Monitoring and Quality Improvement Standards for

Outward Bound Programs
FY 2019-2020

Office of Program Accountability

Promoting continuous improvement and accountability in juvenile justice programs and services.

The Department acknowledges the Monitoring and Quality Improvement (MQI) Standards are built upon Department rules, policies, procedures and manuals. As we continue to improve and refine our competitive procurement process, there may be instances in which requirements negotiated between the Provider and the Department exceed the MQI Standards. In instances where contractual obligations surpass requirement(s) set forth in the published Standards, the contract requirement will prevail.
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1.01 Initial Background Screening

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 does not demonstrate he or she exhibits any behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

Guidelines/Requirements: Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth and confidential youth records to ensure they meet established statutory Level 2 screening requirements. The Department is mindful or aware of its status as a criminal justice agency and its special responsibilities in dealing with the youth population and utilizes Level 2 Screening Standards, as required in s. 435.05, 985.644(3) and 985.66(3)(a) 3 F.S., to screen individuals prior to employment or volunteering and every five-years of continued service.

New Screening Required:

Moving from the Department to a contracted provider, from a contracted provider to the Department, or from one contracted provider company to another is considered a new hire and a new background screening is required.

Screening documents (IG/BSU 002 and 005, a copy of driver’s license, Social Security Card, and IG/BSU 003) must be submitted to the BSU when a provider employee is screened in the Clearinghouse and wants to be hired by another provider. The hiring provider must submit also receive a completed copy of those screening documents prior to hiring the employee. (Note: Fingerprinting is not usually required.)

New Screening not Required:

Contracted/grant provider volunteers, mentors, and interns who assist or interact with provider youth on an intermittent basis for less than ten hours a month do not need to be background screened if an employee who has been background screened is always present and has the volunteer within his/her line of sight. (Note: Intermittent basis means the volunteer provides assistance on a noncontinuous basis or at irregular intervals; visiting no more than once a quarter.)

Current employees of the Department or a provider are not required to submit a new background screening request when they are promoted, demoted, or transferred within their organization, as long as there is no break in service.

A volunteer who has been hired by the center is not required to submit a new background screening, as long as there is no break in service.

a. Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by FDLE/(Federal Bureau of Investigation (FBI), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within ninety-days of completing the screening request.
Other Requirements:

Neither the Department nor contracted providers shall hire any applicant until:

a. An eligible background screening rating has been received, and the criminal history report has been reviewed.

b. An application with an ineligible/not eligible rating has received an approved exemption from disqualification from the Department, has received an eligible rating, and the criminal history report has been reviewed.

c. The provider has administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and has determined what is a passing score. (volunteers are not required to take or pass the assessment tool).

d. The provider has placed a copy of the pre-employment tool and passing score in the applicant/employee record.

e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority has reviewed the CCC Person Involvement Report, the Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) result, and completed any required agency personnel record reviews prior to hiring staff or utilizing a volunteer who will have contact with youth, or access to confidential youth records, with the exception of the SVS module for volunteers.

Annual Affidavit Requirement:

Teachers/Instructional personnel who are paid by the school board or who are paid through funding provided by the school board or Department of Education to provide instruction to youth in a program are not required to undergo background screening by the Department.

Certified law enforcement and security officers who are paid by their law enforcement or security agency to provide security service in a center are not required to undergo background screening by the Department.

a. Review records of all staff hired and volunteers starting since the last annual compliance review to determine a clearance was received prior to the employee being hired and volunteers starting. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the center) and volunteers.

b. Confirm if an exemption was granted by the Department prior to hiring or utilizing any staff or volunteer currently working in the program who were rated ineligible/not eligible for employment by the Department’s Inspector General to continue employment.

c. Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards for the center, school, and law enforcement/security agency were submitted to the Background Screening Unit (BSU) prior to January 31 of the current calendar year. (Review spreadsheet sent from BSU.)
**Reference:**
- FDJJ-1800 and FDJJ-1800 PC, Background Screening Policy and Procedures
- F.S. 985.644, Departmental Contracting Powers; Personnel Standards and Screening
1.02 Five-Year Rescreening

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.)*

**Guidelines/Requirements:** A rescreening/resubmission is completed every five years, calculated from the agency hire date (original date of hire). This date does not change when a staff transfers within a Department or provider program or when a staff member is promoted. Five-year rescreens/resubmissions shall not be completed more than twelve months prior to the staff’s five-year anniversary date.

When a rescreening/resubmission is submitted to the Background Screening Unit (BSU) at least ten business days prior to the five-year anniversary or retained prints expiration date, but it is not completed by the BSU on or before the anniversary or retained prints expiration date, the screening shall meet annual compliance review standards.

a. Clearinghouse resubmissions must be initiated in the Clearinghouse portal at least ten business days prior to the Retained Prints Expiration Date.

b. Clearinghouse rescreening/resubmission request forms must be submitted to the BSU at least ten business days prior to the Retained Prints Expiration Date.

When a rescreening/resubmission is not submitted to the BSU at least ten business days prior to the five-year anniversary or retained prints expiration date, and the BSU does not complete the rescreening prior to the anniversary or retained prints expiration date, the screening shall not meet annual compliance review standards.

Review the employee and volunteer roster to determine which staff and volunteers required a five-year rescreening/resubmission since the last annual compliance review. All eligible staff and volunteers should be reviewed.

Review records and Clearinghouse records of all applicable staff and volunteers hired five years since their initial hire date of employment to determine if a clearance was submitted at least ten days prior to the employee anniversary date of being hired within the agency (not promotional date) or to check retained prints expiration dates. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist and any education position hired by the center – not employees paid by the school board).

**Reference:**

FDJJ-1800 PC, Background Screening Policy and Procedures
1.03 Initial Training

Contracted non-residential Outward Bound staff are trained in accordance with the Outward Bound policy.

Contracted non-residential staff who have not completed essential skills training and untrained interns do not have any direct, unsupervised contact with youth.

Guidelines/Requirements: The following essential skills must be completed prior to direct unsupervised contact with youth:

- Nonviolent Physical Crises Intervention by the Crises Prevention Institute (CPI)
- CPR/First Aid Certified
- Wilderness First Responder Certification (One for each course expedition based on ratios and only for wilderness positions.)
- Suicide Prevention Training
- Emergency Disaster Preparedness Plan
- Emergency Response Plan
- PREA
- Information Security Awareness
- Child Abuse/Incident Reporting
- Grievance Procedures
- COOP
- Trauma-Informed Care
- JJIS (as needed)
- Equal Employment Opportunity (EEO)
- Sexual Harassment
- Human Trafficking 101 for Direct Care Staff
It is the expectation of the Department, all training, both pre-service and instructor-led, is documented in the Department’s Learning Management System (SkillPro) or training records.

- CPR/First Aid - *direct-contact, and subcontractors *direct-contact positions (based on Certification)
- PREA – Positions listed in the contract, *direct-contact, non-direct-contact and subcontractors (2-year basis)
- Ethics: Sexual Harassment – Positions listed in the contract, *direct-contact, non-direct-contact and subcontractors (2-year basis); EEO – positions listed in the contract, *direct-contact, non-direct contact and subcontractors (Initial); Civil Rights – positions listed in the contract, *direct-contact, non-direct contact and subcontractors (Initial)
- Human Trafficking 101 for Direct Care Staff - *direct-contact, non-direct-contact and subcontractors (Annual basis)
- Trauma-Informed Care – Positions listed in the contract and subcontractors’ *direct-care positions (Initial)
- Information Security Awareness – Positions listed in the contract, *direct-contact, non-direct-contact and subcontractors who handled/input youth information (Initial)
- Child Abuse/Incident Reporting – Positions listed in the contract, *direct-contact, non-direct-contact and subcontractors (Initial)
- Suicide Prevention – Positions listed in the contract, and subcontractors *direct-contact positions (Initial)

Review training records for the completion of web-based and/or instructor-led training. Ensure all staff received required certifications in the required topics.

Reference:

- Outward Bound Policy 8.000 Training and Development
- Outward Bound Contract #10099
1.04 Annual Training

Contracted non-residential Outward Bound direct contact staff must complete forty hours of annual in-service training, beginning the calendar year after the staff has completed initial training.

Guidelines/Requirements: The following are mandatory training topics to be completed annually by contracted non-residential staff (unless specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- Nonviolent Physical Crisis Intervention by CPI
- CPR/first aid/AED
- PREA (every two years)
- Sexual Harassment (every two years)

Additional training topics must be completed in accordance with the Outward Bound policy. It is the expectation of the Department, all training, both in-service and instructor-led, is documented in the Department’s Learning Management System (SkillPro) or training records. Annual training begins the calendar year after a staff completes his/her pre-service training. Programs shall develop an annual training calendar which must be updated as changes occur. Review training records and/or SkillPro for contracted Outward Bound non-residential staff in subsequent years of employment to ensure training was completed, as required. This sample must include supervisory staff. This indicator shall be rated based on a review of training completed during the last full calendar year prior to the annual compliance review.

Reference:
- Outward Bound Contract #10099
- Outward Bound Policy 8.000 Training and Development
1.05 Episodic/Emergency Services

The program shall have a comprehensive process for the provision of episodic care, first aid, and emergency care. The program shall be capable of facilitating an appropriate response to an emergency situation.

Guidelines/Requirements: There shall be a written policy and procedures in place clearly articulating how the program would facilitate a response to an urgent or emergency medical situation.

All emergency equipment, such as first aid kits, knife-for-life, and wire cutters, shall be located in designated areas inaccessible to youth. They are monitored monthly and replenished, as needed. Emergency drills shall be held at least quarterly, on a number of emergency situations. Cardiopulmonary resuscitation (CPR) demonstration shall be conducted at least annually.

Procedures for off-site emergency care shall be in place and demonstrated. This shall include documentation of the emergency episode, notification of the youths’ parent/guardian, and follow-up upon the youths’ return to the program. All instances of first aid and emergency care are documented in the Student Medical Chronological Notes.

All death or serious adverse medical events undergo root-cause analysis at the program level (in addition to other levels). There is a process for informing all staff on a routine basis of potential emergency situations that may arise.

Review first aid kits in areas frequented by youth and in the expedition packs. Review kits for expired and approved contents.

Review staff interviews to determine how staff call 9-1-1 when a youth is identified with a medical or mental health emergency.

The reviewer(s)/regional monitor(s) shall review medical chronological notes, incident reports, the first aid kit perpetual inventory, and course log to determine if there were any instances of episodic care, first aid, or emergency care, and to document care provided to applicable youth.

Reference:

- Outward Bound Contract #10099
- Outward Bound Policy 5.004
- Outward Bound Local Operating Policies and Procedures Chapter 2
- F.A.C. 63M-2.090 (2) (b) (c), Health Services, Office of Health Services
1.06 Medication Management – Verification, Delivery, and Storage of Medications

The program shall determine a youth’s medication regimen upon admission to the program.

Guidelines/Requirements: There shall be a written policy and procedure in place clearly articulating the program’s procedures for medication verification, delivery, and storage upon entry to the program, as well as disposition of medications at the time the youth is discharged.

Medication management: When a youth is currently prescribed a medication which may be required to be provided while the youth is on-site, the program shall verify the prescription and obtain consent to provide the medication. The parent/guardian is responsible for supplying the youth’s medication. Program staff are responsible for ensuring any prescribed medications are obtained from the parent/guardian. Pursuant to Chapter 64B9-14, F.A.C., (Delegation to Unlicensed Assistive Personnel), a registered nurse (RN) may delegate non-licensed trained staff to assist the RN or licensed practical nurse with the youth’s self-administration of medication(s).

Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container may be accepted into the program.

After verification has been completed, the trained assigned staff shall initiate the Medication Distribution Log (MDL) capturing the process of assisting in delivery of medications by non-licensed staff.

The RN must supervise the trained staff by periodically performing direct observation of skills, inspecting the Medication Administration Records (MAR)/Medication Distribution Log (MDL) and the required documentation assigned to the staff.

Only direct care staff who have completed training on medication delivery shall be assigned the task of assisting with youth self-administration of medications. The designated staff member assisting youth with medication delivery shall not be required to conduct or supervise any program activities during this time.

The Six Rights of Medication Administration shall be maintained.

1. Self-administration of medications by non-licensed staff shall include, at a minimum, the following:

   a. Assist no more than one youth at a time with medication;
   b. Wash his or her hands prior to medication delivery;
   c. Remove the prescription container from the storage area, holding the container;
   d. Maintain control of the medication container at all times;
   e. Direct the individual youth to approach the area for medication administration when called;
   f. Compare the youth with the photograph attached to the MDL and confirm the youth’s identity verbally;
   g. The youth and staff together identify and verify the medication the youth is to take by checking the label and comparing the label to the MDL. The staff shall not permit youth to take any medication that has a discrepancy between the medication prescription label and the MDL;
h. Confirm the allergy status of the youth and ask the youth if they are experiencing any side effects or adverse reactions indicated by the manufacturer;

i. Remove the medication from the container while the youth observes, and hand the youth the exact amount of ordered medication. When the medication is a liquid, the staff member shall pour the exact volume of liquid ordered into a measured container and hand it to the youth;

j. Directly observe that the youth swallows the medication;

k. Both the youth and the staff member shall initial that the dosage was provided on the MDL.

2. The program shall maintain a medication inventory process which shall include, at a minimum, the following components:

   a. A perpetual daily inventory of all controlled substances with documentation verified by two staff simultaneously.

   b. A weekly accountability of the stored prescription and non-prescription medications shall be maintained.

   c. Reporting criteria and methods of managing and investigating inventory discrepancies, including unexplained losses of controlled substances. Programs shall notify the appropriate department branch regional staff of the unexplained loss.

All medications (prescriptions, over-the-counter, topical, etc.) shall be stored in separate, secure (locked) containers and are inaccessible to youth. At no time shall youth be allowed to keep medications on their person. All medications shall remain in the custody and control of instructional staff at all times.

The storage containers must be clean and free from moisture and extreme temperatures. Liquids must be stored separately from oral medications. Topical medications must be stored separately from oral medications. Medications requiring refrigeration are prohibited in the wilderness programs. All controlled substances shall be stored in containers with two different locks remaining in the custody and control of instructional staff at all times.

Syringes and sharps are prohibited in Outward Bound Wilderness programs with the exclusion of the emergency epinephrine auto-injector, which must be stored in a manor in accordance with manufacturers recommendations for temperature (between 58 & 86 degrees F) and perpetually inventoried. The program must have a policy and procedure in place outlining the process of this during excursions.

Observe secured container designated to store medications. Review contents to ensure items are stored appropriately. Select three items to review for expiration date.

Review medication inventories for the past six months.

On the first day youth return from expedition, review medication inventory for three youths’ medications and three over-the-counter (OTC) medications. Verify count matches ending inventory numbers.

Review MDL and intake screenings to confirm the verification and delivery of medications.

Review logs/documents for perpetual daily inventory process for any controlled substances.
Review FOP and method of documentation for weekly review of stored prescription and non-prescription medications.

Observe secure process for storing youth medications while in the program.

Review additional records if the original record selection does not include any youth currently taking medications.

Review youth interviews to determine if youth are taking medication at the program and who gives them their medication.

**Reference:**

- Outward Bound Contract #10099
- Outward Bound Policy 5.003
  - Medication Distribution and Storage
- F.A.C. 63M-2.090 (2) (d) Health Services, Office of Health Services
1.07 Cleanliness and Sanitation

The program provides a safe and appropriate treatment environment in a wilderness setting including maintenance and sanitation of the campsites.

Guidelines/Requirements: Safety and welfare standards of facilities and wilderness campsites shall incorporate:

- All indoor areas and attached buildings (facilities only) shall be clean, neat, and well-maintained. No graffiti shall be allowed to remain on walls, doors, or windows (facilities only).
- Staff will inspect each campsite upon arrival for safety and sanitation hazards and make accommodations, as needed, to ensure youth safety. This inspection shall be documented in the course log. All equipment shall be kept in good working order. A repair kit will be carried in the field to repair vital equipment immediately. The equipment should be resupplied if it is unable to be repaired, depending on the type of equipment. Inspections shall be documented in writing.
- During evening and nighttime hours, adequate light to ensure safety will be provided to youth by way of flashlights, lanterns, or headlamps.
- Review the course logs to determine if the campsite areas were inspected upon arrival of the expedition.
- Review course logs for inspections of equipment.

Reference:

- Outward Bound Contract #10099
- Outward Bound Policy 3.000 Safety and Maintenance Inspections
1.08 Administration

The Outward Bound program provides a safe and appropriate treatment environment, including administrative and operational oversight.

Guidelines/Requirements: The program director is responsible for maintaining information regarding the program and reporting to the Department.

Monthly reports shall be submitted to the Department detailing incidents and population data. Youth listed on the program roster shall match the census report in the Department’s Juvenile Justice Information System (JJIS), Prevention Web.

Statistical information shall be maintained, including monthly data on admissions, releases, abuse reports, medical and mental health emergencies, incidents, personnel actions, volunteer hours, and average length of stay.

Monthly reports include:

- Monthly Activity Report
- Student Course Information Report
- Certified Minority Business Enterprise (CMBE) Utilization Form
- Staff Vacancy Report
- Student Attestation Form
- Prevention Assessment Tool (PAT)
- Parent Workshop Sign-in sheets
- Date of Data Entry Report

A daily course log shall be maintained for course expedition staff to record significant activities, events, and incidents. Special attention shall be given to entries impacting the safety and security of the youth and staff.

All course log entries shall be brief, and legibly written in ink. Recording errors should be struck through with a single line, and the correction initialed by staff.

Each course log entry should provide sufficient information to include:

- Date and time of incident
- Name of the youth and staff involved
- Brief statement of pertinent information
- Name of the person making the entry with the date, time of entry, and signature

Note: Course logs entry may include “See Incident Report” for the above information listed.

Review a sample of logs and supporting documentation to determine if all required information has been included.

Review logs to ensure entries impacting the safety and security of the program are highlighted.
Review the date of admission and the date of termination documented in the youth’s record and correlates with the JJIS.

Reference:
- Outward Bound Contract #10099
1.09 Incident Reporting (CCC)

Whenever a reportable incident occurs, the program notifies the Department’s Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any reportable incidents during the scope of the annual compliance review. If there are no Central Communications Center (CCC) reports for the past six months, the reviewer(s)/monitor(s) may sample reports since the date of the last annual compliance review, but no more than twelve months prior.

Incidents discovered and reported by the regional monitors review during the annual compliance review shall be considered “Non-Applicable,” unless documentation exists indicating the program was aware of the incident, but failed to report it.

The purpose of the CCC is to provide a service to the Department, the providers, and programs in maintaining a safe environment for the treatment, care, and provision of services to youth. CCC activities are conducted twenty-four hours a day, seven days a week. The telephone number for the CCC is 1-800-355-2280.

Violations of criteria outlined in the Department’s CCC policy will be reported to the CCC for dissemination to the related program area and contracted providers.

The reporting of incidents shall be consistent with the Department’s requirements. The reviewer(s)/monitor(s) shall be familiar with the Department’s incident reporting requirements and list of reportable incidents.

Review CCC reports for the past six months to determine compliance with CCC reporting procedures.

Review internal incidents and grievances to determine whether additional incidents should have been reported to CCC.

Reference:

- F.A.C. 63F-11, Central Communications Center
1.10 Abuse-Free Environment

Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent/guardian, caregiver, or other person responsible for the youth’s welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent/guardian or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

— CRITICAL —

Guidelines/Requirements: The program shall provide an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. To promote an abuse-free environment, the program will:

▪ Adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.

▪ Ensure all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline or their FSFN system.

▪ Ensure youth have unimpeded access to self-report alleged abuse and the abuse hotline number is posted. During the wilderness expedition, students may be in areas with no cell phone service and cannot self-report immediately. The student should be allowed to self-report at the earliest possible time.

Conduct both staff and youth interviews to determine if basic needs have been deprived, to include but not limited to, use of profanity by staff.

Interviews shall be conducted to determine if youth have been subjected to threats or intimidation by staff. Interview a sample of youth to determine if the youth feels safe in the program and if staff are respectful to youth.

Interview a sample of staff to determine how staff and youth are able to call the Florida Abuse Hotline.

Interview the course director to determine the program’s code of conduct, what actions are taken when physical abuse, threats, or profanity is used towards youth, and to explain the program’s incident reporting process.

Reference:

▪ F.S. 39.201, “Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.”

▪ F.A.C. 63E-7.006 (1)(E), Residential Services, Quality of Life and Youth Grievance Process
Standard 2: Assessment Services

2.01 Medical Screening
2.02 Intake Conference and Orientation
2.03 Mental Health/Substance Abuse Screening*
2.04 Outward Bound School/F.I.N.S Program Needs Assessment or Prevention Assessment Tool (PAT)

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.
2.01 **Medical Screening**

Upon receipt of a seemingly eligible youth’s referral packet, the program shall schedule an interview and complete a medical screening for the youth.

**Guidelines/Requirements:** Upon receipt of an application for a seemingly eligible applicant (i.e. meets age and residence requirements and does not have any immediately disqualifying medical or mental health issues), the program shall schedule an interview and complete the medical screening process. Any contact by telephone, fax, or e-mail or attempts to contact shall be documented on the youth’s Chronological Log.

Following the medical screening and interview, the program shall inform the parent/guardian of the acceptance status.

Program staff may utilize their own screening form; however, it must have areas to identify acute illness/injury, chronic health conditions (e.g. diabetes, heart conditions, asthma, Crohn’s disease, and allergies), and currently prescribed medications and the process to follow if identified. The Department’s Problem List shall document any identified chronic health condition(s) and shall be maintained in the youth’s confidential case record.

Review a sample of records to determine the chronological logs document receipt of application, the scheduling of an interview, and review of screening form utilized to capture all medical information.

Review facility operating procedures for youth eligibility and record management.

**Reference:**

- Outward Bound Policy 4.000, Referral Process, Student Eligibility and Acceptance Criteria
- Outward Bound Policy 4.100, Individual Student Record
- F.A.C. 63M-2.090 Health Services
2.02  Intake Conference and Orientation

The program shall perform an interview with both the youth and parent(s)/guardian(s) and, at a minimum, review the following:

- Video, if applicable
- Parent/guardian commitments and responsibilities
- Successful completion criteria as defined in Facility Operating Procedures
- Overview of program expectations and wilderness expedition realities
- Clothing list
- Consent to release information
- Youth rights

Guidelines/Requirements: The program shall complete a Needs Assessment.

Upon admittance into the program, the following items will be obtained and filed in the youth’s Individual Student Record (ISR):

- Referral application
- Participant Record and Physician Medical Record or equivalent
- Acknowledgement of Personal Responsibility
- Photo release

In addition to the items above, the program will complete the following, if applicable:

- Release of Records for programs awarding academic credit or grades
- Individual Determination Report for programs receiving National School Lunch Program (NSLP) funding

The designated intake staff shall consolidate all information gathered on the youth and family into a Face Sheet or Biography and present this information to the appropriate instructional staff. This information shall include, but not be limited to, the following:

- Significant information about the youth and family
- Issues and/or goals identified in the Needs Assessment

Any medical, mental health, or substance abuse history or current condition. Review a sample of ISR to ensure all required items have been filed.
Reference:

- Outward Bound Policy 4.001 Admission and Screen Process
- Outward Bound Policy 4.301 Successful Completion Checklist
- Outward Bound Policy 4.200 Needs Assessments
- Outward Bound Policy 4.100 Individual Student Record
- Outward Bound Policy 7.001 National School Lunch Program (NSLP)
- Outward Bound Contract #10099
- F.A.C. 63M-2.090 Health Services
### 2.03 Mental Health/Substance Abuse Screening

Youth are screened for mental health/substance abuse issues at the time of admission to determine if the youth has any conditions requiring further assessment and/or immediate attention. Screening may be performed by non-licensed staff during the admission process. The screening includes a review of available information and completion of a validated suicide risk screening instrument. The program ensures referral for further assessment of the youth, or immediate intervention, as indicated by the mental health/substance abuse screening.

If the screening indicates the need for further Assessment of Suicide Risk, the family coordinator or designee completes a documented (in the youth’s chronological record) referral to the local community mental health center. No youth referred to the community mental health center shall be admitted to the program until cleared by a licensed mental health professional. If the youth is cleared for admission to the program, all medical, mental health, and substance abuse information is documented in the youth’s Individual Health Care Record.

--- CRITICAL ---

**Guidelines/Requirements:** Because of the nature of the program, screening for serious mental health or substance abuse issues is critical. Youth who are identified as in need of mental health services are ineligible for the program, unless cleared to participate by a licensed mental health professional.

Review a sample of the admission documentation to determine whether youth were properly screened and referred when necessary.

**Reference:**
- Outward Bound Contract #10099
- Outward Bound Policy 5.007 Management of medication prescribed for ADHD
- F.A.C. 63M-2.090 Health Services
2.04 Outward Bound School/F.I.N.S Program Needs Assessment or Prevention Assessment Tool (PAT)

The Outward Bound School/F.I.N.S Program Needs Assessment or the PAT is completed by program staff for all youth, regardless of risk to reoffend, during the intake interview.

Guidelines/Requirements: Program staff shall conduct a risk and needs assessment on all youth. This may be accomplished using either the program’s Needs Assessment or the Prevention Assessment Tool (PAT).

The PAT is predominantly a self-report tool, and youth sometimes supply inaccurate information about themselves or their situation. Staff completing the PAT shall use his or her own observations and those of collateral sources such as parent(s)/guardian(s), other Department staff, law enforcement, or other informed persons who have knowledge of the youth’s behavior and background. Program staff are responsible for completing all assessments for youth in the program.

Review a sample of records to determine whether the program assessed youth using the PAT or the Outward Bound needs assessment.

Reference:

- Outward Bound Policy 4.200 Needs Assessment
- Outward Bound Contract #10099
Standard 3: Intervention Services

3.01 Individualized Performance Plan (IPP) 3-2
3.02 Individual Performance Plan Reviews and Revisions 3-3
3.03 Supervisory Reviews 3-4
3.04 Individual Performance Plan Summary 3-5
3.05 Non-violent Physical Crisis Intervention and Reporting* 3-6
3.06 Behavior Management System 3-7
3.07 Transition Plan/Contract 3-8
3.08 Follow-up 3-9

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.
3.01 Individualized Performance Plan (IPP)

Program staff shall complete an Individualized Performance Plan for each youth during admission interview or within seven calendar days from the youth’s admission. The plan includes written performance plan goals, and action steps documented on corresponding Performance Goal forms.

Staff shall document through the performance planning process, individualized goals and objectives for each youth stressing, at a minimum, social skills, education, transition, and family needs. The IPP shall include two or more, as indicated by assessment and screening, behavioral goals, family concerns, education and vocational goals, family living skills, and family relations.

Guidelines/Requirements: Each youth’s Individual Performance Plan (IPP) is based on needs and issues identified in the Needs Assessment. At a minimum, the IPP incorporates the following:

- Input from both the youth and parent/guardian, or provides documented efforts to provide such input.
- Strengths and challenges for the youth and family.
- Contains measurable and specific performance plan goals and action steps.
- Has defined target dates for completion to assess the youth’s progress and/or completion of each performance plan goal.
- Distinguishes the responsibilities of the youth toward completing each goal and the responsibilities of the program staff in assisting the youth completing each performance plan goal.
- Specifically address transition activities.

The staff shall document the development process in the chronological notes. The youth and parent/guardian shall review and sign the initial IPP. The initial IPP will be held by staff for safe-keeping in the wilderness environment.

Review a sample of records to ensure the initial IPP was developed within seven calendar days of the youth’s admission to the program and the IPP contained all required elements.

Review case progress notes to document IPP was developed with staff, youth, and parent/guardian.

Ensure each IPP was signed by all parties, including the youth, parent/guardian, program staff, and course director.

Individualized goals and objectives shall be used to measure each youth’s required progress during participation in the wilderness expeditionary program and follow-up. Information on the youth’s progress in attaining the goals and objectives may be shared with the parents/guardians, the referring agency, the youth’s school, and other pertinent parties, to communicate the youth’s overall adjustment and performance on the wilderness expedition.

Review a sample of records to document individualized goals were developed for each youth.

Review youth interview results.

Reference:

- Outward Bound Contract #10099
- Outward Bound Policy #4.201 IPP
3.02 Individualized Performance Plan Reviews and Revisions

The Individualized Performance Plan shall be reviewed and revised, as necessary, at least once a week during the wilderness expedition. The review shall include renegotiation of the IPP to ensure the services provided to the youth while in the program complement and support the youth’s reintegration into the home and community.

Guidelines/Requirements: The Individualized Performance Plan (IPP) is the document developed by the youth, parent/guardian, and program staff to plan to address criminogenic needs. Informal reviews may be documented in the youth’s daily progress notes.

Review a sample of records to ensure the initial IPP is reviewed at least once a week, and goals and objectives are renegotiated with the youth, as necessary.

Document the renegotiated goals and action steps are included on each youth’s IPP.

Reference:
- Outward Bound Contract #10099
- Outward Bound Policy #4.201 IPP
3.03 Supervisory Reviews

The course director shall visit the course at least twice during the wilderness expedition to review each youth’s progress on his/her Individualized Performance Plan. The supervisor ensures instructional staff are reviewing any instructions given during the review, and ensures any directives were followed during the subsequent review.

Guidelines/Requirements: The course director shall ensure the youth are receiving appropriate supervision and interventions by conducting the following:

- Prior to the course visit by the course director, the instructor staff will update the Individualized Performance Plans (IPP) for each youth.
- Designating a means by which the instructor staff acknowledge their review of supervisory instructions.
- Ensuring instructions were followed during the subsequent course visit and supervisory review.

Review a sample of IPPs to document updates.
Document course director directives and the instructional staff’s acknowledgement of the directives.

Reference:
- Outward Bound Contract #10099
- Outward Bound Policy 4.202 Supervisory Reviews
3.04 Individualized Performance Plan Summary

An Individualized Performance Plan Summary will be completed on each youth at the end of the wilderness expeditionary program, and follow-up, to inform the youth, parent/guardian, referring agency, school, and other pertinent parties the youth performance and status on his or her Individualized Performance Plan and overall adjustment and progress during the program.

Guidelines/Requirements: At a minimum, the Performance Plan Summary must summarize and be reflective of the following:

- Status on the Individualized Performance Plan
- Overall program behavior including adjustment to the wilderness expedition and interactions with peers and staff
- Significant incidents included may be both positive or negative in nature, if applicable
- The youth’s performance during follow-up

Performance Plan Summaries will be signed by the course director or designee.

Review a sample of closed youth records for IPP summaries to determine if all required elements were included.

Document whether the IPP summaries were signed and dated by the appropriate staff and sent to the appropriate parties.

Reference:

- Outward Bound Contract #10099
- Outward Bound Policy # 4.201 IPP
- Outward Bound Policy # 4.203 Performance Summary
3.05 Non-Violent Physical Crisis Intervention and Reporting

Outward Bound staff will use only Non-violent Physical Crisis Intervention Techniques (NPCI) by the Crisis Prevention Institute (CPI) to manage a potentially violent youth. Any staff member using physical interventions must be certified in the use of NPCI. Any physical intervention technique will be documented in an incident report within forty-eight hours of the incident and turned in to a base staff member at the next face-to-face meeting.

— CRITICAL —

Guidelines/Requirements: The following items will be included in the incident report reporting any physical intervention:

- Day, date, and time of the incident
- Exact location of the incident
- List of key participants and their relationship to one another
- Complete description of the incident in chronological order
- What led up to the incident
- At what point staff was alerted to the incident
- What verbal and/or physical intervention were attempted
- How the incident was resolved
- Emergency action taken
- Consequences, such as injuries, loss or damage of property
- Persons notified of the incident including name, title, date, and time
- Signature of the author and date of the report

Review the monthly summary of all NPCI Reports submitted within the last six months; ensure the reports contained all required information.

Interview course director to explain the program’s process for monitoring NPCI incidents and use of force.

Reference:

- Outward Bound Policy #6.002 Physical Intervention Techniques
- Outward Bound Contract #10099
3.06 Behavior Management System

The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavior problem or demonstrated level of responsibility. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. All significant behavior problems, and movement between Training, Main, and Final phases are documented in the course log.

**Guidelines/Requirements:** Programs shall comply with the following:

- Have a document containing a mission statement including the Department’s mission to reduce juvenile crime, description of program design, educational goals, and objectives.
- Daily activity schedules shall be developed for each course and substantially followed. This shall include structured outdoor recreational, leisure, and educational activities teaching values and encourage sportsmanship.
- All instances of movement between Training, Main, and Final Phases shall be documented in the course log, dated, and signed by instructional staff.
- No youth or group of youth shall be allowed to control, have authority over, or otherwise discipline any other youth. Authority to discipline shall never be delegated to youth.
- Non-Negotiable Rules shall be reviewed with youth during the pre-course interview and youth must acknowledge this with a signature. Non-Negotiable Rules shall be documented in the Student Handbook.

Review the documented behavior management system (BMS).

Review documentation of youth orientation and training on the BMS.

Review course director, staff, and youth interview results.

**Reference:**

- Outward Bound Contract #10099
3.07 Transition Plan/Contract

Program staff shall assist in the development, with the youth and parent/guardian, of a Transition Plan/Contract to focus on issues at home and in school utilizing tools learned during the wilderness expedition and parent/guardian meeting.

Guidelines/Requirements: This plan is a written document or contract mutually agreed upon by all family members and is “mediated” by a neutral staff member. Program staff must review this plan regularly during home visits and revise or update the plan, as necessary, and as goals are met.

The transition of each youth from the wilderness expedition experience back to home and school is extremely important for a successful outcome for the youth and family. The skills and knowledge acquired by the youth must be transferred to the youth’s normal setting and the assistance of program staff in assisting the transition often makes the difference for a successful Outward Bound experience.

Review of sample of closed records for youth who have completed an expedition to review transition plan. Ensure all required elements were contained in each transition plan.

Review documentation to ensure staff conducted home visits, as required, upon the youth’s return home.

Reference:

- Outward Bound Contract #10099
3.08 Follow-up

Outward Bound staff shall conduct follow-up visits with the youth at school and in the home to monitor the completion of the youth’s Transition Plan/Contract goals and objectives.

Guidelines/Requirements: Staff conducting home visits and school visits shall comply with the following:

- During home and school visits, activities linked to previously identified goals in the Transition Plan/Contract shall be reviewed and revised, as needed
- Home visits shall include, at a minimum, the youth and, as needed, parents/guardians or other family members
- Each youth shall receive a minimum of eight direct contacts, as described in the contract
- The primary focus of the school visit shall be to review the Transition Plan/Contract specific to education and to establish support from school personnel for successful re-entry into the school environment

Each youth shall have a minimum of twelve collateral contacts, as described in the contract.

Review a sample of closed records to document completion of home visits. Ensure the visits were of the required duration, and included the required parties.

Review documentation to support school visits and telephone contacts.

Reference:
- Outward Bound Contract #10099
- Outward Bound Policy 4.400 Follow-up
Standard 4: Services

4.01 Disaster Preparedness
4.02 Fire Prevention and Evacuation Procedures
4.03 Water Activities
4.04 Boating Activities
4.05 Food Services
4.06 Transportation
4.07 Life Management Skills

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.
4.01 Disaster Preparedness

Outward Bound shall have detailed safety policies and procedures.

**Guidelines/Requirements:** The program shall have a plan in place to address any communicable disease outbreaks inclusive of transport plans for those youth who require emergency medical attention.

The program shall have a written Emergency Disaster Preparedness Plan reviewed annually and updated, as needed. This plan shall include procedures for the following: fire, severe weather, hurricane warnings, tornado warnings, and flooding.

Review the program’s Emergency Disaster Preparedness Plan.

Review staff interview results.

**Reference:**

- Outward Bound Contract #10099
4.02 Fire Prevention and Evacuation Procedures

The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.

Guidelines/Requirements: Safety and welfare standards of programs shall incorporate:

A comprehensive safety regimen including fire prevention.

- Fire protection equipment shall be available at strategic locations and shall be checked annually. All program staff shall be trained in the proper operation and use of available equipment. (Base facility only)

- Fire drill procedures shall include fire drills conducted, according to the fire prevention plan. Drills shall be conducted under varied conditions, and all fire drills shall be documented using drill attendance sheets. (Base facilities only)

- Fire safety documentation shall be kept at the base facility and shall contain a record of annual fire safety inspections, a record of corrections, and the results of periodic fire safety inspections and equipment checks.

The program shall submit fire prevention plans to the local fire marshal for approval of the entire fire prevention plan annually.

Review the fire prevention plan and review fire drill documentation to determine if the drills were conducted as required by the fire prevention plan.

Review fire safety documents to determine if fire safety and equipment checks were conducted.

Review the program’s fire safety plan; document date of approval by the local fire marshal.

Review fire drill documentation for past six months.

Observe fire equipment to document annual inspections.

Review training records of staff to document receipt of training in the operation of fire equipment.

Review staff interview results.

Reference:

- Outward Bound Contract #10099
- Outward Bound Policy 3.002 Fire Prevention Plan
4.03 Water Activities

The program provides a safe and appropriate treatment environment including procedures for water activities. All youth will complete a Water Comfort Assessment prior to participating in any water-related activity. Non-swimmers will wear an approved Personal Floatation Device (PFD) at all times when on or near the water.

Guidelines/Requirements: A major aspect of program is youth are able to participate in water-related activities including swimming and canoeing in lakes, rivers, and the ocean. It is essential each youth feels comfortable and safe during these activities and the program has trained staff to handle any emergency. Each program shall have:

- A water safety plan including emergency procedures.
- One Emergency Water Safety trained staff when participating in water activities.
- Swim tests for youth prior to any swimming activities.

The program shall provide for the prompt notification of a youth’s parent/guardian in cases of serious illness, injury, or death.

Review the program’s water safety plan to ensure all required elements are included.

Review staff training records to ensure proper certifications have been received for staff involved in water-related activities.

Review documentation of swim tests for youth; ensure the course director, education coordinator or designee is responsible for facilitating swim checks at an approved swimming site. At a minimum, the designee must have been trained to facilitate swim check (by Emergency Water Safety Training) prior to supervising without a course director present. On wilderness expeditions the instructional team accompanies the course director, education coordinator or designee to assist and supervise the group during swim checks.

Review youth and staff interview results.

Reference:

- Outward Bound Local Operating Policies and Procedures, At-Risk, Chapters 1
4.04 Boating Activities

Outward Bound programs will provide ample canoe training to the youth throughout the wilderness expedition and the instructional team will make periodic assessments to determine when additional training is needed, e.g. tidal changes, high water levels, open water, fast moving water, high winds, and actual student abilities.

Guidelines/Requirements: Safety and proficiency in canoeing is essential to the Outward Bound experience. Staff providing instruction in canoeing must be, at a minimum, an assistant instructor who has successfully completed the At-risk Staff Swim Check and Canoe Training I, II, and III, as appropriate. Additionally, one staff member present during canoe training must be Emergency Water Safety (EWS) certified.

Review staff records to ensure proper certification has been received for staff involved in boating activities.

Review youth interview results.

Reference:
- Outward Bound Local Operating Policies and Procedures, At-Risk, Chapter 1
4.05 Food Services

During wilderness excursions, staff shall provide nutritional, well-balanced meals and snacks for each youth. The breakfast and lunch menus shall follow the meal patterns of the National School Lunch Program (NSLP) preparation requirements and all Florida Department of Education guidelines.

Guidelines/Requirements: The program shall comply with the following:

▪ Menus shall vary, taking into consideration environment, transport concerns, and wilderness expedition requirements
▪ A dietitian shall review and approve the menus annually
▪ During the wilderness expedition, staff and youth shall eat the same food from the same menu unless dietary restrictions necessitate a substitution
▪ Youth shall be required to plan, coordinate, and cook all daily meals as part of life skills training
▪ Youth shall be provided a minimum of 16 oz. (2 cups) of drinkable water every thirty minutes. Adequate amounts of drinkable water shall be available at all times.

Review menus to ensure breakfast and lunch meet the nutritional requirements of the NSLP, and have been approved by a dietician.

Interview youth and staff interview results.

Reference:

▪ Outward Bound Contract #10099
▪ Outward Bound Policy 7.001 National School Lunch
  Program
4.06 Transportation

The program provides a safe and appropriate treatment environment, including transportation.

Guidelines/Requirements: Staff operating vehicles will have a valid driver’s license. The program will provide or ensure transportation for youth for all program related reasons to include but not be limited to:

- Medical appointments
- Community service projects conducted as a group
- Emergency mental health/crisis intervention services
- Recreational activities
- Emergency evacuations
- Community service activities

Note: The program has been granted an exception to the rule which requires all staff to have a Florida driver license.

Staff will ensure youth and staff wear seat belts while the vehicle is in operation.

Review staff personnel records to determine if a check of valid driver’s licenses was conducted.

If possible, observe a transport to confirm the use of seatbelts.

Reference:
- FDJJ-1920 Operating a Vehicle for the Purpose of Transporting Youth
- Outward Bound Contract #10099
- Outward Bound Local Operating Policies and Procedures Chapter 1
- Outward Bound Local Operating Policies and Procedures Chapter 2
- Outward Bound Administrative Policies Section 3 Safety Prevention and Management
- Outward Bound Safety Policies
4.07 Life Management Skills

The program will provide each youth with life management skills training. This shall occur on a daily basis through structured lessons/activities around identified topics and circle-ups. All groups shall spend a minimum of twenty hours in activities linked to life management skills.

Guidelines/Requirements: The lessons/activities providing life skills training shall focus primarily on:

- Verbal and non-verbal communication skills such as listening and questioning
- Giving and receiving constructive feedback
- Group cohesiveness
- Leadership/followership
- Interpersonal negotiation/mediation and problem-solving skills.

Training in life skills is a primary focus of the program.

Circle-ups are a primary vehicle through which life management skills are imparted to youth. The youth or staff may call for a circle-up for a variety of reasons, but primarily to deal with problematic behaviors as they occur to educate (teachable moments) or to give positive feedback for accomplishments. Circle-ups may last a few minutes or several hours depending on the nature of the issues discussed.

All life management skills curriculum is documented in the Education Log. The documentation includes the topic, length of the lesson, and the staff member who presented it. The Education Log is reviewed twice during the course to ensure the instructors are teaching the required number of minutes and topics and they are addressing the specific life management skills needs of the group.

Review the program’s daily schedule and logbook to document length of time youth are involved in life skills training.

Review the program’s Education Log to document provision of life management skills.

Review youth interview results.

Reference:

- F.A.C. 63B-1.003 (3), Career Related Programs, Career and Vocational Programming
- F.A.C. 63B-1.006, Career Related Programs, Cooperative Agreement
- Technical Assistance Paper, State Board of Education Rule 6A-6.05281, Educational Programs for Youth in Department of Juvenile Justice Detention, Commitment, or Day Treatment Programs, Florida Administrative Code
- Outward Bound Contract #10099