorized to drive he facility vehicles. A review of the list for the past six months indicated drivers license checks are conducted monthly.

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

There is a written policy and procedures regarding weekly safety and security audits. The facility administrator (FA) is responsible for conducting the weekly security audit, documenting the findings and any corrective action needed including deadlines to correct any issues related to the safe of the youth. The weekly safety and security audits include the inspection of the facility cameras, radios and communication, keys, locks and doors, vehicles, living areas including youth rooms and bathrooms, and perimeter checks. A review of the weekly reports for the past six months confirmed issues are addressed during weekly management meetings to ensure deficiencies will be corrected in a timely manner. An interview with the facility administrator confirmed the program's practice.

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.	

There is a written policy and procedures regarding to the issuance, inventory and control of tools and kitchen utensils. The policy requires the inventory and inspection of the Class A tools prior to being issued for work and following work activities. Class A tools are stored in a secured area inaccessible to youth. Class A tools are maintained by the physical plant manager, placed on a shadow board, are labeled, and inventoried daily. Class B tools are located inside the laundry room. The inventory for Class B tools is conducted daily to ensure tools are accounted for. A review of the inventory list for Class A and B tools verified there were no missing tools. Random review of the daily inventory logs for the past six months verified tools are inventoried as required.

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

The program has a written policy and procedures in place for youth tool handling and supervision. The policy requires vigilant supervision of youth while using tools to maintain safety and security in the program. Youth are only required to use Class B tools and a ratio of one staff to four youth is required. The policy requires assessing youth risk to determine their participation in work projects which it is based on their level achieved in the behavior management system (BMS). Random review of youth risk assessments verified this practice. Five youth were interviewed and stated they are only allowed to use mops, brooms, and scrub brushes. Five staff were interviewed and stated youth are only permitted to use mops, brushed, and brooms. A review of five staff training records reflected each were trained in the intended use of tools.

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

The program has a written policy and procedures establishing guidelines for outside contractors prior to beginning any work in the facility. Contractors are notified to the potential danger of tools

used on the facility grounds. Private contractors receive written instructions detailing their responsibilities regarding tool management and contraband and confine their work to the authorized area of work. Contractors must complete a facility contractor tool control procedures/inventory form which includes the Contractor Acknowledge and Notification of Prison Rape Elimination Act (PREA) upon arrival to the program. The information includes an inventory of the tools being used at the time services are provided. Also, procedures require the physical plant manager to monitor contractors while they are on site. Visitor sign in sheets and contractor's agreement were reviewed for the past six months confirming the program has ensured contractors sign in the visitor's logs and completing the forms as required.

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 programs Continuity of Operations Plan (COOP) which addresses fire, safety, and evacuation emergency drill are to be conducted monthly, at random times, and under varied conditions. Observation of the program during the annual compliance review indicated egress plans are posted throughout the facility. Drills are documented on the program's facility drill form which indicates the type of drill, date and time of the drill, participants, a brief scenario, and recommendations. A review of the drill forms for the past six months, along with facility logbooks verified the program conducted unannounced fire drills monthly on each shift, as required. The program has also conducted escape, riot/disturbance, disaster and COOP, medical, and suicide drills. Further review of the mock drills indicated the assistant facility administrator (AFA) reviewed and made recommendations about the drills. An interview with the facility administrator indicated medical drills are conducted monthly on each shift and mental health drills are conducted quarterly. Fire drills are conducted on each shift and COOP drills are conducted monthly. Five interviewed staff stated they participate in monthly drills. Five interviewed youth stated they have participated in at least one fire drill and know what to do in case of a fire.

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. *A residential commitment program shall establish and maintain critical identifying information and a current photograph which are easily accessible to verify a youth's identity, as needed, during his or her stay in the program.*	

The program has a Continuity of Operations Plan (COOP) which encompasses a coordinated disaster plan. The plan was reviewed and submitted to the Department by the program on April 25, 2019. The plan was reviewed and approved by the Department on May 17, 2019 and provides for basic care and custody of youth in the event of an emergency or disaster. The COOP addresses phases of a disaster plan, as well as emergency management including preparedness, response, and recovery. The COOP also addresses emergencies including fire prevention, bomb threats, evacuations, chemical spills, severe weather, and terrorist attacks. A review of the plan indicated alternative housing has been identified should the program have to

be evacuated due to an emergency or disaster. An informal interview with the facility administrator coupled with observations made of posted signs confirmed a copy of the COOP is maintained in the administration and conference rooms.

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 written policy and procedures for the storage and inventory of flammable, poisonous and toxic materials. A list of staff who is authorized to use chemicals is maintained and updated as needed. Safety Date Sheets (SDS) are maintained on each stored chemical. A random observation of chemicals verified and SDS matched the actual items within the program. A perpetual chemical inventory list is maintained, and the chemicals are checked daily. A review of the chemical inventory logs for the past six months indicated the physical plant manager conducts the inventory daily.

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

The program has a written policy and procedures to ensure youth do not handle poisonous, flammable, and toxic items and materials. Authorized staff maintain control over all flammable, poisonous, toxic items off-site with limited access. When needed, authorized staff will obtain a supply of chemicals from the warehouse manager used to clean the cottages and are stored in a closet on each cottage designated for this purpose. Youth do not have access or handle any dangerous or hazardous chemicals. Five youth were interviewed and confirmed they do not clean-up or dispose of any bio-hazardous items or bodily fluids of another person.

5.20 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory Compliance
The maintenance personnel, 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.	

Program has a written policy and procedures regarding the disposal of flammable, toxic, caustic and poisonous items. The program has identified the physical plant manager in charge of disposals. Items are stored in a room inaccessible to youth. Disposal procedures are in accordance with Occupational Safety and Health Administration (OSHA) standards. The program contracts with two providers to dispose grease or any other residues. The most recently disposal was April 03, 2019. There have no incidents of chemical spills at the program within the last six months. Interview with the facility administrator and the physical plant manager indicated specific staff are properly trained and will dispose of items based on the program's disposal protocol.

5.21 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, this indicator rates as non-applicable.

5.22 Visitation and Communication	Satisfactory Compliance

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

The program has a written policy and procedures for youth to have visitation and communication with family members in order to re-establish family and community relationships. Youth are informed of visitation upon admission during the orientation process. The program encourages visitation from the parents/guardians by forwarding a welcome letter, upon the youth's admission, notifying the days and time of visitation, who is allowed to visit, and the corresponding rules of visitation. A list of authorized visitors and correspondence is maintained in the youth's case management records and updated, as needed. A visitation schedule is posted on the outside perimeter of the facility. Special visitations are also provided for those parent/guardians who are unable to participate in the regularly scheduled visitation day. A review of the facility logbooks for the past six months verified visitation and special visitation are conducted, as required. Youth are also provided weekly telephone calls, writing material, and a self-addressed stamped envelope to talk and send letters to approved family members. Youth

have unimpeded access with the courts, attorneys, their assigned juvenile probation officer, and/or the Department of Children and Families case worker. A review of seven youth telephone logs verified this practice. Five youth were interviewed and stated they communicate with family by mail, telephone and during visitation.

5.23 Search and Inspection of Controlled Observation Room	Non-Applicable
The program shall conduct youth searches and room inspections prior to placing a youth on Controlled Observation.	

The program does not utilize controlled observation; therefore, this indicator rates as non-applicable.

5.24 Controlled Observation	Non-Applicable
Programs shall only place youth in Controlled Observation when non-physical interventions would not be effective.	

The program does not utilize controlled observation; therefore, this indicator rates as non-applicable.

5.25 Controlled Observation Safety Checks Release Procedures	Non-Applicable
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 does not utilize controlled observation; therefore, this indicator rates as non-applicable.

5.26 Safety Planning Process for Youth	Satisfactory Compliance
A residential program shall conduct an on-going safety planning process for each youth. The safety plan shall be designed to identify stimuli which have both positive and negative effects on the youth.	

A review of five youth case management records was conducted to ensure an on-going safety planning process as conducted for each youth. Reviewed documentation reflected the program has developed a program-specific form which identifies stimuli which has been both positive and negative effects on the youth. The safety plan forms included the youth's warning signs, baseline behaviors gathered from collateral contacts, crisis recognition, jointly developed coping strategies, intervention strategies, and debriefing preferences. The initial planning process is initiated by the multidisciplinary treatment team during their initial contact with the youth within fourteen days of their admission to the program. The plans are jointly prepared by the youth, parent/guardian or family member, and applicable clinical staff. The plans are reviewed and signed by staff who have contact with the youth. None of the plans have had a thirty-day update due to this being implemented at the beginning of July. At the time of the annual compliance review, the developed forms did not include an area for incorporating recommendations from previous or current clinical assessments or screening instruments as required. In addition, the requirement calls for the program to maintain a safety plan for each youth in a centralized location for all staff. Detailed safety plans were maintained within each youth's mental health

record while a shortened version (with less information) of the safety plan in a centralized binder for staff to access. On the last day of the annual compliance review, the program updated the form to include all required fields. The program has also developed a centralized binder to maintain all current safety plans which will be kept within their conference room.