Monitoring and Quality Improvement Standards for Residential Services 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.
### Standard 1: Management Accountability

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.01</td>
<td>Initial Background Screening*</td>
<td>1-6</td>
</tr>
<tr>
<td>1.02</td>
<td>Five-Year Rescreening</td>
<td>1-9</td>
</tr>
<tr>
<td>1.03</td>
<td>Provision of an Abuse-Free Environment*</td>
<td>1-10</td>
</tr>
<tr>
<td>1.04</td>
<td>Management Response to Allegations*</td>
<td>1-12</td>
</tr>
<tr>
<td>1.05</td>
<td>Incident Reporting (CCC)*</td>
<td>1-13</td>
</tr>
<tr>
<td>1.06</td>
<td>Protective Action Response(PAR) and Physical Intervention Rate</td>
<td>1-14</td>
</tr>
<tr>
<td>1.07</td>
<td>Pre-Service/Certification Requirements*</td>
<td>1-16</td>
</tr>
<tr>
<td>1.08</td>
<td>In-Service Training</td>
<td>1-18</td>
</tr>
<tr>
<td>1.09</td>
<td>Grievance Process</td>
<td>1-20</td>
</tr>
<tr>
<td>1.10</td>
<td>Delinquency Interventions and Facilitator Training</td>
<td>1-21</td>
</tr>
<tr>
<td>1.11</td>
<td>Life Skills Training Provided to Youth</td>
<td>1-22</td>
</tr>
<tr>
<td>1.12</td>
<td>Restorative Justice Awareness for Youth</td>
<td>1-23</td>
</tr>
<tr>
<td>1.13</td>
<td>Gender-Specific Programming</td>
<td>1-24</td>
</tr>
<tr>
<td>1.14</td>
<td>Internal Alerts System and Alerts (JJIS)*</td>
<td>1-25</td>
</tr>
<tr>
<td>1.15</td>
<td>Youth Records (Healthcare and Management)</td>
<td>1-27</td>
</tr>
<tr>
<td>1.16</td>
<td>Youth Input</td>
<td>1-28</td>
</tr>
<tr>
<td>1.17</td>
<td>Advisory Board</td>
<td>1-29</td>
</tr>
<tr>
<td>1.18</td>
<td>Program Planning</td>
<td>1-30</td>
</tr>
<tr>
<td>1.19</td>
<td>Staff Performance</td>
<td>1-31</td>
</tr>
<tr>
<td>1.20</td>
<td>Recreation and Leisure Activities</td>
<td>1-32</td>
</tr>
</tbody>
</table>

* 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.
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.

### Standard 2: Assessment and Performance Plan

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01</td>
<td>Initial Contacts to Parent/Guardian and Court Notification</td>
<td>2-2</td>
</tr>
<tr>
<td>2.02</td>
<td>Youth Orientation</td>
<td>2-3</td>
</tr>
<tr>
<td>2.03</td>
<td>Written Consent of Youth Eighteen or Older</td>
<td>2-5</td>
</tr>
<tr>
<td>2.04</td>
<td>Classification Factors, Procedures, and Reassessment for</td>
<td>2-6</td>
</tr>
<tr>
<td>2.05</td>
<td>Gang Identification: Notification of Law Enforcement</td>
<td>2-8</td>
</tr>
<tr>
<td>2.06</td>
<td>Gang Identification: Prevention and Intervention Activities</td>
<td>2-9</td>
</tr>
<tr>
<td>2.07</td>
<td>Residential Assessment for Youth (RAY)</td>
<td>2-10</td>
</tr>
<tr>
<td>2.08</td>
<td>Youth Needs Assessment Summary (YNAS)</td>
<td>2-11</td>
</tr>
<tr>
<td>2.09</td>
<td>Performance Plan Development, Goals and Transmittal*</td>
<td>2-12</td>
</tr>
<tr>
<td>2.10</td>
<td>Performance Plan Revisions</td>
<td>2-14</td>
</tr>
<tr>
<td>2.11</td>
<td>Performance Summaries and Transmittals</td>
<td>2-15</td>
</tr>
<tr>
<td>2.12</td>
<td>Parent/Guardian Involvement in Case Management Services</td>
<td>2-17</td>
</tr>
<tr>
<td>2.13</td>
<td>Members of Treatment Team</td>
<td>2-18</td>
</tr>
<tr>
<td>2.14</td>
<td>Incorporation of Other Plans into Performance Plans</td>
<td>2-19</td>
</tr>
<tr>
<td>2.15</td>
<td>Treatment Team Meetings (Formal and Informal Reviews)</td>
<td>2-20</td>
</tr>
<tr>
<td>2.16</td>
<td>Career Education</td>
<td>2-22</td>
</tr>
<tr>
<td>2.17</td>
<td>Educational Access</td>
<td>2-24</td>
</tr>
<tr>
<td>2.18</td>
<td>Education Transition Plan</td>
<td>2-25</td>
</tr>
<tr>
<td>2.19</td>
<td>Transition Planning, Conference, and Community Re-entry Team</td>
<td>2-26</td>
</tr>
<tr>
<td>2.20</td>
<td>Exit Portfolio</td>
<td>2-28</td>
</tr>
<tr>
<td>2.21</td>
<td>Exit Conference</td>
<td>2-29</td>
</tr>
</tbody>
</table>

### Standard 3: Mental Health and Substance Abuse Services

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01</td>
<td>Designated Mental Health Clinician Authority or Clinical Coordinator</td>
<td>3-2</td>
</tr>
<tr>
<td>3.02</td>
<td>Licensed Mental Health and Substance Abuse Clinical Staff*</td>
<td>3-3</td>
</tr>
<tr>
<td>3.03</td>
<td>Non-Licensed Mental Health and Substance Abuse Clinical Staff</td>
<td>3-4</td>
</tr>
<tr>
<td>3.04</td>
<td>Mental Health and Substance Abuse Admission Screening</td>
<td>3-7</td>
</tr>
<tr>
<td>3.05</td>
<td>Mental Health and Substance Abuse Assessment/Evaluation</td>
<td>3-10</td>
</tr>
<tr>
<td>3.06</td>
<td>Mental Health and Substance Abuse Treatment</td>
<td>3-11</td>
</tr>
<tr>
<td>3.07</td>
<td>Treatment and Discharge Planning*</td>
<td>3-13</td>
</tr>
<tr>
<td>3.08</td>
<td>Specialized Treatment Services*</td>
<td>3-16</td>
</tr>
<tr>
<td>3.09</td>
<td>Psychiatric Services*</td>
<td>3-17</td>
</tr>
<tr>
<td>3.10</td>
<td>Suicide Prevention Plan*</td>
<td>3-19</td>
</tr>
<tr>
<td>3.11</td>
<td>Suicide Prevention Services*</td>
<td>3-21</td>
</tr>
<tr>
<td>3.12</td>
<td>Suicide Precaution Observation Logs*</td>
<td>3-24</td>
</tr>
<tr>
<td>3.13</td>
<td>Suicide Prevention Training*</td>
<td>3-25</td>
</tr>
<tr>
<td>3.14</td>
<td>Mental Health Crisis Intervention Services*</td>
<td>3-26</td>
</tr>
<tr>
<td>3.15</td>
<td>Crisis Assessments*</td>
<td>3-27</td>
</tr>
<tr>
<td>3.16</td>
<td>Emergency Mental Health and Substance Abuse Services*</td>
<td>3-19</td>
</tr>
<tr>
<td>3.17</td>
<td>Baker and Marchman Acts*</td>
<td>3-30</td>
</tr>
</tbody>
</table>

* 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.
### Standard 4: Health Services

<table>
<thead>
<tr>
<th>4.01</th>
<th>Designated Health Authority/Designee*</th>
<th>4-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.02</td>
<td>Facility Operating Procedures</td>
<td>4-3</td>
</tr>
<tr>
<td>4.03</td>
<td>Authority for Evaluation and Treatment</td>
<td>4-4</td>
</tr>
<tr>
<td>4.04</td>
<td>Parental Notification/Consent</td>
<td>4-5</td>
</tr>
<tr>
<td><strong>4.05</strong></td>
<td>Healthcare Admission Screening &amp; Rescreening Form (Medical Health Screening Form) (Screening Entered into JJIS)</td>
<td>4-7</td>
</tr>
<tr>
<td>4.06</td>
<td>Youth Orientation to Healthcare Services/Health Education</td>
<td>4-8</td>
</tr>
<tr>
<td>4.07</td>
<td>Designated Health Authority/Designee Admission Notification</td>
<td>4-9</td>
</tr>
<tr>
<td>4.08</td>
<td>Health-Related History</td>
<td>4-10</td>
</tr>
<tr>
<td>4.09</td>
<td>Comprehensive Physical Assessment/TB Screening</td>
<td>4-11</td>
</tr>
<tr>
<td><strong>4.10</strong></td>
<td>Sexually Transmitted Infection &amp; HIV Screening</td>
<td>4-13</td>
</tr>
<tr>
<td>4.11</td>
<td>Sick Call Process</td>
<td>4-15</td>
</tr>
<tr>
<td>4.12</td>
<td>Episodic/First Aid/Emergency Care</td>
<td>4-17</td>
</tr>
<tr>
<td>4.13</td>
<td>Off-Site Care/Referrals</td>
<td>4-19</td>
</tr>
<tr>
<td><strong>4.14</strong></td>
<td>Chronic Conditions/Periodic Evaluations</td>
<td>4-20</td>
</tr>
<tr>
<td>4.15</td>
<td>Medication Management</td>
<td>4-21</td>
</tr>
<tr>
<td>4.16</td>
<td>Medication/Sharps Inventory and Storage Process</td>
<td>4-23</td>
</tr>
<tr>
<td>4.17</td>
<td>Infection Control/Exposure Control</td>
<td>4-24</td>
</tr>
<tr>
<td><strong>4.18</strong></td>
<td>Prenatal Care/Education</td>
<td>4-26</td>
</tr>
</tbody>
</table>

---

* 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.
## Standard 5: Safety and Security

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.01</td>
<td>Youth Supervision*</td>
</tr>
<tr>
<td>5.02</td>
<td>Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training</td>
</tr>
<tr>
<td>5.03</td>
<td>Behavior Management System Infractions and System</td>
</tr>
<tr>
<td>5.04</td>
<td>Ten-Minute Checks*</td>
</tr>
<tr>
<td>5.05</td>
<td>Census, Counts, and Tracking</td>
</tr>
<tr>
<td>5.06</td>
<td>Logbook Entries and Shift Report Review</td>
</tr>
<tr>
<td>5.07</td>
<td>Key Control*</td>
</tr>
<tr>
<td>5.08</td>
<td>Contraband Procedure</td>
</tr>
<tr>
<td>5.09</td>
<td>Searches and Full Body Visual Searches</td>
</tr>
<tr>
<td>5.10</td>
<td>Vehicles and Maintenance</td>
</tr>
<tr>
<td>5.11</td>
<td>Transportation of Youth</td>
</tr>
<tr>
<td>5.12</td>
<td>Weekly Safety and Security Audit</td>
</tr>
<tr>
<td>5.13</td>
<td>Tool Inventory and Management</td>
</tr>
<tr>
<td>5.14</td>
<td>Youth Tool Handling and Supervision</td>
</tr>
<tr>
<td>5.15</td>
<td>Outside Contractors</td>
</tr>
<tr>
<td>5.16</td>
<td>Fire, Safety, and Evacuation Drills</td>
</tr>
<tr>
<td>5.17</td>
<td>Disaster and Continuity of Operations Planning (COOP)</td>
</tr>
<tr>
<td>5.18</td>
<td>Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials</td>
</tr>
<tr>
<td>5.19</td>
<td>Youth Handling and Supervision for Flammable, Poisonous, and Toxic Items and Materials</td>
</tr>
<tr>
<td>5.20</td>
<td>Disposal of all Flammable, Toxic, Caustic, and Poisonous Items</td>
</tr>
<tr>
<td>5.21</td>
<td>Elements of the Water Safety Plan, Staff Training and Swim</td>
</tr>
<tr>
<td>5.22</td>
<td>Visitation and Communication</td>
</tr>
<tr>
<td>5.23</td>
<td>Search and Inspection of Controlled Observation Room</td>
</tr>
<tr>
<td>5.24</td>
<td>Controlled Observation</td>
</tr>
<tr>
<td>5.25</td>
<td>Controlled Observation Safety Checks and Release Procedures</td>
</tr>
<tr>
<td>5.26</td>
<td>Safety Planning Process for Youth</td>
</tr>
<tr>
<td>5.01</td>
<td>Youth Supervision*</td>
</tr>
</tbody>
</table>

* 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.
### Standard 1: Management Accountability

<table>
<thead>
<tr>
<th>1.01</th>
<th>Initial Background Screening*</th>
<th>1-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.02</td>
<td>Five-Year Rescreening</td>
<td>1-9</td>
</tr>
<tr>
<td>1.03</td>
<td>Provision of an Abuse-Free Environment*</td>
<td>1-10</td>
</tr>
<tr>
<td>1.04</td>
<td>Management Response to Allegations*</td>
<td>1-12</td>
</tr>
<tr>
<td>1.05</td>
<td>Incident Reporting (CCC)*</td>
<td>1-13</td>
</tr>
<tr>
<td>1.06</td>
<td>Protective Action Response(PAR) and Physical Intervention Rate</td>
<td>1-14</td>
</tr>
<tr>
<td>1.07</td>
<td>Pre-Service/Certification Requirements*</td>
<td>1-16</td>
</tr>
<tr>
<td>1.08</td>
<td>In-Service Training</td>
<td>1-18</td>
</tr>
<tr>
<td>1.09</td>
<td>Grievance Process</td>
<td>1-20</td>
</tr>
<tr>
<td>1.10</td>
<td>Delinquency Interventions and Facilitator Training</td>
<td>1-21</td>
</tr>
<tr>
<td>1.11</td>
<td>Life Skills Training Provided to Youth</td>
<td>1-22</td>
</tr>
<tr>
<td>1.12</td>
<td>Restorative Justice Awareness for Youth</td>
<td>1-23</td>
</tr>
<tr>
<td>1.13</td>
<td>Gender-Specific Programming</td>
<td>1-24</td>
</tr>
<tr>
<td>1.14</td>
<td>Internal Alerts System and Alerts (JJIS)*</td>
<td>1-25</td>
</tr>
<tr>
<td>1.15</td>
<td>Youth Records (Healthcare and Management)</td>
<td>1-27</td>
</tr>
<tr>
<td>1.16</td>
<td>Youth Input</td>
<td>1-28</td>
</tr>
<tr>
<td>1.17</td>
<td>Advisory Board</td>
<td>1-29</td>
</tr>
<tr>
<td>1.18</td>
<td>Program Planning</td>
<td>1-30</td>
</tr>
<tr>
<td>1.19</td>
<td>Staff Performance</td>
<td>1-31</td>
</tr>
<tr>
<td>1.20</td>
<td>Recreation and Leisure Activities</td>
<td>1-32</td>
</tr>
</tbody>
</table>

* 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.
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.

— CRITICAL —

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.

- 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 Provision of an Abuse-Free Environment

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 eighteen years of age and older.

- 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 which 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 trauma responsive practices.

— CRITICAL —

**Guidelines/Requirements:** “Immediately” is defined as occurring near the time of the incident or when the information is first received. Any person who knows, or has reasonable cause to suspect, a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, should report such knowledge or suspicion to the Department. This includes the regional monitor/reviewer. If the regional monitor(s) sees abuse, they are required to report it.

For purposes of the Department’s Rule, 63E-7, “unhindered access” means the program shall allow youth and staff to make the decision to report allegations of abuse without obtaining permission. The program shall provide youth with timely telephone access to report allegations of abuse without intimidation or reprisal. However, if the youth requests telephone access during a scheduled structured activity, the program shall provide access as soon as the activity concludes.

This does not preclude the statutory obligation of staff to report any knowledge of child abuse or neglect.

Direct care staff shall model prosocial behaviors for youth throughout the course of each day in the program, reinforce delinquency interventions, and guide and re-direct youth toward prosocial behaviors and positive choices. Staff behavior should be respectful of others and reflect desired behaviors for youth. Staff shall not use corporal punishment, profanity, threats, or intimidation in the presence of youth. Per FDJJ 1100, “Rights of Youth in DJJ Care, Custody, or Supervision,” the Department is committed to observing, upholding and enforcing all laws pertaining to individual rights. Department officers, staff, and contracted providers shall respect and protect each youth's rights and comply with all law relating thereto. For the purposes of the Department’s Rule, 63E-7, “trauma responsive practices” are defined as policies, procedures and practices that recognize and respond to the experiences of trauma in the lives of youth and families.

Regional monitor(s)/reviewers shall ensure staff adhere to a Code of Conduct.
Substantiated incidents of abuse shall not be factored into the rating of this indicator. Reference any outstanding or ongoing incidents, include substantiated incidents, any outstanding corrective actions, and/or changes made by the program.

**Conduct the following interviews:**

- Both staff and youth to determine if basic needs have been deprived, to include but not limited to, use of profanity by staff.
- Both formal and informal interviews shall be conducted to determine if youth have been subjected to threats or intimidation by staff.
- A sample of youth to determine if the youth feels safe in the program and if staff are respectful to youth.
- A sample of staff to determine how staff and youth are able to call the Florida Abuse Hotline. Interview a sample of youth and staff to determine if they know the contact number for the Florida Abuse Hotline or where the number is located within the residential program.
- The program director to determine the program’s code of conduct, how the program incorporates trauma responsive practices, what actions are taken when physical abuse, threats, or profanity is used towards youth, and to explain the program’s incident reporting process, to include incidents where youth were denied or limited access to the Florida Abuse Hotline.

Review the following supportive documentation:

- All incident reports, to include CCC and internal incidents, since the last annual compliance review, for substantiated allegations of child abuse.

**Reference:**

- F.S. Chapter 39, Proceedings Relating to Children
- F.S. Chapter 39.201, Mandatory Reports of Child Abuse, Abandonment, Neglect; Mandatory Reports of Death; Central Abuse Hotline
- F.A.C. 63E-7.101 (6f), Residential Services, Youth Orientation
- F.A.C. 63E-7.102(14) Access to the Florida Department of Children and Families central abuse hotline
- F.A.C. 63E-7.105 (1) (2b), Residential Programming, Delinquency Intervention Services
- F.A.C. 63E-7.108, Residential Services, Program Administration
- FDJJ Policy 1100, Rights of Youth in DJJ Care, Custody, or Supervision
1.04 Management Response to Allegations

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.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any incidents of physical, psychological, or emotional abuse since the last annual compliance review.

Conduct the following interview:

- The program director to determine how staff and youth are knowledgeable on contacting the Florida Abuse Hotline and Central Communications Center (CCC) and to determine how many staff had disciplinary actions due to allegations of abuse towards youth in the annual compliance review period.

Review the following supportive documents:

- Documentation to identify applicable corrective action taken by management for follow-up to allegations or substantiated incidents of abuse or neglect. Due to the confidential nature of such records, only approved Department staff, including, but not limited to, Monitoring and Quality Improvement staff and residential operations staff, are permitted to review personnel records. Personnel records are not to be reviewed by state or provider peers or residential program staff.

- Internal incident reports, to include disciplinary actions, to ensure residential program administrative staff took immediate corrective action to address incidents of physical, psychological, and emotional abuse.

Reference:

- F.A.C. 63E-7.108 (8), Program Administration, Residential Program Reporting Requirements
- F.A.C. 63H-2.003 (1) (b) (18), Residential Services, Contracted Residential Staff
- F.A.C. 63H-2.005 (2) (a) 1b, Residential Services, State Residential Staff
1.05 Incident Reporting (CCC)

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.

— 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 regional monitor(s)/reviewer(s) may sample reports since the date of the last annual compliance review, but no more than twelve months.

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

Violations of criteria outlined in the Department’s FDJJ 2020 policy will be reported to the CCC for dissemination to the related program area and contracted providers.

Conduct the following interview:

• The program director to gather information outlining the program’s incident reporting process.

Review the following supportive documentation:

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

Determine if additional incidents should have been reported to the CCC upon review of internal incidents/grievances.

Reference:

• F.A.C. 63F-11, Central Communications Center
• FDJJ-2020, Incident Operations Center and Incident Reviews
1.06 Protective Action Response (PAR) and Physical Intervention Rate

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.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not used physical interventions or mechanical restraints during the scope of the annual compliance review.

In the event mechanical restraints are used, the program shall follow preexisting PAR policy, which includes completion of a PAR Incident Report, along with the Mechanical Restraints Supervision Log, completed and filed.

Review and note the program’s physical intervention rate.

Program staff should be familiar with Florida Administrative Rule 63H-1, which establishes the statewide framework to implement procedures governing the use of verbal and physical intervention techniques and mechanical restraints.

A PAR report shall be completed after an incident involving the use of counter move, control techniques, takedowns, or the application of mechanical restraints. A PAR report is not required when mechanical restraints are used for the movement of youth outside of the secure area of operations or during transports.

Conduct the following interview:

- The program director to explain the program’s process for monitoring PAR incidents and use of force, to include corrective actions related to the improper use and excessive/unnecessary force.

Review the following supportive documentation:

- Program’s Department approved PAR Plan.
- Monthly summary of all PAR incidents submitted, within the last six months, to the Department within two weeks of the end of each month.
- A sampling of PAR reports to determine if:
  - A review by a PAR certified instructor/supervisory staff was completed (Note: If reviewed by both parties, they should not be the same staff, unless no PAR certified instructor/supervisor is available prior to the facility administrator’s review).
  - A post-PAR interview was conducted with the youth by the program director, or designee, as soon as possible, but no longer than thirty minutes after the incident.
  - A review of the PAR incident report by the program director, or designee, within seventy-two hours of the incident, excluding weekends and holidays, was completed.
  - Statements were completed by all participants.
o The reports were completed on the same day the incident occurred.

o The youth was referred to the licensed medical professional on-site, or was taken off-site, as appropriate, should medical staff not be present, if findings of the post-PAR interview indicated the need for a PAR medical review.

o The techniques applied were approved by the Department.

Reference:

- F.A.C. 63H-1, Staff Training, Basic Curricula (PAR)
- Pursuant to Contract Requirements: Residential Contract to include performance expectations
1.07 Pre-Service/Certification Requirements

Residential contracted provider staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.

— CRITICAL —

Guidelines/Requirements: Pre-service/certification training and examinations are documented on the Department’s Learning Management System (SkillPro). Review a sample of training records on SkillPro.

**Residential Contracted Provider Staff:**

Staff must complete a minimum of 120 hours of pre-service training, instructor-led and web-based, completed in the areas listed in F.A.C. 63H-2.003(1b).

All contracted residential programs shall submit, in writing, a list of pre-service training to the Department’s Office of Staff Development and Training including course names, descriptions, objectives, and training hours for any instructor-led training, completed in the areas listed in F.A.C. 63H-2.003(1b).

Contracted residential staff are authorized to be in the presence of youth prior to the completion of the training requirements outlined in F.A.C. 63H-2.003(1b); however, the following essential skills must be completed first:

- PAR trained (must be successfully completed within ninety days of hire)
- CPR/First Aid certified
- Professionalism and ethics, including standards of conduct
- Suicide prevention/intervention
- Emergency procedures
- Child abuse reporting

**PREA**

Regional monitor(s)/reviewer(s) should ask the program which staff are considered to be direct care staff and are counted for in the staff-to-youth ratio (inquire as to whether there are additional staff who may occasionally supervise youth, such as maintenance, kitchen, or other staff members).

Review the following supportive documentation:

- Documentation to support the pre-service training plan was submitted and approved by the Department’s Office of Staff Development and Training.
- Applicable contract for any additional training requirements for the respective positions of each sample record under review.
Reference:

- F.A.C. 63H-2.003, Contracted Residential Staff
- F.A.C. 63H-1.009 (1), Basic Curricula (PAR), Certification
- Pursuant to Contract Requirements: Residential Provider Contract, Personnel Detail, Residential Provider Approved Training Plan, Staffing and Training Requirements
- Program’s Disaster or Continuity of Operations Plan (COOP) approved by the applicable Regional Director for Residential Services
1.08 **In-Service Training**

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.

**Guidelines/Requirements:**

**Residential Contracted Provider Staff:**

The following are mandatory training topics which must be completed each year by contracted residential staff (unless a specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- PAR Update (As required by PAR Rule Chapter 63H-1)
- CPR/AED (annually)
- First Aid (annually)
- Suicide Prevention/intervention
- Professionalism and Ethics
- Active Shooter

All contracted residential programs shall submit, in writing, a list of in-service trainings to the Department’s Office of Staff Development and Training including course names, descriptions, objectives, and training hours for all instructor-led in-service training other than the mandatory training topics listed above.

**Supervisory Staff Training for Residential Programs:**

As part of the twenty-four hours of in-service training required for direct care staff, supervisory staff shall complete eight hours of training in any of the following areas:

- Management
- Leadership
- Personal Accountability
- Employee Relations
- Communication Skills
- Fiscal

It is the expectation of the Department all training, both in-service and instructor-led, be documented in the Department’s Learning Management System (SkillPro).

In-service training begins the calendar year after a staff completes his/her certification training.

Programs shall develop an annual in-service calendar which must be updated as changes occur.
Regional monitor(s)/reviewer(s) should ask the program which staff are considered to be direct-care staff and are counted for in the staff to youth ratio (inquire as to whether there are additional staff who may occasionally supervise youth, such as maintenance, kitchen, or other staff members).

Review the following supportive documentation:

- Documentation to support the in-service training plan was submitted and approved by the Department’s Office of Staff Development and Training.
- Training records and/or the Department’s Learning Management System (SkillPro) for residential staff in subsequent years of employment to ensure training was completed as required. This sample must include supervisory staff.
- Applicable contract and approved training plan for any additional training requirements for the respective positions of each sample record under review.

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:

- F.A.C. 63H-2.003, Contracted Residential Staff
- F.A.C. 63H-1.012, Annual Training Requirement
- Pursuant to Contract Requirements: Residential Provider Contract, Personnel Detail, Residential Provider Approved Training Plan, Staffing and Training Requirements
1.09 Grievance Process

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 program.

Completed grievances shall be maintained by the program for a minimum of twelve months.

Guidelines/Requirements: A program shall establish written 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. These procedures shall establish each youth’s right to grieve and ensure all youth are treated fairly, respectfully, without discrimination, and their rights are protected.

The procedures shall address each of the following phases of the youth grievance process, specifying timeframes, promoting timely feedback to youth and rectification of situations or conditions when grievances are determined to be valid or justified.

- Informal phase wherein the youth attempts to resolve the complaint or condition with staff on-duty at the time of the grievance (i.e. speak out(s), “Chatty Kathys” forms, or suggestion box).
- Formal phase wherein the youth submits a written grievance requiring a written response from a supervisory staff.
- Appeal phase wherein the youth may appeal the outcome of the formal phase to the program director or designee.

Conduct the following interviews:

- Program staff and youth to gauge their understanding of the program’s grievance process.
- Program director to explain the program’s grievance process.

Review the following supportive documentation:

- The program shall maintain documentation of each youth grievance and its outcome for at least one year.
- Review a random sample of grievance documentation for the past twelve months for youth participation, supervisory oversight, final outcome, and program staff shall assist the youth as needed/requested.
- A sample of pre-service staff training records to determine if the staff have received the required training on the program’s grievance process and procedures.

Reference:

- F.A.C. 63E-7.103 (3), Residential Services, Program Environment
- F.A.C. 63E-7.101 (6) (p), Residential Services, Youth Admission, Intake, and Orientation
1.10 Interventions and Facilitator Training

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.

Guidelines/Requirements: For each youth in its care, the program provides interventions addressing the needs of the youth. These interventions include, but are not limited to, evidence-based practices, promising practices, or practices with demonstrated effectiveness, as defined by Florida Administrative Code, addressing a priority need identified for that youth.

Education and work experience are considered by the director of programming when determining staff delivery of delinquency intervention services.

Conduct the following interviews:

- Interview the clinical director to determine the intervention provided is an evidence-based, promising practice, or a practice with demonstrated effectiveness to address the priority needs of each youth and to determine how a staff member’s education and work experience are considered when determining which staff would deliver life skills training or groups. Each youth should be receiving interventions to address one or more of their identified criminogenic needs, as outlined in the youth’s performance/treatment plan.
- Interview the program director to determine how youth are matched to staff/counselors/case managers and intervention groups.
- Interview youth to determine participation in groups.

Review the following supportive documentation:

- The program’s intervention or strategy to determine if it is evidence-based.
- The program’s group/activity schedule to determine if the program is providing structured, planned programming or activities at least sixty percent of the youth’s awake hours, unless the contract dictates otherwise.
- A sample of staff training records to determine if staff were trained on the specific intervention they facilitate. Review records to determine if facilitators have the required education and work experience.
- The program’s contractually required service(s) and identified personnel to be trained.

- Group sign-in sheets to determine if the groups are being delivered as indicated on the program’s group/activity schedule.

Reference:

- F.A.C. 63E-7.105 (1) (a,c), Residential Services,
- F.A.C. 63E-7.100 (24a), Evidenced-based
- Pursuant to Contract Requirements: Delinquency Interventions and Treatment Sessions
1.11 Life and Social Skills Training Provided to Youth

The program shall provide instruction focusing on developing life and social skill competencies in youth.

Guidelines/Requirements: Life skills are those skills helping youth to function more responsibly and successfully in everyday life situations, including social skills specifically address interpersonal relationships.

The program shall provide life and social skills addressing, at a minimum, the following:

- Identification and avoidance of high-risk situations that could endanger self or others;
- Communication, interpersonal relationships and interactions
- Non-violent conflict resolution, anger management, and critical thinking, to include problem solving and decision making.

Note: The Department’s Impact of Crime (IOC) is not recognized as a life skills curriculum.

Conduct the following interview:

- The clinical director and youth to determine if youth are participating in groups, what new skills youth have learned in the groups, and if youth are provided an opportunity to practice the skills.
- Youth interviews to determine participation in groups.

Review the following supportive documentation:

- The program’s group/activity schedule to ensure life skills education/training/groups are being provided.
- The program’s process to determine how these services are provided and by what discipline within the program. Review the provider’s contractually required service(s).
- Review any documentation necessary to determine if life and social skills are being delivered according to the program’s group/activity schedule. This may include worksheets, handouts, sign-in sheets, etc.

Reference:

- F.A.C. 63E-7.105(1) (2,a), Residential Services, Residential Programming
- Pursuant to Contract Requirements: Delinquency Interventions/Life Skills Education/Training for Youth
1.12 Restorative Justice Awareness for Youth

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.

Guidelines/Requirements: These activities or instructions shall be planned or designed to:

- Assist youth to accept responsibility for harm they have caused by their past criminal actions, challenging them to recognize and modify their irresponsible thinking, such as denying, minimizing, rationalizing, and blaming victims
- Teach youth about the impact of crime on victims, their families, and their communities
- Expose youth to victims’ perspectives through victim speakers, in person or on videotape or audiotape, or through victim impact statements, and engage youth in follow-up activities to process their reactions to each victim’s accounting of how crime affected his or her life
- Provide opportunities for youth to plan and participate in reparation activities intended to restore victims and communities, such as restitution activities and community service projects

**NOTE:** IOC should not be the only restorative justice practice utilized by the program.

Conduct the following interviews:

- The clinical director to determine when and what types of restorative justice awareness groups AND activities are provided for youth.
- Youth to determine participation in groups.

Review the following supportive documentation:

- Training records of personnel conducting restorative justice awareness groups and activities.
- Sample of youth case management records to determine if they are participating in the interventions as outlined on their performance/treatment plans.
- Program’s activity schedule to determine when the restorative justice awareness groups and activities are provided. Review the providers contractually required service(s).
- Review any documentation necessary to determine if life and social skills are being delivered according to the program’s group/activity schedule. This may include worksheets, handouts, sign-in sheets, etc.
- Observe youth participating in restorative justice awareness groups and activities, if possible.

**Reference:**

- F.A.C. 63E-7.105 (1) (3, a-d), Residential Services, Delinquency Intervention and Treatment Services
- Pursuant to Contract Requirements: [Group Activity Schedule](#)
1.13 Gender-Specific Programming

The program provides delinquency intervention and gender-specific treatment services.

Guidelines/Requirements: The program designs its services and service delivery system based on the common characteristics of its primary target population, including age, gender, special needs, and their impact on youth responsivity to intervention or treatment.

The program demonstrates a program model or component addressing the needs of a targeted gender group. Health and hygiene, the physical environment, life and social skills training, and recreation and leisure activities are key components in providing a gender-specific program.

Conduct the following interview:

- The program director and clinical director to determine what the program does to address the needs of their targeted gender group.
- Youth to determine participation in groups.

Review the following supportive documentation:

- The program’s activity schedule to determine if gender-specific programming is provided. Review the providers contractually required service(s) for gender-specific programming.
- Materials utilized to instruct youth on gender-specific issues.
- Review any documentation necessary to determine if life and social skills are being delivered according to the program’s group/activity schedule. This may include worksheets, handouts, sign-in sheets, etc.

Reference:

- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63E-7.103 (3), Residential Services, Program Environment
- F.S. 985.02 (1) (h) Legislative Intent for the Juvenile Justice System, General Protections for Children
- Pursuant to Contract Requirements: Gender Specific Programming
1.14 Internal Alerts System and Alerts (JJIS)

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 Department’s Juvenile Justice Information System (JJIS). Upon recommendation from appropriate staff, JJIS alerts are downgraded or discontinued.

— CRITICAL —

Guidelines/Requirements: Any direct care, supervisory, or clinical staff may place a youth on alert status if he or she meets the criteria for inclusion in the program’s alert system. A “suicide risk alert” shall be entered when a youth is identified during screening or evaluation as a potential suicide risk. A “mental health alert” shall be entered when a youth is identified as having a mental disorder or acute emotional distress which may pose a security or safety risk. Only the following may recommend downgrading or discontinuing a youth’s alert status:

1. A licensed mental health professional or mental health clinical staff, for suicide risks or other mental health alerts

2. A medical staff, for medical alerts, upon verification the health condition or situation no longer exists. Nursing staff shall verify all alerts in the medical alert system are accurate and up-to-date.

3. The program director, assistant program director, or on-site supervisor, for security alerts

All youth with Medical Grades of 2-5 shall be placed on the program’s Medical Alert System. The following medical conditions and issues warrant placement of a youth on Medical Alert:

(a) Allergies/Anaphylaxis;
(b) Medication interactions;
(c) Head trauma/injury;
(d) Pregnancy;
(e) Chronic medical conditions;
(f) Hearing, speech, visual, or physical impairment;
(g) Developmental disability or mental retardation;
(h) Medication side effects.
Conduct the following interviews:

- The program director and staff to explain the program’s internal alert system and how and when does management review the alerts.
- The program director to explain who is responsible for updating JJIS, and how and when does management review the alerts.
- Interview staff to determine how staff are informed of the youth’s medical alerts.

Review the following supportive documentation:

- The program’s written policy and procedures to determine how alerts are identified, documented, updated, and communicated to employees.
- JJIS program alerts of identified youth. Document any discrepancies. Program alerts need to be consistent with the alerts which are entered in JJIS.
- JJIS Alert List for any issues affecting classification (Note: If an open alert should have already been closed, please note what/any steps were taken to ensure the list is up-to-date).
- Review the program’s internal alert system to determine if all youth alerts identified in the Individual Health Care Record (IHCR) are captured in the program’s system. Youth in the identified sample must also have updated JJIS alerts if off-site transports have occurred.

Check with annual compliance review team members reviewing case management, medical, mental health, and safety and security for youths’ identified alert risks. Verify those youth were placed on the alert system, as specified in the program’s written procedures.

Verify youth were removed or downgraded from alert status by appropriate staff. Review logbooks for updates to alerts.

If the youth has an alert in JJIS, it must be reflected in the program’s internal alert system. Any inconsistencies need to be documented and resolved. We do not take this to mean if a youth has an internal alert for something not captured in JJIS, the program can't utilize it in their internal alert system.

Suicide risk is automatically populated by the Massachusetts Youth Screening Instrument, Second Version (MAYSi-2) and Suicide Risk Screening Instrument (SRSI) in JJIS. The Community Assessment Tool (CAT) does not automate a suicide risk alert based on risk factors and staff must complete and document manually. Mental health alerts need verification from mental health staff.

Reference:
- F.A.C. 63E-7.101 (2), Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.107, Residential Services, Safety and Security
- F.A.C. 63M-2.0045 Medical Alert System
- F.A.C. 63N-1.006 Suicide Risk Alerts & Mental Health Alerts
- F.A.C. 63E-7.108 (16) (a), Residential Services, Program Administration
- F.A.C. 63E-7 Operation of Residential Programs
- JJIS Business Rule 00-003 Critical – Special Alerts
1.15 Youth Records (Healthcare and Management)

The program maintains an official case record, labeled “Confidential,” for each youth, which consists of two separate records:

- An Individual Healthcare Record
- An individual case management record

Guidelines/Requirements:

1. An individual healthcare record containing the youth’s medical, mental health, and substance abuse related information; and
2. Individual management records are organized in the following separate sections:
   a. Legal information
   b. Demographic and chronological information
   c. Correspondence
   d. Case management and treatment team activities
   e. Miscellaneous

The program clearly labels each file cabinet, individual case management record, and Individual Healthcare Record as “Confidential.” All official youth records are secured in a locked file cabinet or a locked room. The program complies with the records and confidential information provisions pursuant to F.S. 985.04.

Programs have an option to maintain a temporary mental health and substance abuse record (“Active Mental Health/Substance Abuse Treatment File”) during a youth’s ongoing mental health or substance abuse treatment, as required.

Review the following supportive documentation:

- A sample of individual case management records to determine if the program’s practice is in compliance with the file tab requirements.

Reference:

- F.A.C. 63E-7.108 (16), Residential Services, Program Administration
- F.A.C. 63M-2.061 Record Documentation, Development and Maintenance
- F.A.C. 63N-1.0041 Individual Healthcare Record
- F.S. 985.04 Oaths; records; confidential information
1.16 Youth Input

The program has a formal process to promote constructive input by youth.

Guidelines/Requirements: Locate documentation of program efforts to solicit input from youth, through avenues such as a youth advisory council, giving them experience in identifying systemic issues impacting their residential community and making recommendations for resolution to improve conditions and enhance the quality of life for staff and youth in the program.

Conduct the following interviews:

- Youth to ensure youth are provided the opportunity to provide input into programming.
- The program director to inquire about the formal process utilized to solicit input from youth regarding systemic issues impacting the residential community. How are youth able to make recommendations for resolutions to improve conditions and enhance the quality of life for staff and youth in the program? What systems are in place for youth to provide constructive input into program operations?

Review the following supportive documentation:

- Documentation supporting youth input into programmatic activities (interviews, youth advisory board minutes, suggestion forms, etc.).

Reference:
- F.A.C. 63E-7.105 (1), Residential Services, Delinquency Intervention Services
- Per Contract Requirements
1.17 Advisory Board

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.

Guidelines/Requirements: Review documentation proving the program has a community support group or advisory board meeting at least every ninety to 120 days.

Conduct the following interviews:

- The program director to explain the community advisory board membership, including meeting times, and their overall involvement with the program.
- A board member, if possible, to determine the level of involvement in program activities.

Review the following supportive documentation:

- Documentation the program director solicited active involvement of interested community partners, including representatives from law enforcement, the judiciary community, the school board or district, the business community, the faith community, and if possible a representative from the LGBTQI community.
- Documentation the program director recruited a victim, victim advocate, or other victim services community representative, and a parent/guardian whose child was previously, rather than currently, involved in the juvenile justice system.

Reference:

- F.A.C. 63E-7.108 (13) (a), Residential Services, Program Administration
1.18 Program Planning

The program uses data to inform their planning process and to ensure provisions for staffing.

Guidelines/Requirements: The program includes information obtained from youth and parent/guardian surveys, as well as reports published annually by the Department, in its program planning.

The program director ensures provisions for staffing, including, at a minimum:

- A system of communication to keep staff informed and give them opportunities to provide input and feedback pertaining to operation of the program
- Staff retention planning including steps to minimize turnover and improve staff morale

Conduct the following interviews:

- The program director to determine what internal performance tracking systems/dashboards and outcome data are being used by the program and/or provider and how this information is used for program planning and assessment purposes. **Note:** This could vary by contract and should be identified by monitoring staff prior to the annual compliance review. The regional monitor/reviewer should review the program’s vacancies to ensure the program is minimizing turnover and improving employee morale.

- A sample of staff to determine how effective the communication is among the staff in the program. Direct care staff asking how information is communicated to them about the program’s outcome measures and survey results (youth, parents/guardians, and employees). Ask how often they have employee meetings. Ask about their ability to provide input and feedback into facility operations.

Review the following supportive documentation:

- The program's policies and procedures to determine the program’s system of staff communication, opportunities for providing input, and feedback on the program’s operations.

- Obtain documentation of actual practice taken to minimize staff turnover.

- Ask the program if surveys are conducted with youth and parents/guardians; if so, how does the program incorporate this feedback for planning purposes. Review any supporting documentation.

- Review minutes and agendas from employee meetings. Document the frequency and attendance (for example, the management team meets weekly and all employee meetings are held monthly).

Reference:

- F.A.C. 63E-7.108 (14), Residential Programs, Program Administration
- F.A.C. 63E-7.108 (4) (b), Residential Programs, Program Administration
- F.A.C. 63E-7.108 (4) (g), Residential Programs, Program Administration
1.19 Staff Performance

The program ensures a system for evaluating staff, at least annually, based on established performance standards.

Guidelines/Requirements: Review the program's policies and procedures to determine the system used for evaluating staff, performance standards, and frequency of evaluations.

Conduct the following interview:

- The program director to determine the program’s annual evaluation process for each staff position.
- Staff regarding evaluations.

Review the following supportive documentation:

- Position descriptions for each staff member specifying required qualifications, job functions or duties, and performance standards. Staff’s implementation of the program’s behavior management system, and delivery of delinquency intervention services are to be identified as job functions for applicable staff.
- A sample of performance evaluations to ensure they are completed, as outlined in policy, at least annually.
- Program’s contract to ensure all specific contractually required positions are maintained and performed, as outlined in the contract, obtain copies (if applicable).

Reference:
- F.A.C. 63E-7.108 (4) (f), Residential Services, Program Administration
- Pursuant to Contract Requirements
1.20 **Recreation and Leisure Activities**

The program shall provide a variety of recreation and leisure activities.

**Guidelines/Requirements:** The program promotes the active participation of youth through 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. Activities are planned to expose youth to a variety of recreation and leisure choices, exploration of interests, constructive use of leisure time, and social and cognitive skill development, as well as to promote creativity, teamwork, healthy competition, mental stimulation, and physical fitness.

Observe the youth participating in the activities to determine if the program is taking precautionary measures to prevent overexertion, heat stress, dehydration, frostbite, hypothermia, and exacerbation of existing illness or physical injury.

Conduct the following interviews:

- The youth to determine if the youth are provided with at least one hour of large muscle activity daily.
- The youth to determine if they are provided with varying degrees of mental and physical exertion throughout the day (e.g., board games, creative arts, sports, and physical fitness activities).

Review the following supportive documentation:

- The program’s contract related to the staffing and recreational activities. Ensure the therapeutic activity provided is incorporated into the youths’ individualized performance and/or treatment plan.
- The program’s activity schedule to determine the program is providing a range of supervised and structured indoor and outdoor recreation and leisure activities for youth.
- The program’s logbook to determine the activities are provided as outlined on the program’s activity schedule.
- How the program provides activities based on the developmental level and needs of the youth in the program.
- Staff interviews to determine how youth are provided one hour of large muscle activity daily (indoor or outdoor).
- If the program contract requires a recreational therapist, review the program’s staffing roster, as well as the therapist’s credentials, schedule, and services provided to youth to ensure all requirements are being met and the recreational program is a part of each youth’s individualized performance plan or treatment plan.

**Reference:**

- F.A.C. 63E-7.105(1) (d) (5c), Residential Services, [Residential Programming](#)
- F.A.C. 63E-7.108 (15), Residential Services, [Program Administration](#)
- Per Contract Requirements
- F.A.C. 63E-7.105(1)(d)(5) Recreation and Leisure Activities
Standard 2: Assessment and Performance Plan

2.01 Initial Contacts to Parent/Guardian and Court Notification 2-2
2.02 Youth Orientation 2-3
2.03 Written Consent of Youth Eighteen or Older 2-5
2.04 Classification Factors, Procedures, and Reassessment for Activities 2-6
2.05 Gang Identification: Notification of Law Enforcement 2-8
2.06 Gang Identification: Prevention and Intervention Activities 2-9
2.07 Residential Assessment for Youth (RAY) 2-10
2.08 Youth Needs Assessment Summary (YNAS) 2-11
2.09 Performance Plan Development, Goals and Transmittal* 2-12
2.10 Performance Plan Revisions 2-14
2.11 Performance Summaries and Transmittals 2-15
2.12 Parent/Guardian Involvement in Case Management Services 2-17
2.13 Members of Treatment Team 2-18
2.14 Incorporation of Other Plans into Performance Plans 2-19
2.15 Treatment Team Meetings (Formal and Informal Reviews) 2-20
2.16 Career Education 2-22
2.17 Educational Access 2-24
2.18 Education Transition Plan 2-25
2.19 Transition Planning, Conference, and Community Re-entry Team Meeting (CRT) 2-26
2.20 Exit Portfolio 2-28
2.21 Exit Conference 2-29

* 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 Initial Contacts to Parent/Guardian and Court Notification

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 case manager (if applicable) in writing within five working days of any admission.

**Guidelines/Requirements:** Initial contact to the youth’s parent/guardian by telephone and in writing is mandatory to ensure they are notified of the youth’s arrival.

**Review the following supportive documentation:**

- A sample of youth case management records to determine if the initial contacts to the parent/guardian by telephone and the committing court, juvenile probation officer, post-residential services case manager (if applicable) in writing were conducted within the required time frames.

**Reference:**

- F.A.C. 63E-7.101 (1) (f) (2,3) Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63T, Transition, Transition Services for Residentially Committed Youth
2.02 Youth Orientation

The program shall provide each youth an orientation to the program’s rules, expectations, goals of the program, and services applicable to youth, to begin within the day of, or prior to, the youth’s admission.

Guidelines/Requirements: A program shall provide orientation to each youth by explaining and discussing the following services:

- Daily schedule conspicuously posted to allow easy access for youth
- Expectations and responsibilities of youth
- Written behavioral management system 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
- Availability of and access to medical and mental health services
- Access to the Florida Abuse Hotline addressed in Chapter 39, F.S., or if the youth is eighteen years or older, the Central Communications Center (CCC) serving as the Department’s incident reporting hotline
- The program’s zero-tolerance policy regarding sexual misconduct, including how to report incidents or suspicions of sexual misconduct
- Special accommodations that are available to ensure all written information about sexual misconduct policies, including how to report sexual misconduct, is conveyed verbally to youth with limited reading skills or who are visually impaired, deaf, or otherwise disabled
- Right to be free from sexual misconduct, rights to be free from retaliation for reporting such misconduct, and the agency’s sexual misconduct response policies and procedures
- Items considered contraband, including illegal contraband and prohibited items, possession of which may result in the youth being prosecuted
- Performance planning process involving the development of goals for each youth to achieve
- Dress code and hygiene practices
- Procedures regarding visitation, mail, and use of the telephone
- Expectations for release from the program, including the youth’s successful completion of individual performance plan goals, recommendation to the court for release based on the youth’s performance in the program, and the court’s decision to release
- Community access
- Grievance procedures
- Emergency procedures, including procedures for fire drills and building evacuation
- Facility tour, if applicable, and general layout of the facility, focusing upon those areas that are and are not accessible to youth
- Assignment to a living unit and room, treatment team and, if applicable, a staff advisor or youth group
- Medical topics as outlined in Chapter 63M-2

Regional monitor(s)/reviewer(s) shall observe a youth admission, if possible.
Review the following supportive documentation:

- A sample of youth case management records and, if applicable, the facility logbook(s).
- Case management record and youth interview results to determine if orientation began on the day of, or prior to, the youth’s admission.

Conduct the following interviews:

- Youth regarding the orientation process.

Reference:

- FDJJ – 1919 – Prison Rape Elimination Act (PREA)
- F.A.C. 63E-7.101 (6) (a-t), Residential Services, Youth Admission, Intake, and Orientation
2.03 Written Consent of Youth Eighteen Years or Older

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.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program did not have any youth eighteen years or older since the last annual compliance review.

Review the following supportive documentation:

- Review the Department’s Juvenile Justice Information System (JJIS) to determine if the program has any youth eighteen years or older since the last annual compliance review.

- A sample of youth case management records of youth eighteen years of age or older to determine if the program obtained written consent for providing youth information with the parent/guardian, the Department of Children and Families (DCF), and/or the Agency for Persons with Disabilities (APD), if applicable.

Reference:

- F.A.C. 63E-7.105 (4) (b), Residential Services, Residential Programming, Treatment Services

- F.A.C. 63E-7.104 (3), Residential Case Management Services
2.04 Classification Factors, Procedures, and Reassessment for Activities

The program utilizes a classification system, in accordance with Florida Administrative Code, promoting safety and security, as well as effective delivery of treatment services. Initial classification should be used for the purposes of assigning each newly admitted youth to a living unit, sleeping room, and youth group or staff advisor.

Youth are reassessed and reclassified, if warranted, prior to considering an increase in privileges or freedom of movement, participation in work projects, or other activities involving tools or instruments that may be used as potential weapons or means of escape, or participation in any off-campus activity.

All youth admitted to residential commitment programs shall be screened for vulnerability to victimization and sexually aggressive behavior prior to room assignment. Room assignments by staff shall ensure a youth’s potential for victimization or predatory risk has been reviewed. The screening shall be completed in JJIS.

Guidelines/Requirements: The assessment/reassessment of youth should be clearly outlined in the program’s policy and procedures. The policy must include a classification system which promotes safety and security, as well as the effective delivery of treatment services, based on determination of each youth’s individual needs and risk factors, which addresses, at a minimum, items outlined in Florida Administrative Code. The policy should also address when reassessment is warranted based upon changes in the youth’s supervision status, new/updated alerts, relevant information available to the treatment team, and/or behavioral concerns.

Conduct the following interview:

- Program director to explain how factors such as mental health status, physical health status, cognitive performance, age, and prior victimization are considered when assigning a youth to a living unit and/or sleeping room.

Review the following supportive documentation:

- A sample of youth case management records to validate the documentation includes, at a minimum, the following classification factors:
  - Physical characteristics (e.g., sex, height, weight, physical stature)
  - Age and maturity level
  - Identified special needs (e.g., mental, developmental, intellectual, physical disabilities)
  - History of violence
  - Gang affiliation (if applicable)
  - Criminal behavior
  - Sexual aggression or vulnerability to victimization
  - Identified or suspected risk (e.g., medical, suicide, escape, security)
- Review JJIS Alert List for any issues affecting classification
- Review a sample of youth case management records to validate each youth was assigned to a living room or area based on the program’s classification system.
• Review JJIS to ensure each youth had a completed VSAB entered into JJIS prior to their room assignment.

• Review a sample of youth case management records to validate the documentation for reclassification of youth, prior to engaging in certain activities, was completed. The review could include items such as:
  ▪ Applicable programs policy and procedure
  ▪ Youth’s individualized performance plan
  ▪ Facility Log Book(s)
  ▪ Treatment team note(s)
  ▪ Performance Summaries

• Reassessment of a youths’ needs and risk factors and reclassification, if warranted, prior to considering:
  ▪ An increase in the youth’s privileges or freedom of movement
  ▪ The youth’s participation in work projects or other activities that involve tools or instruments that may be used as potential weapons or means of escape
  ▪ The youth’s participation in any off-campus activity

A continually updated, internal alert system which is easily accessible to program staff and keeps them alerted about youth who are security or safety risks, including escape, suicide or other mental health, medical, sexual predator, and other assaultive or violent behavior risks. The program shall design and implement this system to reduce risks by alerting program staff when there is a need for specific follow-up or precautionary measures or more vigilant or increased levels of observation or supervision, and by assisting staff when making treatment or safety and security decisions.

**Reference:**

- F.A.C. 63E-7.101 (2)(d), Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.101 (4) (a, d-e), Residential Services, Safety and Security
- F.A.C. 63E-7.101 (6) (s), Residential Services, Youth Admission, Intake, and Orientation
- FDJJ 1919, Prison Rape Elimination Act
2.05  Gang Identification: Notification of Law Enforcement

The program shall gather information on gangs, (e.g., gang members, tattoos, other body markings) and share this information with law enforcement.

**Guidelines/Requirements:** There is documentation of the program notifying local law enforcement of youth with suspected criminal gang activity.

**Newly Admitted Youth:**

If notification of law enforcement in the youth’s home county has already been made for a youth who was admitted and identified as a gang member, the program’s duplicate notification is not required (the information should be verified in the note section under the applicable Department’s Juvenile Justice Information System (JJIS) gang alert). If notification was not made to the law enforcement agency in the youth’s home county, the program should provide documentation notifying law enforcement of the youth’s suspected gang activity.

**Post-Admission to the Program:**

The residential program shall notify law enforcement of any indication of formal criminal gang activity, either observed or reported, and document the name of the youth identified, and enter into the alert system in JJIS. If the youth is certified as an associate or criminal gang member, the program shall document the information in the alert system within JJIS. If the youth is placed outside of the county of the probation unit or detention center the program has the responsibility to notify law enforcement in their county.

Information on a youth’s gang status shall be shared with the following:

- Educational provider or local school district providing education services
- Youth’s juvenile probation officer (JPO), if identified
- His/her post-residential services counselor

**Review the following supportive documentation:**

- A sample of youth case management records to determine how and when the local law enforcement agency was notified of youth with suspected criminal gang activity.

**Reference:**

- F.A.C. 63E-7.107 (7), Residential Services, Safety and Security
2.06 Gang Identification: Prevention and Intervention Activities

A program shall implement gang prevention and intervention strategies. The 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.

Guidelines/Requirements: Identification of youth to participate in gang prevention or intervention activities shall be based on information obtained through the program’s screening, assessment, and classification processes, as well as gang-associated behaviors exhibited or the youth’s expressed interest or intent while in the program.

Gang Prevention: The program should be able to describe the gang prevention/awareness efforts provided to youth. The Impact of Crime curriculum can be viewed as a component of a program’s gang awareness/prevention strategy. The program’s gang coordinator should be involved in the development and implementation of the program’s gang prevention overall strategy. Examples of gang prevention strategies may include, but are not limited to: policy and procedures outlining proactive strategies in dealing with gangs, a detailed assessment of each youth, education, and guest speakers, when applicable.

Gang Intervention(s): The program must provide gang intervention services as determined by the youth’s individualized treatment team, which should include input from the program’s gang coordinator (Note: Include any gang prevention and intervention strategies utilized by the program in the annual compliance report).

Youth identified with gang affiliation shall have performance plans with include relevant goals and objectives relating to gang intervention strategies for the youth to complete prior to release from the program.

Review the following supportive documentation:

- A sample of youth case management records to determine if the program implemented gang prevention and intervention strategies. Review the program’s policy and procedures to ensure the youth have the opportunity, if they desire, to develop a plan to dis-affiliate with a criminal street gang.
- A sample of youth performance plans for gang related intervention strategies.

Reference:
- F.A.C. 63E-7.105 (2), Residential Services, Residential Programming
2.07 Residential Assessment for Youth (RAY) Assessments and Re-Assessments

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.

Guidelines/Requirements: All assessments and reassessments should remain in the youth’s official case record.

Review the following supportive documentation:

- A sample of youth case management records, including those in the Department’s Juvenile Justice Information System (JJIS), to ensure the program reassesses youth within ninety days after completion of their initial RAY assessment, and continues to reassess at ninety-day intervals.

- A sample of youth case management records to determine whether the program assessed youth using the RAY to identify criminogenic risk and protective factors and prioritized the youth’s criminogenic needs.

- JJIS to validate the practice.

Documentation of reassessments include both items which may be in youth’s hard copy record and documents maintained in JJIS. Examples of document/reports include: actual RAY Reassessments, RAY Comparative Risk and Protective Factor reports, including dates of all RAY assessments, or individual RAY Comparative Risk and Protective Factor reports for each assessment completed. There is a RAY Overview/Summary available for each reassessment, providing a bar chart reflecting the risk and protective factors based on the assessment and reassessment.

Reference:

- F.A.C. 63E-7.104 (5) (a) (1), Residential Services, Residential Case Management Services
- F.A.C. 63E-7.104 (5) (b), Residential Services, Residential Case Management Services
2.08 Youth Needs Assessment Summary (YNAS)

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.

Guidelines/Requirements: The program shall ensure a Youth Needs Assessment Summary (YNAS) of each youth is conducted within thirty days of admission.

Review the following supportive documentation:

- Ensure the YNAS is documented in the Department’s Juvenile Justice Information System (JJIS)
- A sample of youth case management records for documentation of a YNAS within thirty days of admission.

Reference:
- F.A.C. 63E-7.104 (5) (a), Residential Services, Residential Case Management Services
2.09 Performance Plan Development, Goals, and Transmittal

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.

— CRITICAL —

Guidelines/Requirements: Based on the findings of the initial assessment of the youth, the intervention and treatment team, including the youth, shall meet and develop the individualized performance plan within thirty days of the youth’s admission.

Review the following supportive documentation:

- A sample of youth case management records to determine if the performance plan was developed within thirty days and included input from all members of the treatment team.
- Youth interview results to ensure the youth participated in the development of his/her performance plan.
- Review youth interviews to determine if each youth has a copy of his/her performance plan and if they are aware of his/her current goals.

Review a sample of youth case management records to determine if the performance plan includes all required elements. The performance plan is a document developed by the intervention and treatment team, which stipulates goals the youth shall achieve prior to release from the program.

The performance plan goals shall be measurable, individualized, and based upon the prioritized needs reflecting the risk and protective factors identified during the initial assessment process, to include:

1. Specify delinquency interventions with measurable outcomes for the youth that will decrease criminogenic risk factors and promote strengths, skills, and supports that reduce the likelihood of the youth reoffending
2. Target court-ordered sanctions which can be reasonably initiated or completed while the youth is in the program
3. Identify transition activities consistent with Rule 63B-1.006, F.A.C., and begin early in the youth’s placement to address barriers to successful release
The plan shall identify the youth’s responsibilities to accomplish the goals and the responsibilities of staff to enable the youth to complete the goals. It shall also stipulate timelines for the completion of each goal. A youth’s release from the program is primarily contingent upon completion of performance plan goals. The youth, the intervention and treatment team leader, and all other parties who have significant responsibilities in goal completion shall sign the performance plan, indicating their acknowledgement of its contents and associated responsibilities and shall be returned to the program, attached to the youth’s original performance plan. The program shall file the original signed performance plan in the youth’s official youth case record and shall provide a copy to the youth.

- Electronic transmittal of the performance plan to the youth’s juvenile probation officer (JPO) and Department of Children and Families (DCF) counselor is acceptable.

- If the parent/guardian did not participate in the development of the performance plan, and if the youth is a minor and not emancipated, as provided in Section 743.01 or 743.015, F.S., or is over eighteen years of age and incapacitated, as defined in Section 744.102(12), F.S., the program shall enclose an additional copy of the plan’s signature sheet and shall request in the transmittal letter acknowledgement the parent/guardian received and reviewed the plan by signing the signature sheet and returning it to the program.

- Any signature sheet signed by the parent/guardian and returned to the program shall be attached to the youth’s original performance plan.

If the top three criminogenic goals are not addressed, regional monitor(s)/reviewer(s) should look for documentation of a reason these goals were not addressed.

References:

- F.A.C. 63E-7.104 (6), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004, Transition Services for Residentially Committed Youth
- F.A.C. 63E-7.104 (6) (c) 1-2, Residential Services, Residential Case Management Services
2.10 Performance Plan Revisions

Performance reviews shall result in revisions to the youth’s performance plan when determined necessary by the intervention and treatment team.

Guidelines/Requirements: The intervention and treatment team may revise the youth’s individualized performance plan based on the Residential Assessment for Youth (RAY) Reassessment results, the youth’s demonstrated progress or lack of progress toward completing a goal, or newly acquired or revealed information. Additionally, based on the transition conference, the intervention and treatment team shall revise the youth’s performance plan as needed to facilitate transition activities targeted for completion during the last sixty days of the youth’s stay in the program.

Review the following supportive documentation:

- A sample of youth case management records to validate the treatment team is making revisions to the youth’s individualized performance plan based on the RAY reassessment results, the youth’s demonstrated progress or lack of progress toward completing a goal, or newly acquired or revealed information.

Reference:

- F.A.C. 63E-7.104 (6) (c), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004 Transition Services for Financially Committed Youth
  Financially Committed Youth
2.11 Performance Summaries and Transmittals

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 signing.

Guidelines/Requirements: The performance summary is the vehicle to inform the youth, committing court, juvenile probation officer (JPO), parent/guardian, and other pertinent parties of the status of each performance goal and describe the youth’s overall adjustment to, and performance in the program, as well as justification for release.

Each performance summary shall include the following:

- Youth’s status on each performance plan goal
- Youth’s overall treatment progress if the youth has a treatment plan
- Youth academic status (grades in progress) and credits earned in the program if the youth is a high school student, including performance and behavior in school
- Youth’s behavior, including level of motivation and readiness for change, interactions with peers and staff, overall behavior adjustment to the program,
- Significant positive and negative incidents or events
- A justification for a request for release, discharge, or transfer, if applicable

Review the following supportive documentation:

- A sample of open and closed youth case management records to validate the program is completing a performance summary every ninety calendar days and includes all required elements.
- A sample of open and closed youth case management records to determine if the youth was allowed to read and add comments to the Performance Summary prior to distribution.
- Ensure each youth was provided a copy of his/her Performance Summary sent to the court.
- A sample of closed youth case management records to determine if the program is distributing the Performance Summary within ten working days of all required signatures and a Release or Discharge Summary was completed as required.

Prior to the youth signing the document, program staff shall give the youth an opportunity to add comments, providing assistance to the youth, if requested.

The staff member who prepared the Performance Summary, the intervention and treatment team leader, the program director or assistant program director, and the youth shall review, sign, and date the document.
With the exception of a Performance Summary prepared in anticipation of a youth’s release or discharge, the program shall send copies of the signed document to the committing court, the youth’s JPO, and the parent/guardian, and shall provide a copy to the youth.

As notification of its intent to release a youth pursuant to subsection 63E-7.106(2), F.A.C., or discharge a youth pursuant to subsection 63E-7.106(3), F.A.C., the program shall send the original signed Performance Summary, together with the Pre-Release Notification and Acknowledgement form to the youth’s JPO, who is responsible for forwarding the documents to the committing court.

The program shall file the original, signed Performance Summary in the official youth case record except when it is prepared in anticipation of a youth’s release or discharge, in which case, the program shall file a signed copy in the official youth case record.

Reference:

- F.A.C. 63E-7.104 (9)(b) and (c) 2 a-b, (11), and (12), Residential Services, Residential Case Management
- F.A.C. 63T-1.004, Transition, Transition Services for Residentially Committed Youth
- F.A.C. 63E-7.106 (2) and (3), Residential Services, Transfer, Release, and Discharge
2.12 Parent/Guardian Involvement in Case Management Services

The program shall, to the extent possible and reasonable, encourage and facilitate involvement of the youth’s parent/guardian in the case management process.

Guidelines/Requirements: This will include, at a minimum:

- Assessment
- Performance plan development
- Progress reviews
- Transition planning

To facilitate this involvement, the program invites the youth’s parent/guardian to participate in intervention and treatment team meetings for the purpose of developing the youth’s individualized performance plan, conducting formal performance reviews of the youth’s progress in the program, and planning for the youth’s transition to the community upon release.

If unable to attend, the parent/guardian shall be given the opportunity to participate by telephone or video conferencing, or to provide verbal or written input prior to the meeting.

Observe a treatment team and review treatment team documentation.

Conduct the following interview:

- Interview the program director to determine how the program encourages parental involvement in the case management process.

Review the following supportive documentation:

- A sample of youth case management records to determine the parent/guardian involvement in case management services.
- The provider’s contract to identify the outlined performance measures are being met.
- Youth interview results.

Reference:

- F.A.C. 63E-7.104 (3), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004, Transition, Transition Services for Residentially Committed Youth
- Pursuant to Contract Requirements: Performance Measures


2.13 Members of Treatment Team

The treatment 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.

Guidelines/Requirements: The program director or designee shall identify a leader for each intervention and treatment team to coordinate and oversee the team’s efforts and facilitate effective management of each case assigned to the team.

At a minimum, a multidisciplinary intervention and treatment team shall be comprised of the youth, representatives from the program’s administration and residential living unit, education staff, and others directly responsible for providing, or overseeing provision of, intervention and treatment services to the youth (e.g., juvenile probation officer (JPO), parent/guardian, supportive person(s) for youth, and, when applicable, the program’s gang coordinator). Members shall also include members identified, as per contract requirements. If the team is reviewing the youth’s readiness for discharge the program’s transition service manager shall attend the meeting. Each intervention and treatment team member shall participate in the case management processes addressed in paragraphs 63E-7.104(1) (a-d), F.A.C., to ensure provision of coordinated treatment services to all youth.

For jointly served youth, the program shall request and encourage the waiver support coordinator if the youth is an identified an Agency for Persons with Disabilities (APD) client, the Department of Children and Families (DCF) counselor, if applicable, and a representative of the educational staff to participate as an intervention and treatment team member. However, at a minimum, the intervention and treatment team shall obtain input from the educational staff for use when developing and modifying the youth’s individualized performance plan, preparing progress reports to the court, and engaging in transition planning.

Review the following supportive documentation:

- Sample of youth case management records reviewed will include youth involved with DCF and/or APD.
- Review a sample of youth case management records to determine if all required intervention and treatment team members are actively participating in the process. Be sure to address the level of the involvement of the JPO (i.e., in person, by phone, invited but did not attend).

Reference:

- F.A.C. 63E-7.104 (4) (a-d), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004, Transition Transition Services for Residentially Committed Youth
- Pursuant to Contract Requirements
2.14 Incorporation of Other Plans into Performance Plans

The youth’s performance plan shall reference or incorporate the youth’s treatment or care plan.

Guidelines/Requirements: Any additional treatment plan information obtained shall be referenced and/or incorporated on the youth’s Individualized Performance Plan.

When a youth in a program has a current behavior support plan or case plan through the Agency for Persons with Disabilities (APD), the program shall coordinate the youth’s Individualized Performance Plan with the youth’s APD plan for related issues. A youth’s Individualized Performance Plan and his or her academic progress monitoring plan, as specified in paragraph 6A-6.05281(4)(a), F.A.C., if applicable, shall be coordinated through the multidisciplinary intervention and treatment team process, and the performance plan shall reference or incorporate the academic progress monitoring plan.

Review the following supportive documentation:

- Review a sample of youth case management records to validate the program is incorporating other plan into the performance plan.
- Sample of youth case management records reviewed should include youth involved with the Department of Children and Families (DCF) and/or APD, if applicable.

References:

- F.A.C. 63E-7.104 (7), Residential Services, Residential Case Management Services
- F.A.C. 63E-7.104 (8), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004, Transition, Transition Services for Residentially Committed Youth
- F.A.C. 6A-6.05281 (4) (a), Department of Education, Educational Programs for Students in Department of Juvenile Justice Detention, Prevention, Residential, or Day Treatment Programs
2.15 **Treatment Team Meetings (Formal and Informal Reviews)**

A program shall ensure the intervention and treatment team meets bi-weekly (formally and informally) 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.

**Guidelines/Requirements:** The treatment team shall plan for and ensure delivery of coordinated delinquency intervention and treatment services to meet the prioritized needs of each youth assigned.

Each intervention and treatment team member shall participate in the case management processes addressed in paragraphs 63E-7.104(1)(a-d), F.A.C., to ensure provision of coordinated services to each youth. However, at a minimum, the intervention and treatment team shall obtain input from the educational staff for use when developing and modifying the youth’s Individualized Performance Plan, preparing progress reports to the court, and engaging in transition planning.

Performance reviews shall result in revisions to the youth’s Individualized Performance Plan when determined necessary by the intervention and treatment team, in accordance with paragraph 63E-7.104(6)(c), F.A.C., and reassessments when deemed necessary by the intervention and treatment team, in accordance with paragraph 63E-7.104(5)(b), F.A.C.

Non-secure and secure programs shall conduct biweekly reviews of each youth’s performance. A formal performance review, requiring a meeting of the intervention and treatment team, shall be conducted at least every thirty days. Treatment team members shall include the youth, representatives from program administration and living unit, and others directly responsible for providing, or overseeing provision of, intervention and treatment services to the youth.

One informal bi-weekly performance review is conducted, wherein the intervention and treatment team leader, including other team members, when needed, meets with the youth.

In maximum-risk programs, the intervention and treatment team shall meet at least every thirty days to conduct a formal performance review of each youth, and therefore, this may be rated “Non-Applicable” for secure maximum-risk programs.

The intervention and treatment team shall provide an opportunity for youth to demonstrate skills acquired in the program and shall document each formal and informal performance review in the official youth case record, including the youth’s name, date of the review, meeting attendees, any input or comments from team members or others, and a brief synopsis of the youth’s progress in the program.

**Review the following supportive documentation:**

- Review a sample of youth case management records to determine if the treatment team planned and ensured delivery of coordinated delinquency intervention and treatment services to meet the prioritized needs of each youth assigned.

- Review youth interviews to determine if the youth are provided the opportunity during treatment team meetings to demonstrate skills each youth has learned in the program. In addition, interview youth to determine if staff review youth performance to include progress on performance plan goals, positive and negative behavior, and treatment progress.
The intervention and treatment team leader shall invite and encourage participation of the youth’s juvenile probation officer (JPO), the youth’s parent or guardian, and any other pertinent parties through advance notification. If participation cannot be arranged in person, conference line, or if available, through web-based video phone, the intervention and treatment team leader shall request their input (verbal or written) and offer an opportunity for them to provide it prior to the meeting.

Reference:

- F.A.C. 63E-7.104 (9) (a), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004, Transition, Transition Services for Residentially Committed Youth
2.16 Career Education

Staff shall develop and implement a vocational competency development program.

Guidelines/Requirements: The program must define career education programming that is appropriate based upon the age, assessed educational abilities and goals of the youth to be served, and the typical length of stay and custody characteristics at the program to which each youth is assigned.

The career education programming may be one of two types:

- **Type 2**—Programs which include Type 1 (personal accountability skills and behaviors leading to appropriate work habits for employment and living standards) program content and an orientation to the broad scope of career choices, based upon personal abilities, aptitudes, and interests (e.g., My Career Shines). Exploring and gaining knowledge of occupation options and the level of effort required to achieve them are essential prerequisites to skill training.

- **Type 3**—Programs which include Type 1 (personal accountability skills and behaviors leading to appropriate work habits for employment and living standards) program content and the competencies or the prerequisites needed for entry into a specific occupation.

Career Education programming shall include communication, interpersonal, and decision-making skills.

Youth with employability as one of their goals shall have the following by the completion of the program:

1. A sample completed employment application *(or documentation indicating it was completed online)*
2. A résumé summarizing education, work experience, and/or career training
3. [Documentation which provides information about the location/business hours of a local Career Source Center](#)
4. Appropriate documents essential to obtaining employment (Department of Highway Safety and Motor Vehicles state-issued identification card)
5. Documentation the youth’s parent/guardian and juvenile probation officer (JPO) (if continuing on supervision) are aware of the vocational plan for the youth

**Conduct the following interviews:**

- Program director to determine what career education services are offered to youth in the program.
- Lead teacher and/or principal to determine what career education services and assessments are offered to youth in the program.

**Review the following supportive documentation:**

- A sample of closed youth case management records of youth identified with employability as one of his/her goals at the time of release from the program.
Reference:

- F.S. 985.622 Multiagency Plan for Career and Professional Education (CAPE)
- F.A.C. 63B-1.002, Education, Career Related Programs
- F.A.C. 63B-1.003, Education, Career Related Programs
- F.A.C. 63T-1, Transition, Transition Services for Residentially Committed Youth
2.17 Educational Access

The program 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.

Guidelines/Requirements: Department education programs operate on a year-round basis. Students are required to participate in educational and career-related programs for 250 days of instruction, distributed over twelve months; a minimum of twenty-five hours of instruction weekly. Residential programs may use ten of these days for teacher training and/or planning.

Given the limited school day, the skills developed in the career training and education programs need to be supported by the academic courses to the maximum extent possible.

Youth enrolled in educational programs will receive course credit for completion of the education and training experience.

Conduct the following interview:

- The lead teacher and/or principal to determine what the educational instruction schedule is for the program and if it is consistently followed.

Review the following supportive documentation:

- The program’s daily schedule and the school instructional schedule to ensure educational classes are taking place, as scheduled, with minimal interference of educational instruction.

- Youth interview results to ensure minimal interference of education instruction.

- The logbook to ensure education classes are taking place as scheduled. Note any deviations from the education schedule.

Reference:

- F.A.C. 63B-1.003 (3), Education, Career Related Programs
- F.A.C. 63B-1.006, Education, Career Related Programs
- Rule 6A-6.05281, Department of Education, Educational Programs for Students in Department of Juvenile Justice Detention, Prevention, Residential, or Day Treatment Programs, Florida Administrative Code
- F.S. 1003.01(11) Education Code
2.18 Education Transition Plan

Upon admission, staff and youth develop an education transition plan which includes provisions for continuation of education and/or employment.

Guidelines/Requirements: The purpose of the transition plan is to prepare the student to successfully function as a member of the community post-release. The youth is involved in developing the transition plan to ensure understanding and “buy in.”

Education Transition Plan requirements are:

- For each youth in Department prevention, residential, or day treatment program, an individual transition plan based on the youths’ post-release goals shall be developed, beginning upon a youths’ entry into the Department program. Key personnel relating to entry transition activities for youth in juvenile justice programs include: the youth, the youths’ parent/guardian or caretaker, instructional personnel in the juvenile justice education program, Department personnel for youth in residential programs, personnel from the post-release school district, a certified school counselor from the program’s school district or program personnel who is responsible for providing guidance services, a registrar or a designee of the program district who has access to the district’s Management Information System, and re-entry personnel.

The Education Transition Plan must address, at a minimum:

- Services and interventions based on the youths’ assessed educational needs and post-release education plans
- Services to be provided during the program stay and services to be implemented upon release, including, but not limited to, continuing education in secondary school, Career and Professional Education (CAPE) programs, postsecondary education, or career opportunities
- The recommended educational placement for the youth post-release from a juvenile justice program must be based on individual needs and performance in the juvenile justice programs
- Specific monitoring responsibilities by individuals who are responsible for the reintegration and coordination of the provision of support services

Review the following supportive documentation:

- A sample of active case management records of youth in transition or closed youth case management records to review the education transition plan.
- A sample of youth Education Transition Plans to determine if the youth had an education transition plan, meeting the requirements.

Reference:

- F.A.C. 63B-1.006 (7) Education, Career Related Programs
- F.S.1003.52 (10) Educational Services in Department of Juvenile Justice Programs
- F.A.C 63T-1.004 Transition, Transition Services for Residentially Committed Youth
- F.A.C 6A-6.05281(5), Department of Education, Educational Programs for Students in Department of Juvenile Justice Detention, Prevention, Residential, or Day Treatment Programs, Florida Administrative Code
2.19 Transition Planning, Conference, and Community Re-Entry Team Meeting (CRT)

A 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.

Guidelines/Requirements: The intervention and treatment team conducts a transition conference at least sixty days prior to the youth’s targeted release date. In programs with a length of stay of ninety days or less, the exit conference addresses all necessary pre-release transition activities. The program director or designee, team leader, and youth attend the transition conference. Other team members who are not in attendance provide written input prior to the conference. The youth’s teacher, juvenile probation officer (JPO), parent/guardian, the Department of Children and Families (DCF) counselor (if applicable), and others (as required) are invited to attend or provide input prior to the conference (Note: A best practice would be for each youth, regardless of length of stay, to have a transition conference sixty days prior to the youth’s anticipated release date).

Transition Conference participants review transition goals on the performance plan, revise them, if necessary, and identify additional goals as needed. Target completion dates and persons responsible are identified during the conference. The team leader obtains participant signatures (or electronic verification) acknowledging transition goals and accountability for completion. Electronic transmittal of the plan to the youth’s JPO and, if applicable, the DCF counselor, is acceptable. If transmitted electronically, a return e-mail acknowledging receipt and review suffices, and shall be printed and filed with the youth’s plan.

Review the following supportive documentation:

- A sample of closed youth case management records to validate the transition conference was conducted at least sixty days prior to the youth’s targeted release date and included all required parties.

- A sample of closed youth case management records to validate the CRT meeting was conducted prior to the youth’s release.

The intervention and treatment team leader shall invite and encourage participation of the youth’s JPO, the youth’s parent/guardian, education staff, and any other pertinent parties through advance notification. If participation cannot be arranged in person, by conference line, or if available, through approved web-based video conferencing system, the intervention and treatment team leader shall request their input (verbal or written) and offer an opportunity for them to provide it prior to the meeting.
Reference:
- F.A.C. 63E-7.104 (10), Residential Services, Residential Case Management Services
- F.A.C 63T-1.004 (1) (a), Transition, Transition Services for Residentially Committed Youth
- F.A.C. 63T-1.002, Transition, Definitions
2.20 Exit Portfolio

The program will assemble an Exit Portfolio for each youth to assist once he/she is released back into the community.

Guidelines/Requirements: An Exit Portfolio is assembled by the residential program to assist the youth after release.

Included in the Exit Portfolio is a Department of Highway Safety and Motor Vehicles state-issued identification card, birth certificate, all educational documentation, school transcripts, educational or vocational certificates earned in the program, a copy of the youth’s transition plan, and a calendar with all dates/times/locations of upcoming appointments in the community. If the youth is over the age of fifteen, his/her portfolio shall include a Social Security card, resume, and sample employee applications.

Program staff will forward the exit portfolio information to the youth’s juvenile probation officer (JPO) and document in the youths’ case management record.

The youth’s Exit Portfolio will be completed at the Exit Conference, at which time the confirmed times and locations of upcoming appointments will be placed in the Exit Portfolio (Note: School transcripts may not be completed at the time of the Exit Conference as youth may still be in the program after the Exit Conference for fourteen days/two weeks before they are withdrawn and leave the program).

Review the following supportive documentation:

- A sample of closed youth case management records to validate the Exit Portfolios were completed and given to the youth upon release.
- Review the program’s residential contract to ensure they are meeting all requirements, in addition to administrative rule requirements (Note: Some contracts may contain expectations exceeding administrative rule requirements).

For secure programs, the youth will be provided completed forms and clear instructions as to how to obtain the information. During the Transition Conference, a plan should be put in place as to who will be responsible for working with the youth to obtain those items.

Reference:

- F.A.C. 63T-1, Transition, Transition Services for Residentially Committed Youth
- Pursuant to Contract Requirements
- F.A.C. 63T-1.004 (1)(a)(2), Residential Commitment Programs
2.21 Exit Conference

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.

Guidelines/Requirements: The conference is conducted after the program has notified the juvenile probation officer (JPO) of the youth’s release, no less than fourteen days prior to the youth’s targeted release date (no less than one week prior to the targeted release date, if the program has a length of stay of forty-five days or less). The Exit Conference is documented in the case record, including the date, signatures (names if by telephone), and a summary of pending transition goals.

Review the following supportive documentation:

- A sample of closed youth case management records to determine the exit conference was conducted within the required time frame and included all required parties (program director or designee, youth, and intervention/treatment team leader).

The intervention and treatment team leader shall invite and encourage participation of the youth’s JPO, the youth’s parent/guardian, education representative, and any other pertinent parties through advance notification. If participation cannot be arranged in person, conference line, or if available, through approved web-based video conferencing system, the intervention and treatment team leader shall request their input (verbal or written) and offer an opportunity for them to provide it prior to the meeting.

Exit Conferences should be separate from the Transition and Community Re-Entry Team meetings.

Reference:

- F.A.C. 63E-7.104 (10), Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004 (1) (3b), Transition, Transition Services for Residentially Committed Youth
Standard 3: Mental Health and Substance Abuse Services

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator 3-2
3.02 Licensed Mental Health and Substance Abuse Clinical Staff* 3-3
3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff 3-4
3.04 Mental Health and Substance Abuse Admission Screening 3-7
3.05 Mental Health and Substance Abuse Assessment/Evaluation 3-10
3.06 Mental Health and Substance Abuse Treatment 3-11
3.07 Treatment and Discharge Planning* 3-13
3.08 Specialized Treatment Services* 3-16
3.09 Psychiatric Services* 3-17
3.10 Suicide Prevention Plan* 3-19
3.11 Suicide Prevention Services* 3-21
3.12 Suicide Precaution Observation Logs* 3-24
3.13 Suicide Prevention Training* 3-25
3.14 Mental Health Crisis Intervention Services* 3-26
3.15 Crisis Assessments* 3-27
3.16 Emergency Mental Health and Substance Abuse Services* 3-19
3.17 Baker and Marchman Acts* 3-30

* 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 Designated Mental Health Clinician Authority or Clinical Coordinator

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 program.

Programs with an operating capacity of fewer than 100 youth and do not provide specialized treatment services, may have either a DMHCA or a clinical coordinator.

Guidelines/Requirements: The designated mental health clinician authority (DMHCA) is a licensed mental health professional which means a psychiatrist licensed, pursuant under Chapter 458 or 459 who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a licensed psychologist under Chapter 490, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist under Chapter 491, or a psychiatric nurse as defined in Section 394.455(23) F.S.

At a minimum, the DMHCA shall be on-site weekly or as required by contract for a sufficient time to ensure appropriate coordination and implementation of mental health and substance abuse services is taking place.

A copy of license and agreement or position description is available for review.

Conduct an informal interview with the DMHCA to verify the role in the coordination and implementation of mental health and substance abuse services at the facility to include how often the DMHCA is on-site and verify if the program provides any specialized services.

A clinical coordinator may be a licensed mental health professional or a non-licensed mental health clinician with training in mental health and substance abuse services coordination. The clinical coordinator is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program.

Reference:
- F.A.C. 63E-7, Residential Services
- F.A.C. 63N-1.0035, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- F.S. 985.03 44 (b)
3.02 Licensed Mental Health and Substance Abuse Clinical Staff

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.

— CRITICAL —

Guidelines/Requirements: Staffing shall be in accordance with contract and Rule 63N-1, F.A.C and/or 64B 19-18.0025 F.A.C.

If the center does not have any other licensed clinical staff other than the designated mental health clinician authority, this indicator shall be rated non-applicable.

Licensed Mental Health Professionals

- A licensed mental health professional is a psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed pursuant to Chapter 490, F.S., a mental health counselor, marriage and family therapist, or clinical social worker licensed pursuant to Chapter 491, F.S., or a psychiatric nurse as defined in Section 394.455(23), Florida Statutes.
- A copy of license is available for review.

Licensed Qualified Professional (for Substance Abuse Services)

- A physician or physician assistant licensed under Chapter 458 or 459, a psychologist licensed under Chapter 490, a licensed clinical social worker, licensed marriage and family therapist or licensed mental health counselor under Chapter 491, Florida Statutes who is exempt from Chapter 397 licensure pursuant to Section 397.405 See Rule 65D-30.003(15) F.A.C., condition (c) and (d).

Review licenses of all licensed mental health professionals and licensed qualified professionals and make copies for the annual compliance review file.

Applicable requirements for practicing Sexual Offender Therapy services.

Reference:

- F.A.C. 63E-7, Residential Services
- F.A.C. 63N-1.002(46) and (47), Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- F.A.C 64B 19-18.0025
3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff

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.

**Guidelines/Requirements:** Staffing shall be in accordance with contract. Verification of education is required for non-licensed clinical staff. Review documentation which confirms each non-licensed clinical staff holds the education and training specified in Rule 63N-1 and the contract.

**Non-Licensed Mental Health Clinical Staff**

A non-licensed mental health clinical staff shall have one of the following:

- Hold a master’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field. A related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy;

- Hold a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and have two years clinical experience assessing, counseling, and treating youth with serious emotional disturbance or substance abuse problems; or

- Hold a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have fifty-two hours of pre-service training, as described in Rule 63N-1 F.A.C., prior to working with youth. The fifty-two hours of pre-service training shall include a minimum of sixteen hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed staff may begin working with youth, but shall receive training in mental disorders and substance-related disorders, counseling theory and techniques, group dynamics and group therapy, treatment planning and discharge planning for one year by a mental health clinical staff who holds a master’s degree.

**Non-Licensed Substance Abuse Clinical Staff**

- A non-licensed substance abuse clinical staff may provide substance abuse services in a departmental facility or program only as an employee of a Service Provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S. A non-licensed substance abuse clinical staff must work under the direct supervision of a “qualified professional” as defined in Section 397.311, F.S.

- A non-licensed substance abuse clinical staff is an employee of a service provider licensed under Chapter 397 or in facility licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling, or related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.
Mental Health Clinical Staff and Substance Abuse Clinical Staff Training

- Non-licensed mental health clinicians holding a bachelor's degree with less than two years experience shall have fifty-two hours pre-service training to include sixteen hours training in their duties and responsibilities. Training shall include, at a minimum, the following: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development, and typical behavior problems.

- A non-licensed mental health clinical staff who conducts Assessments of Suicide Risk shall have received twenty hours training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training shall have included administration of, at a minimum, five Assessments of Suicide Risk or Crisis Assessments conducted on site in the physical presence of a licensed mental health professional and documented on Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk form (MHSA 022).

- A non-licensed substance abuse clinical staff providing substance abuse services in a Department facility or program shall have received training in accordance with Rule 65D-30 F.A.C.

Direct Supervision

“Direct Supervision for Mental Health Clinical Staff” means a Licensed Mental Health Professional has at least one hour a week of on-site face-to-face interaction with a non-licensed mental health clinical staff individually or in group format, for the purpose of overseeing and directing the mental health services that he or she is providing in the program, as permitted by law within his or her state licensure.

- Each non-licensed mental health clinical staff shall work under the direct supervision of a licensed mental health professional, and shall receive a minimum of one hour a week of on-site, face-to-face direct supervision by the licensed mental health professional for the purpose of overseeing and directing the mental health services that he or she is providing in the program.
“Direct Supervision for Substance Abuse Clinical Staff” means a qualified professional has at least one hourly session a week of on-site, face-to-face interaction with a non-licensed or non-certified substance abuse clinical staff who is an employee of a Service Provider licensed under Chapter 397, F.S., or an employee in a program licensed under Chapter 397, F.S., individually or in group format, for the purpose of overseeing and directing the substance abuse services that he or she is providing in the program.

- Each non-licensed substance abuse clinical staff shall work under the direct supervision of a "qualified professional" as defined in Section 397.311 which means a physician or physician assistant licensed under Chapter 458 or 459, psychologist licensed under Chapter 490, clinical social worker, mental health counselor, or marriage and family therapist licensed under Chapter 491, or an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of Chapter 464, or a person who is certified through a DCF-recognized certification process for substance abuse treatment services. The non-licensed substance abuse clinical staff person shall receive at least one hour a week of on-site face-to-face direct supervision by the "qualified professional."

- Documentation of direct supervision shall be recorded on form MHSA 019 or a form which includes all the information in the “Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log” form (MHSA 019).

- If any non-licensed mental health clinical staff or non-licensed substance abuse staff is on-site to provide mental health or substance abuse services at any time during the week (Sunday-Saturday), full-time, part-time, or intermittent, the licensed professional must provide at least one hour of direct supervision to the non-licensed clinical staff during that week.

- The licensed mental health professional providing direct supervision is responsible for reviewing each ASR and Follow-Up ASR, crisis assessment and follow-up crisis assessment conducted by the non-licensed mental health clinical staff within twenty-four hours of the referral for assessment. The ASR, Follow-Up ASR, crisis assessment, or follow-up crisis assessment conducted by the non-licensed mental health clinical staff must be signed by the licensed mental health professional the next scheduled time he/she is on-site.

Reference:

- F.A.C. 63E-7, Residential Services
- F.A.C. 65D-30.003(15), Department Licensing and Regulatory Standards, Department of Children and Families
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.04 Mental Health and Substance Abuse Admission Screening

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.

Guidelines/Requirements: Mental Health and Substance Abuse Screening in residential commitment programs is accomplished through administration of the Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) or Clinical Mental Health and Substance Abuse Screening. Suicide Risk Screening is accomplished through the MAYSI-2 – Suicide Ideation Subscale, or clinical mental health and substance abuse screening, which includes administration of a valid and reliable suicide risk screening instrument such as the Suicide Ideation Questionnaire or Suicide Probability Scale.

The program director is responsible for developing written facility operating procedures for the implementation of a standardized admission/intake mental health and substance abuse screening process. The plan shall address the following:

- Standardized screening process which includes review of commitment packet information, reports and records and review of the Department’s Juvenile Justice Information System (JJIS) alerts; administration and scoring of the MAYSI-2 in JJIS or Clinical Mental Health Screening by a licensed mental health professional and Clinical Substance Abuse Screening by a “qualified professional” and referral of youth identified by screenings as in need of further evaluation or immediate attention.
- Staff training in mental health and substance abuse issues and administration of the MAYSI-2.
- Standardized process for referral of youth identified as in need of further mental health and/or substance abuse evaluation to an appropriate service provider/professional or, when immediate attention is needed, to a hospital or Baker Act or Marchman Act receiving facility.

Review of Commitment Information

- Program staff conducting screening shall review each youth's commitment packet information, reports, and records for existing documentation of mental health or substance abuse problems. Program staff shall note any existing documentation of mental health and/or substance abuse problem, needs, or risk factors and report the documentation to clinical and administrative staff. Procedures shall be in place for mental health clinical staff to review existing documentation of mental health and/or substance abuse problems, risk factors, or needs.

Massachusetts Youth Screening Instrument - Second Version (MAYSI-2)

- Either the MAYSI-2 or Clinical Mental Health/Substance Abuse Screening shall be administered upon each youth's admission to a residential commitment program.
- MAYSI-2 is administered on the day of admission in a confidential manner.
- MAYSI-2 is administered in JJIS by a staff member who has completed the Department’s training specific to its administration.
- If MAYSI-2 indicates further assessment is required, a referral shall be made for further evaluation or immediate attention.
▪ If staff believes youth has a mental health or substance abuse problem or is a suicide risk, the staff should make a referral for further evaluation, regardless of MAYSI-2 findings.

▪ If staff determines referral for further evaluation is needed, but MAYSI-2 does not indicate referral is necessary, staff enters into JJIS the information, observations, events, or concerns leading to the determination a referral was needed.

▪ When the MAYSI-2 or other admission information indicates the need for an assessment, crisis intervention, or emergency services, the program director or designee shall be notified and referral made.

▪ The program director shall ensure an Assessment of Suicide Risk (ASR) is conducted within twenty-four hours when the MAYSI-2 category "Suicide Ideation" indicates further assessment is needed, or other information obtained at intake/admission suggests potential suicide risk (and ensure the youth is referred for an immediate assessment or emergency services if he/she is in crisis).

Clinical Mental Health and Substance Abuse Screening

▪ Clinical Mental Health Screening and Clinical Substance Abuse Screening are screening processes at intake/admission to a residential commitment program providing in-depth mental health and substance abuse screening as an alternative to administration of the MAYSI-2.

▪ Either the MAYSI-2 or Clinical Mental Health/Substance Abuse Screening shall be administered upon each youth's admission to a residential commitment program.

▪ Clinical mental health screening shall be completed and signed by a licensed mental health professional.

▪ Clinical Screening shall utilize valid and reliable mental health screening instruments.

▪ Clinical Substance Abuse Screening shall be conducted and signed by a licensed "qualified professional" and utilize valid and reliable substance abuse screening instruments.

▪ Screenings shall include a valid and reliable suicide risk screening instrument.

▪ Clinical Mental Health/Substance Abuse Screenings shall include the following: recent mental health/substance abuse history; recent history of trauma and/or victimization; mental status; behavioral observations; suicide risk screening; findings and recommendations for further evaluation or treatment; and disposition.

▪ Form used shall be identified as Clinical Mental Health Screening, Clinical Substance Abuse Screening, or "Clinical Mental Health/Substance Abuse Screening."

▪ The screening shall provide details of the information obtained by the youth (youth's statements, behavioral observations, collateral information). The specific information supporting the Clinical Mental Health/Substance Abuse Screening findings and recommendation shall be documented on the form.

▪ Clinical screenings indicating the need for an Assessment of Suicide Risk (ASR) or emergency mental health evaluation shall result in notification to the program director or designee immediately. The program director is responsible for contacting the DMHCA or licensed mental health professional who conducts or supervises ASR to discuss the case and request an ASR be conducted within twenty-four hours, or immediately if the youth is in crisis.
▪ The program director/designee and DMHCA or licensed mental health professional responsible for mental health evaluations confer regarding cases viewed as urgent, and if determined emergency exists, act according to the facility operating procedures for emergency care.

▪ The staff making the referral shall document a consultation with the DMHCA or licensed mental health professional on the mental health/substance abuse referral summary.

Interview the program director to determine the screening process utilized to identify youth at risk for mental health and substance abuse problems and suicide.

**Reference:**

▪ F.A.C. 63E-7.101, Residential Services, Youth [Admission, Intake, and Orientation](#)

▪ F.A.C. 63N-1.002(12), 63N-1.0051, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.05 Mental Health and Substance Abuse Assessment/Evaluation

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.

Guidelines/Requirements: The program ensures a Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation is conducted when the need is identified during screening. If a Comprehensive Evaluation was conducted within twelve months of admission to the program, the program may update that evaluation instead of conducting a new evaluation. Update is identified as “Updated Comprehensive Mental Health Evaluation,” “Updated Comprehensive Substance Abuse Evaluation,” or “Updated Comprehensive Mental Health/Substance Abuse Evaluation” and is attached to the updated evaluation(s).

New or Updated Comprehensive Mental Health/Substance Abuse Evaluations

New or updated Comprehensive Mental Health and/or Substance Abuse Evaluations shall be completed within thirty calendar days of admission. If a non-licensed mental health clinical staff or non-licensed substance abuse clinical staff completes the evaluation, it shall be reviewed and signed by a licensed mental health professional or “licensed qualified professional” respectively, within ten calendar days after the evaluation is conducted.

The updated Comprehensive Mental Health Evaluation and/or updated Comprehensive Substance Abuse Evaluation must provide any new or additional information applicable to each area, based upon current information provided by the youth, his or her parent/guardian and the youth’s records.

Reference:

- F.A.C. 63E-7.104, Residential Services, Residential Case Management Services
- F.A.C. 63N-1.0056, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Comprehensive Substance Abuse, Evaluations
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.06 Mental Health and Substance Abuse Treatment

Mental health and substance abuse treatment planning in Department programs 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.

Guidelines/Requirements:

**Multidisciplinary Treatment Teams**
- Each youth is assigned to a treatment team upon arrival to the program.
- The team is comprised of the youth, representatives from the program’s administration and residential living unit, and others responsible for delinquency intervention and treatment services for the youth.

**Mental Health and Substance Abuse Treatment Services**
- Youth determined in need of mental health treatment shall receive individual, group, or family counseling by a licensed mental health professional or a non-licensed mental health clinical staff working under the direct supervision of a licensed mental health professional in accordance with the youth's Initial or Individualized Mental Health Treatment Plan.
- Youth determined in need of substance abuse treatment shall receive individual, group, or family counseling provided by a licensed qualified professional or a non-licensed substance abuse clinical staff who is an employee in a program licensed under Chapter 397 or an employee of a service provider licensed under Chapter 397, who works under the direct supervision of a qualified professional as defined in Section 397.311 F.S., in accordance with the youth's initial or individualized substance abuse treatment plan.
- All youth receiving mental health treatment shall have a properly executed Authority for Evaluation and Treatment (AET) form, unless the youth is eighteen years of age or older.
- All youth receiving substance abuse treatment shall have signed a Youth Consent for Substance Abuse Treatment Form and a Youth Consent for Release of Substance Abuse Treatment Records form (MHSA 012 and MHSA 013), or a court order for substance abuse evaluation and treatment. If the youth does not sign a Consent for Release of Substance abuse treatment records (MHSA 013), then no Substance Abuse treatment records shall be released except as required by law.
- Mental health treatment notes or substance abuse treatment notes shall be documented on the Counseling/Therapy Progress Note form MHSA 018, or a form which contains all of the information in form MHSA 018.
Mental Health and Substance Abuse Group Therapy

- Group therapy is limited to ten or fewer youth with mental health diagnoses for mental health treatment groups and fifteen or fewer youth with substance abuse diagnoses for substance abuse treatment groups.

Observe multidisciplinary treatment team meeting.
Observe mental health and substance abuse groups to determine if ten youth or fewer for mental health focused groups and fifteen or fewer youth for substance abuse treatment groups.
Review staff interviews to determine if mental health and substance abuse treatment groups are provided.
Conduct an informal interview with the DMHCA regarding the treatment services provided in the program.

Reference:
- F.A.C. 63E-7.100, Residential Services, Definitions
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.07 Treatment and Discharge Planning

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 program.

— CRITICAL —

Guidelines/Requirements:

Initial Mental Health Treatment Plans, Initial Substance Abuse Treatment Plans, and Initial Treatment Note

▪ An Initial Treatment Plan is developed when treatment is provided on an expedited basis.

▪ An Initial Mental Health Treatment Plan is documented on the Initial Mental Health/Substance Abuse Treatment Plan sample form MHSA 015, or an initial treatment plan form which provides all of the mental health information in form MHSA 015. An exception is provided in Department residential commitment programs designated for Specialized Treatment Services where youth receive an Individualized Mental Health/Substance Abuse Treatment Plan within thirty days of admission as part of established procedure. Such programs may utilize an Initial Mental Health Treatment Plan or treatment note to document the initiation of a youth’s mental health treatment. (See Rule 63N-1.0072(2)(b) F.A.C.)

▪ An Initial Substance Abuse Treatment Plan is documented on the sample form MHSA 015, or an initial treatment plan form which provides all of the substance abuse information in form MHSA 015.

▪ An Initial Mental Health Treatment Plan or Initial Substance Abuse Treatment Plan is developed within seven days of the onset of treatment, or for youth prescribed psychotropic medication, within seven days of the Initial Psychiatric Diagnostic Interview.

▪ An Initial Treatment Plan (MHSA 015) is signed by the mental health clinical staff or substance abuse clinical staff completing the form. When the form MHSA 015 is completed by a non-licensed mental health clinical staff, the form must be signed by the licensed clinical supervisor (licensed mental health professional), within ten days of completion. When form MHSA 015 is completed by a non-licensed substance abuse clinical staff, the form must be signed by the clinical supervisor (“qualified professional” under Section 397.311, F.S.) within ten days of completion. The Initial Treatment Plan is also signed by treatment team members, who participated in development of the plan, youth, and parent/guardian (as allowed).
- Psychiatric services (when relevant), including psychotropic medication and frequency of monitoring by psychiatrist, shall be included in the initial treatment plan.

**Individualized Mental Health/Substance Abuse Treatment Plans**

- The Individualized Treatment Plan is signed by the mental health clinical staff or substance abuse clinical staff completing the plan. If the mental health clinician is unlicensed, a licensed mental health professional for the mental health treatment plan or qualified professional as defined in Section 397.311 for the substance abuse treatment plan must review and sign the plan within ten days of completion. Plan is also signed by treatment team members, youth, and parent/guardian (as allowed).

- The Individualized Treatment Plan is developed on Individualized Mental Health/Substance Abuse Treatment Plan form (MHSA 016), or a form which contains all of the information in form MHSA 016.

- Individualized Treatment Plan is also signed by treatment team members who participated in development of the plan, youth, and parent/guardian (as allowed).

- Psychiatric services, including psychotropic medication and frequency of monitoring by the psychiatrist, shall be included for youth receiving psychotropic medication.

- Individualized Treatment Plan reviews shall be completed on the Individualized Mental Health Treatment Plan Review form MHSA 017 or a form which contains all of the information in MHSA 017, at a minimum, every thirty days following the development of the Individualized Treatment Plan.

**Discharge Plans**

- All youth who received mental health and/or substance abuse treatment while in the program shall have a Discharge Plan documented on the Mental Health/Substance Abuse Treatment Discharge Plan form MHSA 011, the Mental Health/Substance Abuse Treatment Discharge Summary.

- Notification of suicide risk shall be made to the youth's parent/guardian and juvenile probation officer (JPO) for youth being discharged from the program on suicide risk alert/suicide precautions. Notification shall be documented in the youth’s Individual Healthcare Record.

- The Mental Health/Substance Abuse Treatment Discharge Summary shall consider the services needed for daily maintenance of the positive improvement in behavioral, emotional, and social skills made by youth during treatment.

- The Discharge Plan should be discussed with the youth, parent/guardian (when available), and JPO during Exit Conference.

- A copy of the Mental Health/Substance Abuse Treatment Discharge Summary shall be provided to the youth, youth's JPO, and to the parent/guardian (as allowed).
Review a sample of youth records (open and closed) for documentation of treatment and discharge planning.

Review progress notes to determine if youth are receiving treatment services as stipulated on the treatment plan (weekly individual, daily group, family monthly as examples).

Review closed records to determine if Discharge Plans were provided to the youth, parent/guardian (as allowed), and the JPO.

Review exit staffing documentation comparing the date of the discharge plan to determine if it was available for review at the exit staffing.

The Mental Health/Substance Abuse Treatment Discharge Summary should be discussed with the youth, parent/guardian (when available), and JPO during the Exit Conference conducted prior to a youth’s release from a residential commitment program.

**Reference:**
- F.A.C. 63E-7.104, Residential Services, Residential Case Management Services
- F.A.C. 63T-1.004 (2)(b), Transition, Transition Services for Residentially Committed Youth
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.08 Specialized Treatment Services

Specialized treatment services shall be provided in programs designated as “Specialized Treatment Services Programs” or are designated to provide “Specialized Treatment Overlay Services.”

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not provide specialized treatment services or specialized treatment overlay services.

Treatment services are provided in accordance with Florida Statute, Administrative Rule, Rule 63N-1, F.A.C., and the program’s contract (if applicable), including:

**Specialized Treatment Services**

- Substance Abuse Treatment Services
- Substance Abuse Treatment Overlay Services
- Comprehensive services for Major Disorders
- Developmental Disability Treatment Services
- Intensive Mental Health Treatment Services
- Mental Health Overlay Services
- Sex Offender Treatment Services
- Specialized Mental Health Services

**Juvenile Sex Offender Treatment Services**

Juvenile sexual offender therapy and juvenile sexual offender treatment shall be conducted, managed or supervised in accordance with Section 490.012(8) or 491.012(1)(n), F.S.

Conduct an interview with program and clinical directors to determine if the program provides any specialized treatment services, and if so, what types of services are provided.

**Reference:**

- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.09 Psychiatric Services

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***

— CRITICAL —

Guidelines/Requirements: Psychiatric services shall be provided by a psychiatrist or by a licensed and certified psychiatric advanced practice registered nurse (APRN)/advanced registered nurse practitioner (ARNP) under Chapter 464, F.S., who works under the clinical supervision of a psychiatrist as specified in the collaborative practice protocol with the supervising psychiatrist filed with the Florida Department of Health.

A “Psychiatrist” is a physician licensed pursuant to Chapter 458 or 459, F.S. who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology, or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination. A Psychiatrist who is board certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology or the American Board of Forensic Psychiatry may provide services in Department programs, but must have prior experience and training in psychiatric treatment with children or adolescents. A psychiatrist or psychiatric ARNP/APRN providing psychiatric services in the program must comply with Rule 63N-1.0085 and Rule 63M-2.010-2.023 and 63M-2.025-2.027, F.A.C., provisions regarding psychiatric services and medication management whenever a youth is considered for, prescribed or receiving psychotropic medication.

Youth entering program on psychotropic medication or referred for psychiatric interview shall receive an initial diagnostic interview within fourteen days. The initial diagnostic psychiatric interview shall include the elements specified in Rule 63N-1, F.A.C.

Youth entering the program on psychotropic medication, or those prescribed psychotropic medication subsequent to their admission, shall receive a psychiatric evaluation within thirty days of intake or referral. The psychiatric evaluation shall reflect the elements specified in Rule 63N-1, F.A.C.

If a documented psychiatric evaluation (within six months prior to admission) is available, an updated evaluation may be conducted.

Each youth who is receiving psychotropic medication must be seen for medication review by the psychiatrist or psychiatric APRN/ARNP, at a minimum, every thirty days.

The psychiatrist or psychiatric APRN/ARNP providing psychiatric services must either be a member of the multidisciplinary treatment team, or must brief a representative of the treatment team on the psychiatric status of each youth receiving psychiatric services who is scheduled for treatment team review. The briefing may be accomplished through face-to-face interaction or telephonic communication with the representative or treatment team.
Conduct an informal interview with the psychiatrist, if possible, to determine what services the psychiatrist is providing and how often the psychiatrist is on-site.

Review collaborative practice protocol with ARNP/APRN and verify a copy is maintained on-site and specifies to be with the psychiatrist on-site.

Review the license for the psychiatric ARNP/APRN, if applicable.

**Reference:**

- F.A.C. 63E-7, Residential Services
- F.A.C. 63N-1.0085 and 63N-1.014, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- F.A.C. 63M-2.010-2.023, Medical
- F.A.C. 63M-2.025-2.027, Medical
3.10 Suicide Prevention Plan

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.

— CRITICAL —

Guidelines/Requirements: Residential program has a written plan detailing suicide prevention procedures. The plan includes the following:

- Identification and assessment of youth at risk of suicide.
- Staff training (Each program must provide at least six hours of training annually on suicide prevention and implementation of suicide precautions, which includes quarterly mock suicide drills for all staff who come in contact with youth on each shift).
- Suicide precautions (i.e., Precautionary Observation or Secure Observation).
- Levels of supervision
  - One-to-One Supervision: During suicide precautions refers to the supervision of one youth by one staff member who must remain within five feet of the youth at all times (including when the youth uses the shower or toilet). The staff member must maintain constant visual and sound monitoring of the youth at all times. If the youth is in a Secure Observation room, the staff member assigned to one-to-one supervision of the youth must be stationed at the entrance to the room, with constant visual and sound monitoring of the youth maintained at all times.
  - Constant Supervision: During suicide precautions refers to the continuous and uninterrupted observation of a youth by a staff member who has a clear and unobstructed view of the youth and unobstructed sound monitoring of the youth at all times. Constant supervision shall not be accomplished through video/audio surveillance. If video/audio surveillance is utilized in the facility, it shall be used only to supplement physical observation by staff.
  - Step-down to Close Supervision: Upon removal from suicide precautions requires supervision of youth at five-minute intervals throughout their stay in their rooms and/or sleeping area. Visual checks must be made of the youth’s condition (i.e., outward appearance, behavior, position in the room) while in his/her room at intervals not to exceed five minutes.
- Referral
- Communication
- Notification
- Documentation
- Immediate staff response
- Review process
Reference:

- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.11 Suicide Prevention Services

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.

— CRITICAL —

Guidelines/Requirements:

- All youth on suicide precautions are placed on precautionary observation (PO) (at a minimum of constant supervision) or secure observation (one-to-one supervision).
- A JJIS suicide alert shall be initiated for all youth placed on suicide precautions.
- PO allows the "at risk" youth to participate in select activities with other youth in designated safe housing/observation areas in the program.
- PO shall not limit a youth's activity to an individual cell or restrict him/her to his/her sleeping room.
- The youth shall remain on PO until he/she has received an Assessment of Suicide Risk (ASR) or Follow-Up ASR which indicates PO can be discontinued.
- Youth whose behavior requires a level of observation and control beyond PO may be placed in a secure observation room.
- Documentation of Health Status Checklist, youth search, and inspection of secure observation room are present for all youth on secure observation.
- Youth on suicide precautions whose misbehavior warrants controlled observation are to be placed on secure observation instead of controlled observation.
- Youth in secure observation receive an ASR or Follow-Up ASR prior to discontinuation of secure observation.
Review of Serious Suicide Attempts or Incidents of Self-Injurious Behavior

The program director has an established review process for every serious suicide attempt or serious self-inflicted injury (requiring hospitalization or medical attention) and a mortality review for a completed suicide. The multidisciplinary review shall include the following:

- Circumstances surrounding event
- Facility procedures relevant to the incident
- All relevant training received by involved staff
- Pertinent medical and mental health services involving the victim
- Possible precipitating factors
- Recommendations, if any, for changes in policy, training, physical plant, medical or mental health services, and/or operational procedures

Assessments of Suicide Risk and Follow-Up Assessments of Suicide Risk

Each Assessment of Suicide Risk (ASR) form must document assessment of the youth in real time and not simply reference an earlier assessment.

- All youth determined to be at risk of suicide, based on intake screening, staff observations, or youth functioning shall be administered an ASR on form MHSA 004.
- ASR shall be completed within twenty-four hours or immediately if the youth is in crisis.
- The ASR must be completed by a licensed staff or by an appropriately trained non-licensed staff.
- If the ASR if completed by a non-licensed mental health clinical staff, the ASR shall be reviewed and signed by a licensed mental health professional (LMHP) in accordance with Rule 63N-1, F.A.C.
- If the ASR indicates discontinuation of suicide precautions, the youth shall not be transitioned to a lower level of supervision until the non-licensed mental health clinical staff confers with both a LMHP and the program director/designee.
- The LMHP shall confer with program director/designee prior to revising supervision level.
- Documentation of the actual date/time clinician conferred with program director/designee and licensed mental health professional shall be recorded on the ASR in the date/time sections. If the ASR is not entered in real time in an electronic system, the actual date/time ASR functions were conducted shall be recorded in the applicable narrative sections of the ASR entered into an electronic system.
- Youth placed on PO prior to an ASR, whose ASR determines the youth is not a potential suicide risk and suicide precautions may be discontinued, may be transitioned to standard supervision.
- Youth whose ASR indicates potential suicide risk shall be maintained on suicide precautions and either one-to-one or constant supervision until Follow-Up ASR indicates suicide precautions may be discontinued. Follow-Up ASR shall be recorded on form MHSA 005.
▪ When the youth's Follow-Up ASR (MHSA 005) indicates suicide precautions may be discontinued, the youth shall be stepped down to close supervision prior to transition to normal routine/standard supervision.

▪ Youth on secure observation are to receive an ASR within eight hours of placement in the room, or if placed during the evening shift, the ASR shall be completed the following morning.

▪ Procedures must be in place to verbally notify the juvenile Probation Officer (JPO) and the parent/guardian of the youth’s potential suicide risk, as indicated by an ASR.

▪ Parent/guardian must be notified of a youth’s potential suicide risk as indicated by an ASR. The parent/guardian and JPO notification is to be documented on the ASR (form MHSA 004). Written notification is acceptable when verbal notification cannot be accomplished.

Review a sample of youth mental health and substance abuse records of youth requiring suicide prevention services, to include youth on PO and youth on secure observation. Ensure suicide risk assessments and/or follow-up suicide risk assessments are completed prior to removal from PO or secure observation.

Review logbooks to determine if beginning and ending times are documented for youth placed on precautions.

Review the Department’s Juvenile Justice Information System (JJIS) to determine if alerts are appropriately entered and to determine if JJIS alerts were removed immediately after following youths’ removal from PO step down.

Review staff interviews to determine what staff are required to do when a youth expresses suicide ideation and to determine if staff know the location of the program’s suicide response kit.

Interview a sample of staff to determine if staff know what to do in the event a youth expresses suicidal thoughts.

Suicide Risk is automatically populated by the (MAYSI-2) and Suicide Risk Screening Instrument (SRSI) in JJIS. The PACT does not automate a suicide risk alert based on risk factors and staff must complete and document manually. This alert does not have to be verified prior to creating the alert, only when they are downgraded or removed from the alert.

Reference:

▪ F.A.C. 63E-7, Residential Services

▪ F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
### 3.12 Suicide Precaution Observation Logs

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.

--- CRITICAL ---

**Guidelines/Requirements:** Suicide Precaution Observation Log (MHSA 006) shall be maintained for the duration a youth is on suicide precautions.

Suicide Precaution Observation Logs document staff observations of youth's behavior in real time, at intervals not exceeding thirty minutes.

When "warning signs" are observed, notification of the program director/designee and mental health clinical staff is documented on Suicide Precaution Observation Log.

Suicide Precaution Observation Logs are reviewed and signed by each shift supervisor.

Review a sample of completed suicide precaution observation logs to determine supervision, supervisory reviews, response to warning signs, and safe housing requirements were met.

Conduct informal interviews with youth on suicide precautions to determine supervision practices. Were staff with them at all times? Were they left alone for any period of time?

**Reference:**

- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.13 Suicide Prevention Training

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.

— CRITICAL —

Guidelines/Requirements: All staff who work with youth are to receive a minimum of six hours annual training on suicide prevention and implementation of suicide precautions. (The Department’s “Suicide Prevention” course in the Department’s Learning Management System (SkillPro) can count as two of the six required hours.)

Review a sample of direct care staff, supervisory staff, and nursing staff training records to determine if each received six hours suicide prevention and implementation of suicide precautions training annually (Mental health clinical staff are exempt from this training requirement).

Training shall include mock suicide drills. Mock suicide drills are to be held no less than quarterly on each shift.

Conduct an interview with program director to determine how often the program provides training or mock drills for staff, which includes emergency response to suicide attempts or self-inflicted injury. Mental Health providers are exempt from the annual suicide training and mock drills.

NOTE: Mock drills in response to a suicide attempt or incident of serious self-inflicted injury are conducted for each shift, at a minimum, on a quarterly basis. The Department recognizes not all staff on a particular shift may be present when a mock drill (which includes: methods for contacting other program staff, medical personnel and emergency medical services, CPR techniques, when necessary, or other first aid procedures which include the use of the suicide response kit) is conducted. Staff members who are not present during a quarterly mock drill must have the opportunity to review each mock drill scenario and procedures in an effort to understand the process and receive the necessary training to respond to an incident of a suicide attempt or incident of serious self-inflicted injury in the program. Some drill scenarios may not require CPR; however, all staff with direct contact, on a day-to-day basis, with youth, must participate in at least one -mock drill which includes the use of CPR annually.

Reference:

- F.A.C. 63H-2.003, Staff Training, Direct Care Staff Training
- F.A.C. 63H-2.005, Staff Training, Direct Care Staff Training
- F.A.C. 63N-1.0091, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
### 3.14 Mental Health Crisis Intervention Services

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.

--- CRITICAL ---

**Guidelines/Requirements:** A mental health crisis is an acute emotional or behavioral problem or psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) which is extreme and does not respond to ordinary crisis intervention and mental health expertise is needed.

Each program shall have a written Crisis Intervention Plan which details crisis intervention procedures including the following:

- Notification and alert system
- Means of referral, including youth self-referral
- Communication
- Supervision
- Documentation and Review

Program may develop an integrated Mental Health Crisis Intervention and Emergency Mental Health and Substance Abuse Services Plan, which contain and meet all of the elements identified in Rule 63N-1, F.A.C.

**Reference:**

- F.A.C. 63E-7, Residential Services
- F.A.C. 63N-1.010, 63N-1.0101, 63N-1.0102 Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.15 Crisis Assessments

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 (LMHP), or by a non-licensed mental health clinical staff working under the direct supervision of a LMHP, 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.

— CRITICAL —

Guidelines/Requirements: Youth in crisis are administered a Crisis Assessment, which includes the following:

- Reason for assessment
- Mental Status Examination and Interview
- Determination of danger to self/others (including imminence of behavior, intent of behavior, clarity of danger, lethality of behavior)
- Initial clinical impression
- Supervision recommendations
- Treatment recommendations
- Recommendations for follow-up or further evaluation
- Notification to parent/guardian of follow-up treatment

A Crisis Assessment is documented on the Crisis Assessment form MHSA 023 or a form which contain all of the information in form MHSA 023. A Crisis Assessment must be conducted by a licensed mental health professional, or by a non-licensed mental health clinical staff working under the direct supervision of a licensed mental health professional (LMHP). A Crisis Assessment shall be conducted immediately or within two hours for emergencies, or within twenty-four hours based on the needs of the youth.
A mental health alert is entered into the Department’s Juvenile Justice Information System (JJIS) for youth requiring a Crisis Assessment. Youth determined through assessment to pose a safety and security risk shall remain on mental health alert until follow-up mental status examination by, or under the direct supervision of, a licensed mental health professional. (If a youth is identified by direct care staff or clinical staff as having acute emotional or behavioral problems or acute psychological distress which may pose a safety/security risk, this must be brought to the attention of the program director and other staff through the program’s alert system which must include a Mental Health Alert in JJIS. A youth determined by Crisis Assessment to pose a safety or security risk must remain on Mental Health Alert status (in JJIS) until subsequent mental status examination indicates the youth no longer poses a safety or security risk.)

If a youth is an alleged victim in a PREA event, a Mental Health and Substance Abuse Referral Summary must be submitted immediately for a Crisis Assessment. The youth must also be offered ongoing mental health treatment services consistent with the community level of care.

Review the program’s policy, Crisis Assessment Tool, and staff training records to ensure the program is adequately prepared to conduct Crisis Assessments.

Review a sample of youth mental health and substance abuse records of youth receiving a Crisis Assessment to determine if it was completed, as required.

Review JJIS for each of the sample reviewed records to determine if the appropriate alert was entered, as required.

Reference:

- F.A.C. 63N-1.0103, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.16 Emergency Mental Health and Substance Abuse Services

Youth determined to be an imminent danger to themselves or others due to mental health or substance abuse emergencies occurring in the program require emergency care provided in accordance with Rule 63N-1, F.A.C., and the program’s Emergency Care Plan.

— CRITICAL —

**Guidelines/Requirements:** The program's Emergency Care Plan shall include the following:

- Immediate staff response
- Notifications
- Communication
- Supervision
- Authorization to Transport for Emergency Mental Health or Substance Abuse Services
- Transport for Emergency Mental Health Evaluation and Treatment under Ch. 394 FS (Baker Act)
- Transport for Emergency Substance Abuse Assessment and Treatment under Ch. 397 (Marchman Act)
- Documentation
- Training (including mock drills)
- Review

Program may develop an integrated Mental Health Crisis Intervention and Emergency Mental Health and Substance Abuse Services Plan which contain and meet all of the elements identified in Rule 63N-1, F.A.C.

Review the program’s written policies and procedures regarding Baker and Marchman Acts.

**Reference:**

- F.A.C. 63E-7, Residential Services
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
3.17 Baker and Marchman Acts

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.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any Baker or March-man Acts during the annual compliance review period.

Youth returning to the program from a Baker Act or Marchman Act (off-site Assessment of Suicide Risk (ASR) or off-site Crisis Assessment) are placed at least on constant supervision upon readmission (Mental Health Alert and constant supervision for youth transported due to mental health crisis or suicide risk alert, suicide precautions and constant supervision for youth who were transported due to suicide risk).

A mental health referral is completed indicating a Mental Status Examination (MSE) is to be conducted. MSE is completed by, or under the direct supervision of, a licensed mental health professional; and the youth is maintained on a minimum of constant supervision.

For youth who have a Suicide Risk Alert in the Department’s Juvenile Justice Information System (JJIS), discontinuation of suicide risk alert and suicide precautions must be based upon an Assessment of Suicide Risk (ASR) as set forth in Rule 63N-1. (See Rule 63N-1.006, 63N-1.0093, 63N-1.0094, 63N-1.00951 and 63N-1.00952 provisions.)

For youth who have a mental health alert in JJIS, discontinuation of mental health alert and constant supervision must be based on Crisis Assessment as set forth in Rule 63N-1. (See Rule 63N-1.006, 63N-1.0101, 63N-1.102 and 63N-1.0103 provisions.)

Youth's supervision level is not lowered until appropriate assessment conducted and mental health staff confers with the licensed mental health professional and program director or designee.

If a Baker Act or Marchman Act occurred, review the policy to ensure the program followed the proper procedures.

Review a sample of youth who have received a Baker Act and/or Marchman Act over the last six months. If none in the last six months, the regional monitor(s)/reviewer(s) may review for the past year or since the last annual compliance review.

Reference:

- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
Standard 4: Health Services

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

* 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 Designated Health Authority/Designee

The designated health authority (DHA) shall be clinically responsible for the medical care of all youth at the program.

— CRITICAL —

Guidelines/Requirements: The program has a contract with a licensed physician (MD) or osteopathic physician (DO) who holds an unrestricted license and meets all requirements for independent and unsupervised practice in Florida. The designated health authority (DHA) may delegate clinical duties only to a designee/advanced practice registered nurse (APRN), advanced registered nurse practitioner (ARNP) or physician’s assistant (PA).

The physician’s specialty training shall be in either pediatrics, family practice, or internal medicine (with experience in adolescent health), or a demonstrated prior experience in treating the primary healthcare needs of adolescents.

The designee shall hold an unrestricted license to practice in Florida.

When an APRN/ARNP is utilized, the APRN/ARNP shall have a Collaborative Practice Protocol with the physician who is serving as the program’s DHA and the protocol shall be maintained at the program.

When a PA is utilized, the DHA shall have a supervisory relationship with the PA.

The DHA shall be onsite at least once a week, with a week defined as the seven-day period beginning on Sunday and ending on Saturday. However, at no time will more than nine days pass between on-site visits.

During vacation or scheduled absences, coverage shall be arranged of equal licensure.

The DHA/designee is responsible for communication with program staff regarding youth medical needs, and have availability for consultation by electronic means twenty-four hours a day, seven days a week for acute medical concerns, emergency care, and coordination of off-site care.

Review provider contract and review sign in/out logs to confirm required visits for the past six months.

Check licenses of all medical professionals providing care to youth provided by the program or on the Department of Health’s website. Review collaborative practice protocol with APRN/ARNP. The protocol is to be maintained on-site at the program.

Interview the DHA or designee to verify the role in the coordination and implementation of health services at the facility to include how often the DHA is on-site.

Review applicable FOPs.

Reference:

- F.A.C. 63M-2.0031, Health Services, Office of Health Services, Designated Health Authority
- Pursuant to Contract Requirements
- F.A.C. 63E-7.105, Residential Services, Residential Programming
4.02 Facility Operating Procedures

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

Guidelines/Requirements: At a minimum, an annual review of all FOPs and protocols is required. It is demonstrated by the signature and date of the designated health authority (DHA), program director, and other representatives from relevant disciplines. Individuals from these disciplines may sign and date a cover page listing all of the FOPs, signifying they have read the FOPs and any new health-related policies.

Nursing staff shall review, sign, and date a cover page on which all FOPs, treatment protocols, and other procedures are listed. New policies or changes in policies made during the year shall be reviewed, signed, and dated by each nurse on the individual policy changes that occur between annual reviews.

All newly employed health care personnel shall receive a comprehensive clinical orientation to Department health care policies and procedures, given by a registered nurse or designated, licensed health care professional.

Approval of treatment protocols or standing procedures shall be written and authorized by the DHA and may not be delegated to any other person.

The review and development of facility operating procedures, or other protocols related to psychiatric services and psychotropic medication management may only be performed by the program’s psychiatrist or psychiatric APRN/ARNP.

Review the program’s health-related policies, procedures, and protocols to ensure they have been reviewed and approved by the appropriate provider and outline the program’s health care services.

Review all orientation documentation for new health care staff.

Reference:
- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.0035, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.03 Authority for Evaluation and Treatment

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.

Guidelines/Requirements: The original Authority for Evaluation and Treatment (AET) shall be filed in the Individual Healthcare Record (IHCR). A legible copy shall suffice, and the word ‘COPY’ shall be legibly handwritten or stamped.

The AET shall be signed by the parent/guardian and witnessed by a Department representative. It is the responsibility of the Department representative obtaining the signatures to verify the form is completed with all required documentation.

In the event a parent/guardian refuses to sign the AET or if the assigned guardian is not a parent/guardian, there shall be a court order, and the court order shall be filed in the IHCR.

The AET is valid for as long as the youth is under any type of supervision, custody, or other form of legal control by the Department; OR, for one year after it was signed by the parent/guardian, whichever comes later, OR until the youth’s eighteenth birthday.

An AET is required prior to providing medical services (except for emergency care and routine medical/mental health intake screenings).

Those youth in the care of the Department of Children and Families (DCF), where there has been a termination of parental rights, the court must authorize all treatment and procedures. Under no circumstances is a DCF caseworker authorized to sign for consent in the place of the parent/guardian or court.

Review the IHCR for appropriate AET/Court Order.

Review nursing staff interview.

Reference:

- F.A.C. 63M-2.0051, Health Services, Office of Health Services, Routine Consents
- F.A.C. 63E-7.105, Residential Services, Residential Programming
- Pursuant to Contract Requirements and FOPs
4.04 Parental Notification/Consent

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.

Guidelines/Requirements: Appropriate OHS consent/notification forms shall be utilized when a practitioner has ordered medication treatment or medication changes.

For new medication, verbal attempts/contacts/consents shall be documented in the chronological progress notes in the Individual Healthcare Record (IHCR) by the staff attempting and/or contacting the parent/guardian or on the 3rd page of the CPPN respectfully.

A staff member should witness all telephone call attempts and conversations. If additional staff members are unavailable to witness call attempts, then the program shall have an internal process by which the attempts are verified.

Any verbal notification (in person or by phone) shall be followed up with a written Parental Notification/consent if required, returned and signed by the parent/guardian. This written notification/consent shall be documented on forms HS 020 and HS 021 or the Acknowledgement of Receipt of the CPPN when documented on the CPPN.

If a youth reaches eighteen years of age while in the program and is not incapacitated or otherwise emancipated, the youth is responsible for authorizing his/her health care and authorizing release of his/her healthcare records.

Whenever a new psychotropic medication is prescribed, is discontinued, or the drug dosage is significantly changed, parental/guardian verbal consent for psychotropic medication is documented through form HS 006 Clinical Psychotropic Progress Note (CPPN) on page 3 or a form containing all the information required in HS 006 at page 3. Written consent is documented on the Acknowledgment of Receipt of CPPN Form (HS 001).

Youth in the custody of DCF must follow DCF rule 65C to obtain consent prior to administering newly prescribed psychotropic medications or changes to psychotropic medications. This is accomplished through completion of the DCF form 5339 and a court order.

Immunizations: Once consent is requested and obtained, the vaccination should be provided.

If a parent/guardian claims exemption and does not consent to vaccinations for religious reasons, they shall complete the “Religious Exemption from Immunization” form provided by the County Health Department, have it signed and authorized there, and then submit this to the program. Copies of the exemption shall be filed in the youth’s IHCR.

If a parent/guardian does not consent to a vaccination for medical reasons, then a signed letter shall be provided to the facility by the youth’s physician or DOH exemption form indicating the reason for the exemption. Copies shall be filed in the youth’s IHCR.
Review parental notifications for the following events/circumstances:

- Over-the-counter (OTC) medications not covered by the AET.
- Vaccinations/Immunizations not consented for on the AET.
- Significant changes to existing medication.
- Discontinuation of medication prescribed prior to youth entering custody of the Department.
- Changes in youths’ medical condition/medication for youth with chronic conditions.
- Off-site emergency care, notification made by phone and, subsequently, in writing.
- Hospitalizations, surgeries/invasive procedures, non-routine dental procedures.
- Whenever a youth is taken off-site for medical treatment

Review progress notes to confirm parent/guardian consent when obtained verbally. Entry should include a witness for all psychotropic medications. A written notification shall also be sent using the required CPPN Parental Notification form.

Review nursing staff interview results.

Those youth in the care of the Department of Children and Families (DCF), where there has been a termination of parental rights, the court must authorize all treatment and procedures. Under no circumstances is a DCF caseworker authorized to sign for consent in the place of the parent or court.

Reference:

- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2, Health Services, Office of Health Services
- F.A.C. 63N-1, Mental Health, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.05 Healthcare Admission Screening and Rescreening Form (Facility Entry Physical Health Screening Form)

Youth are screened upon admission for healthcare concerns which may need a referral for further assessment by healthcare staff.

Guidelines/Requirements: Facility Entry Physical Health Screening (FEPHS) form shall be completed on the date of admission. A healthcare admission rescreening is to be completed each time the physical custody of the youth changes with subsequent return or readmission to the program. All female youth who are sexually active, those identifying their menstrual cycle as more than two weeks late, or those who request testing, shall receive a qualitative urine pregnancy screening test, with the youth’s verbal consent, at the time of admission. Screenings shall be completed by an RN, LPN, Direct Care staff, or MD/Designee.

If completed by direct care staff, the screening shall be reviewed with the youth by a licensed medical staff within twenty-four hours.

Review a sample of youth healthcare records to determine if the youth was screened utilizing the FEPHS form to include who completes the form and the review process.

Review the youth’s Face Sheet in the Department’s Juvenile Justice Information System (JJIS) for any changes in custody. A new FEPHS form (HS 010) shall be completed for each returning date after a change of custody occurred.

Review nursing staff interview results.

FEMALE PROGRAMS ONLY: Review Chronological Progress Notes for consent and results of pregnancy screening for all sexually active females.

Reference:
- F.A.C. 63E-7.101 (6) (c-t), Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.104 (5)(3), Residential Services, Delinquency Intervention and Treatment Services, Treatment Services, Physical Health Services, Intake Screenings and Assessment
- F.A.C. 63E-7.104 (2)(c)(1), Residential Services, Delinquency
- F.A.C. 63M-2.0041, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.06 Youth Orientation to Healthcare Services/Health Education

All youth shall be oriented to the general process of health care delivery services at the program.

Guidelines/Requirements: Youth receive general health care orientation upon admission or at the next available opportunity. Review Facility Operating Procedure. Examples of topics to be covered include the following:

- Access to medical care
- Sick Call (e.g., use, how to access)
- What constitutes an "emergency" and when to notify staff
- Medication process to include side effect monitoring
- The right to refuse care and how it is documented
- What to do in the case of a sexual assault or attempted sexual assault
- The non-disciplinary role of the health care providers

Review the orientation packet for each youth sampled. The youth are not required to sign orientation sheets and the program may utilize an education/orientation binder to ensure all required orientation topics are reviewed with the youth.

Review the Health Education form (HS013) for documentation of topics reviewed.

Review of the list of Health Care Contacts to ensure accuracy.

Reference:

- F.A.C. 63M-2.0046, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.07 Designated Health Authority (DHA)/Designee Admission Notification

The DHA or designee is notified when youth admitted require emergency care or routine notification in accordance with Department requirements.

Guidelines/Requirements: Referrals to the program’s physician, physician’s assistant (PA), or advanced practice registered nurse (APRN)/advanced registered nurse practitioner (ARNP) shall be made for youth who are admitted with known or suspected chronic conditions not requiring emergency treatment on admission.

The designated health authority (DHA) or designee shall be notified immediately when a youth admitted requires emergency care. The LPN or RN may first conduct a preliminary triage examination before contacting EMS and the DHA, PA, or APRN/ARNP. The DHA or designee must be notified of all youth admitted with a medical condition. This notification may be by telephone or verbally. Review Facility Operating Procedures for appropriate timeframes for notification.

The notification shall be documented in the youth’s Chronological Progress Notes/Individual Healthcare Record (IHCR).

Reference:
- F.A.C. 63E-7.101, Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.0043, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
**4.08 Health Related History**

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

---

**Guidelines/Requirements:** The Health-Related History (HRH) form shall be updated/completed within seven days of admission.

The HRH form shall be conducted and signed as completed by a licensed nurse or the practitioner.

The designated health authority (DHA) or designee shall document the review of the HRH form. This can be accomplished by the checkbox on the Comprehensive Physical Assessment (CPA) indicating the HRH form was reviewed and/or by documentation on the focused note the admission documents/HRH was reviewed.

The completion or revision of the HRH form shall be conducted and dated prior to, or at the same time, as the CPA.

The most recent Department form shall be used.

Review HRH forms for signatures and dates for the most current admission.

Review nursing staff interview results.

---

**Reference:**

- F.A.C. 63E-7.104, Residential Services, Residential Case Management Services
- F.A.C. 63M-2.0047, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.09 Comprehensive Physical Assessment/TB Screening

The standardized Comprehensive Physical Assessment (CPA) form shall be used for all youth admitted into the physical custody of a Department program.

**Guidelines/Requirements:** Documentation of completion of a current Comprehensive Physical Assessment (CPA) within seven calendar days from the date of admission.

TB screening shall be completed within seventy-two hours of admission if one is not documented in the youth’s Individual Healthcare Record (IHCR) within the past year.

A current CPA at the time of admission for medical grade “1” is two years; for grades “2-5” is one year.

The CPA shall be completed only by a MD, DO, APRN/ARNP, or PA.

The youth’s Medical Grade is required documentation on the CPA.

A CPA completed prior to the youth’s current admission may be used as follows, but may not be altered:

- A current CPA with no changes in the youth’s medical condition
- The current CPA shall be reviewed as the youth is examined and signed off as reviewed by the physician, PA, or ARNP
- A focused evaluation should be present with each readmission where a new CPA is not initiated, and a current CPA is used
- FEMALE PROGRAMS ONLY: Gynecological examinations (for sexually active females). All pelvic exams shall only occur with the female youth’s full verbal consent.

All fields on the CPA shall be completed by the examining practitioner, as required, for all new CPAs (Body Mass Index (BMI), visual acuity field, Tanner stage, scalp/head, cardiovascular, medical grade, the most recent Tuberculosis Skin Test (TST), etc.).

Any youth with symptoms suggestive of active TB shall not be placed in the general population until medically cleared by the designated health authority (DHA) or designee, PA, or APRN/ARNP. TB refusal may result in the completion of a Chest x-ray, and may not need repeating more frequently than every five years unless youth reports an exposure to someone with active TB.

Review Facility Operating Procedures for appropriate documentation when any part of the exam is not conducted and/or is refused by the youth. A refusal form shall be completed, or documentation when deferred by practitioner after review of the HRH form, shall be documented for any part of the exam that is not performed.

Review the CPAs of all youth sampled.

Review the Department’s Problem List to determine if it was updated, as required.

Review of Youth Refusal Forms

Review Chronological Progress notes for Focused Evaluations.

Review the Facility Entry Physical Health Screening form, the CPA, and/or Infectious and Communicable Disease (ICD) form for documentation of a completed TST results/Chest x-ray results.
Chest x-ray results may also be found in the Radiological tests section
Review nursing staff interview results.

Reference:
- F.A.C. 63E-7.104, Residential Services, Residential Case Management Services
- F.A.C. 63E-7.101, Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63M-2.0048, Health Services, Office of Health Services
- F.A.C. 63M-2.0044, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.10 **Sexually Transmitted Infection/HIV Screening**

The program shall ensure all youth are evaluated and treated (if indicated) for sexually transmitted infections (STIs) and HIV risk factors.

**Guidelines/Requirements:** All sexually active youth should be clinically screened and evaluated for STIs. HIV test results shall be filed in a confidential manner consistent with FS 381.004.

The MD/DO/PA/APRN/ARNP shall review the STD screening tool and provide orders for specific testing (if indicated). Youth have the right to request or decline HIV testing. It shall be offered to each youth with or without risk factors identified.

The results of tests shall be noted on the youth’s Infectious and Communicable Disease (ICD) form and located in the Individual Healthcare Record (IHCR).

Rescreening should be conducted if the sexually active youth has been out of the Department’s physical custody, and/or symptoms are present.

Referrals/testing should be documented on the STI and on the practitioner’s order. In addition, it may also be found in the chronological progress notes. The ICD forms for each applicable youth shall be reviewed for documented STI results. STI results shall also be filed in the lab section of the IHCR.

A certified HIV counselor shall conduct the testing. It may also be conducted by a practitioner. Re-testing shall be at the descretion of the HIV counselor/practitioner.

If testing is completed on-site, documented consent from the youth shall be obtained and stored in the youth’s IHCR. If testing is completed by an outside provider, a copy of the consent will be acceptable and filed in the youth’s IHCR.

Documentation of pre/post-test counseling shall be documented on the Individual Health Education Record (HS013) and may also be found in the chronological progress notes (but not the test results).

The youth’s HIV status should never be included on the program’s internal alert system or listed on the Department’s Problem List.

Pursuant to Chapter 381 F.S., HIV test results can be disclosed only to the youth and to the following entities:

- The youth’s legally authorized representative
- Health care providers during consultation, diagnosis or treatment of the individual
- The Department of Health for purposes of reporting and control of spread of disease
- Health program staff committees conducting program monitoring, evaluation, and service reviews
- Medical personnel who have been subject to a significant exposure
- Health care center personnel or agents for the health care provider who have a need to know during patient care activities or administrative operations

For release of information to any other individuals, the youth must sign a consent/release form stating those individuals to whom this information should be released to.

Review youth interview results to determine if youth believe they can request HIV testing.
Additional healthcare records may be reviewed to ensure sample size is met.

Review the HRH and STI forms for documentation of screenings and re-screenings, when applicable, for each youth record reviewed.

If HIV results are maintained in a sealed envelope and proof of review by the practitioner is documented on the envelope, it is not recommended for reviewers to unseal the envelope.

Reference:

- F.S. 381.004, HIV Testing
- F.A.C. 63E-7.104, Residential Services, Residential Case Management Services
- F.A.C. 63M-2.0041 and 63M-2.0052, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.11 Sick Call Process

All youth in the program 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.

Guidelines/Requirements: There shall be regularly scheduled hours in each program for a youth to be evaluated by a licensed nurse. Only a licensed nurse shall conduct Sick Call. If a LPN conducts sick call, it shall be reviewed daily, either telephonically or in person, with the MD, DO, PA, APRN/ARNP, or RN. Youth in restricted housing of any kind (e.g., seclusion, room restriction, and/or controlled or secure observation) are questioned daily for sick call/health complaints and documented in the Individual Healthcare Record (IHDR).

When there is not a licensed nurse on-site, the program shall have procedures whereby the shift supervisor reviews all sick call requests as soon as possible and within four hours after the request is submitted.

The completed Sick Call Request form shall be placed in a secure location inaccessible to youth (e.g., locked box, sealed envelope) to then be provided to the nurse.

Sick call forms or progress notes shall be documented in accordance with Rule 63M-2 (e.g., vital signs, treatment, education, follow-up plans).

The completed Sick Call Request form is to be filed with the progress notes in the youth’s IHCR in reverse chronological order. Youth presenting with similar sick call complaints three or more times within a two-week period require a referral to the MD, DO, PA, or APRN/ARNP.

Youth complaints of severe pain with which staff is unfamiliar shall be treated as emergencies and an immediate referral made to the licensed healthcare professional.

Sick call shall be conducted daily, or as pursuant to contract requirements, whichever is greater.

Review sick call request forms from the youth’s IHCR sampled. Look for referrals when required and/or documented follow-up when needed for youth in severe pain.

Review each youth’s corresponding Sick Call Index, referral log, and corresponding sick call form in reverse chronological order.

If the program has not had any instances of restricted housing (which includes room restriction and controlled or secure observation), review the program’s policy. Confer with annual compliance review team member assigned to Standard 5.

When possible, observe this practice with the youth’s permission to ensure confidentiality is maintained.

Review staff interview results.

Review youth interview results.
**Reference:**

- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.002 and 63M-2.006, F.A.C., Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.12 Episodic/First Aid & Emergency Care

The program shall have a comprehensive process for the provision of episodic care and first aid care.

Guidelines/Requirements: Every Department program shall provide episodic care to include basic first aid procedures and interventions.

Emergency medical and dental care shall be available, including EMS services, twenty-four hours a day. All healthcare and non-healthcare staff shall know they have the right and responsibility to immediately call 9-1-1 at any time a youth’s condition appears compromised.

All non-healthcare staff who have direct contact with youth shall maintain current certifications in first aid and basic cardiopulmonary resuscitation (CPR) with automated external defibrillator (AED) training (when an AED is on-site).

If a youth requires the use of an epinephrine auto injector, all healthcare and direct care staff (at the supervisory level) shall be appropriately trained on the administration of the epinephrine auto injector and shall administer the epinephrine auto injector, when indicated.

An appropriately trained RN can train other healthcare staff and non-healthcare staff on the use of the epinephrine auto injector.

All licensed healthcare staff shall maintain, at a minimum, current certification in CPR (with AED training, as applicable).

If the program has an AED, it is placed in a secured area easily accessible by staff, and procedures are established for AEDs to be monitored by an outside provider or on-site by nursing staff.

**The battery should only be removed at the time of replacement.

A list of emergency telephone numbers and cell phone numbers, including the number of the statewide Poison Information Control Center, shall be posted and accessible to all staff, on all shifts. This list should not be in a location accessible to youth.

Non-healthcare staff episodic care shall be documented on the Department’s Report of On-Site Health Care by Non-Health Care Staff (HS049).

Episodic care provided by a non-licensed staff must have a follow-up evaluation by a licensed health care professional the next time this person is on-site, or sooner, if warranted.

Episodic care by licensed staff requires documentation in the chronological progress notes in either problem-oriented subjective, observation, assessment, and plan (SOAP) elements, or standard narrative charting which includes all SOAP elements.

There shall be an on-site tracking log for episodic care.

First aid kits (inclusive of transportation vehicles) are located in designated areas and the designated health authority (DHA) approves contents. They are monitored monthly and replenished as needed. The program should have a process where vehicle first aid kits are maintained to prevent breakdown of contents. Documentation of routine replenishment will be necessary for items that deteriorate when exposed to heat. (Examples include, but are not limited to, liquids, gloves, and CPR masks.)

Emergency drills are held on each shift and documented at least quarterly. CPR/AED demonstration must be practiced at least annually.
Suicide and medical drills may be combined.
Review a sample of first aid kits for expired and approved contents.
Review Episodic Care Log for past six months and compare with all on/off-site events from IHCRs sampled.
Review progress notes and non-healthcare staff forms for each on/off-site event.
Review any documented drills related to above guidelines.
Additional records may need to be reviewed for this indicator if selected records do not include episodic/emergency care.

Reference:
- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.009, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.13 Off-Site Care/Referrals

The program 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.

Guidelines/Requirements: For all youth requiring off-site medical or emergency care, the Summary of Off-Site Care form shall be utilized and filed in the Individual Healthcare Record (IHCR).

If applicable, discharge and other documents are filed in IHCR.

The designated health authority (DHA)/designee has documented the review of all off-site care findings, instructions, and information. The program shall ensure actual dictation and documents are requested from the outside provider. All follow-up testing, referrals, and appointments require documentation indicating youth received appropriate, and timely follow-up care, as needed.

Review all Summary of Off-Site Care forms, returning off-site orders, and progress notes for all events in each youth’s IHCR sampled.

Additional healthcare records may need to be reviewed for this indicator.

Reference:
- F.A.C. 63M-2.008, 63M-2.063, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.14 Chronic Conditions/Periodic Evaluations

The program shall ensure youth who have chronic conditions receive regularly scheduled evaluations and necessary follow-up.

Guidelines/Requirements: All youth with these conditions shall have periodic evaluations:

- Chronic condition
- Communicable disease
- Taking prescribed medications on an on-going basis (at least three consecutive months)
- Medical Grade 2-5
- Pregnant
- Morbidly Obese (BMI greater than 30)

All periodic evaluations are to be conducted no less than once every three months for medical conditions and prior to the change of psychotropic medications, and no less than every thirty days when prescribed.

Periodic evaluations shall be conducted prior to renewal of an expired prescription medication.

Review each youth’s Facility Entry Physical Health Screening (FEPHS) form and the program’s chronic condition roster to determine if the youth is applicable for this requirement.

Review progress notes for documentation of each completed periodic evaluation.

Interview the program director to determine what formalized procedures are in place with the healthcare staff to review the important medical issues pertaining to youth in the program and how often do they meet.

Interview medical staff, especially the designated health authority (DHA) to ensure compliance to indicator.

Additional healthcare records may be reviewed to ensure sample size is met.

Reference:

- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.008, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.15 Medication Management

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.

Guidelines/Requirements: Only medications from a licensed pharmacy with a current, patient-specific label intact on the original medication container may be accepted into the program. All medications shall have a current, valid order and are given pursuant to a current prescription or Practitioner Order.

The designated health authority (DHA)/physician designee, and (when applicable) the psychiatrist shall be contacted to obtain the order to resume the specified medications youth is prescribed prior to admission.

Documentation of prescription verification shall occur in the chronological progress notes in the Individual Healthcare Record/EMR or utilizing the Prescription Medication Verification checklist (HS 025).

All youth in restricted housing shall receive all prescribed medications, as ordered and on time.

Over-the-counter (OTC) medications not listed on the Authority for Evaluation and Treatment (AET) form shall be administered according to approved protocols or Practitioner’s Order, unless the parent/guardian has prohibited the administration of OTC medications.

The standard Department Medication Administration Record (MAR) (HS 019)/Electronic Medical Record (EMR), shall be used to document all medication and treatment. The MAR shall clearly indicate medication start and stop dates. Programs may utilize pre-printed pharmacy MARs, so long as the form includes all information required in 63M-2, F.A.C.

Staff shall initial each administered medication entry (also required for youth to initial when non-healthcare staff provide medications).

There shall be no undocumented explanation for a lapses or errors in medication administration.

At a minimum, the nursing staff shall document weekly side effect monitoring on the MAR and daily when provided by non-licensed staff.

Trained non-healthcare staff may assist in the delivery of medications, only when licensed staff are not on site.

The Six Rights of Medication Delivery/administration shall be maintained by both licensed and non-licensed staff. (Right youth, right med, right dose, right route, right time and right documentation).

Refusals are clearly documented on the MAR and Refusal Form, when applicable.

There shall be no standing orders for psychotropic medications.

There shall be no emergency treatment orders for psychotropic medication.

There shall be no PRN orders for psychotropic medications.

Review the Medical/Mental Health Screening and admission progress notes to confirm if youth was admitted on medication with subsequent verification. Review progress notes for notification to the DHA and verify with parent/guardian when applicable.
Review each applicable sampled youth’s MAR, for the above requirements.
Review progress notes and practitioner order section to determine if medication was continued, changed, or discontinued. Compare orders to the MAR.
Review that refusals are clearly documented on the MAR.
Observe at least one medication pass, when possible.
Review youth and nursing staff interview results.

Reference:
- F.A.C. 63E-7.101, Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.105, Residential Services, Residential Programming
- F.A.C. 63M-2.022-63M-2.037, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
**4.16 Medication/Sharps Inventory and Storage Process [Contract Provider]**

Any medical equipment classified as and 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.

**Guidelines/Requirements:** Any medical equipment classified as sharps (e.g., syringes, needles, scissors, and suture removal kits) shall be secured and inventoried by using a routine perpetual inventory descending count as each sharp is utilized and disposed.

All medications shall be identified and secured in the locked area designated for storage of medications. Different medication forms (e.g., injectable, topicals, drops, liquids) shall be separated.

All controlled substances shall have a perpetual inventory and stored separately from other medications. Controlled substances shall be maintained behind two locks with two separate key access.

Each center shall have a process for the destruction and disposal or return of expired or discontinued medications.

A perpetual and a weekly inventory of all sharps and stock over-the-counter (OTC) medications shall be conducted.

Pursuant to Board of Pharmacy regulatory requirements, a shift-to-shift inventory count of all controlled substances shall be documented on the youth’s individualized Controlled Medication Inventory Record.

A third shift to first shift count of controlled medications is required prior to medical staff beginning medication pass. Strict control and accountability of the running balance for each controlled substance shall be maintained.

Supervisory level, non-health care staff trained in the delivery and oversight of medication self-administration may perform these duties. This may only occur when nursing staff are not on-site.

The number of pills, tablets, or dosages remaining after each administered dosage shall be documented on the youth’s Individualized Controlled Medication Inventory Record received with the medicine from the pharmacy or the Department form.

Reporting criteria and procedures for inventory discrepancies shall be in place.

Randomly select inventory for three different sharps, and three OTC medications, and at least two controlled substances (when currently prescribed) document and observe a count completed by the nurse. Verify if count matches ending inventory numbers.

Observe area designated to store youth medication, including separate storage of controlled substances.

Review policy and corresponding documentation, when applicable, for disposal of medication, to include narcotics and controlled.

Review inventories for the past six months.

Review nursing staff interview results.

**Reference:**
- F.A.C. 63M-2022 through 63M-2.037, Health Services, Office of Health Services
- Pursuant to Contract Requirements & FOPs
4.17 Infection Control/Exposure Control

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.

Guidelines/Requirements: The following categories of diseases shall be addressed, along with training related to each program’s specific exposure control plan at the time of hiring, and annually thereafter for all staff:

- Common, infectious diseases of childhood (e.g., measles, mumps, chickenpox);
- Self-limiting, episodic contagious illnesses (e.g., the common cold);
- Viral or bacterial infectious diseases (e.g., viral or bacterial meningitis);
- Tuberculosis;
- Hepatitis A, B, and C and HIV infectious diseases caused by blood-borne pathogens;
- Other outbreaks or epidemics caused by any other infectious agent, whether spread directly or indirectly;
- Outbreaks of pediculosis (lice) and/or scabies;
- Methicillin-Resistant Staphylococcus Aureus (MRSA) and other emerging antibiotic-resistant micro-organisms;
- Food-borne illnesses such as those cause by E. Coli;
- Bio-terrorist agents (e.g., Anthrax, Small Pox);
- Chemical exposures in the workplace.

All youth shall receive infection control training within seven days of admission to the program.

There shall be documentation Standard Universal Precautions were included in the comprehensive program education and prevention administered at each program.

Hepatitis B immunizations shall be provided to staff if consented to in writing by staff member.

A comprehensive process for needle stick post-exposure evaluation shall be in place.

The program director/designee shall establish a separate file containing all documents for youth and staff who have experienced a facility/occupational exposure. All records shall be maintained confidentially for a ten-year period. Specified infectious diseases outbreaks (10% of population or more) should be reported by the program within the required time frame in accordance with the Department of Health requirements. Any incident involving contagious disease requiring the quarantine or hospitalization of at least ten percent of the total population of youth or staff within a program shall be reported to the Central Communications Center (CCC) within two hours.

Training shall be documented, and records retained in the youth Individual Healthcare Record (IHR) on the Health Education Record (HER) form (HS 013), to include the prevention of blood borne pathogens and prevention of communicable diseases. Staff training shall be documented in the staff personnel record.
Review staff training records or confirm with the annual compliance review team member looking at the training indicators.

Review IHCR/HER (HS 013) for each youth sampled to confirm documentation of required education of hand washing/infection control.

Determine if there were any instances in which the local county health department, CDC, and/or the CCC should have been notified of an infectious disease and ensure such instances were reported as required. This can be accomplished by review of CCC reports and interviews with staff.

Review the program’s Exposure Control Plan and contractual agreement.

**Reference:**

- F.A.C. 64D-3, Control of Communicable Diseases and Conditions which may Significantly Affect Public Health
- F.A.C. 63E-7011, Residential Services, Delinquency Intervention and Treatment Services
- F.A.C. 63F-11, Central Communications Center
- F.A.C. 63M-2.050-051, 63M-2.053-055 Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
4.18 Prenatal Care/Education

The program shall provide access to prenatal care for all pregnant youth. Health Education shall be provided to both youth and staff.

This indicator shall be rated “Non-Applicable” for all male programs.

Guidelines/Requirements: Prenatal care shall begin immediately upon determination the youth is pregnant and continue until discharge/transfer and through postpartum. A licensed nurse shall provide in-service education on girls’ healthcare annually to all non-healthcare staff. Education shall include training on monitoring and observation, of emergency needs of the pregnant youth.

The designated health authority (DHA/designee, PA, or APRN/ARNP shall provide a routine, focused medical evaluation of the youth’s pregnancy every thirty days, or sooner if ordered.

The program shall provide nutritious foods in sufficient quantities meeting the standards of the minimum daily allowances for pregnant youth as ordered by the practitioner.

Youth shall be placed on alert for vital nutrition and health awareness for staff. The licensed professional health care staff shall provide routine daily monitoring and observation for indications of pregnancy complications.

Pregnant youth shall not sleep on upper bunk beds due to falling hazards.

Each pregnant youth shall receive education on the following topics: alcohol and drug usage, smoking, nutrition, sexually transmitted infections, contraception, prenatal care, birthing process, postpartum care, basic baby care (feeding, diapering, bathing), child/infant development, and parenting skills. There is a documented plan of care through post-birth to include psychological and physical care.

Review the Individual Healthcare Record (IHCR) and treatment plans for sampled youth. Closed IHCRs may be used if none of the youth sampled are applicable going back six months.

Review related education packets specific for pregnant youth.

Review youth interviews to determine if the youth has received prenatal, obstetrical, or gynecological services when needed.

Review staff training records for related education topics including observation and monitoring of emergency needs/symptoms of possible miscarriage.

Reference:
- F.A.C. 63M-2.010, Health Services, Office of Health Services
- Pursuant to Contract Requirements and FOPs
Standard 5: Safety and Security

5.01 Youth Supervision* 5-2
5.02 Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training 5-3
5.03 Behavior Management System Infractions and System Monitoring 5-5
5.04 Ten-Minute Checks* 5-7
5.05 Census, Counts, and Tracking 5-8
5.06 Logbook Entries and Shift Report Review 5-9
5.07 Key Control* 5-11
5.08 Contraband Procedure 5-12
5.09 Searches and Full Body Visual Searches 5-14
5.10 Vehicles and Maintenance 5-15
5.11 Transportation of Youth 5-16
5.12 Weekly Safety and Security Audit 5-17
5.13 Tool Inventory and Management 5-18
5.14 Youth Tool Handling and Supervision 5-19
5.15 Outside Contractors 5-20
5.16 Fire, Safety, and Evacuation Drills 5-21
5.17 Disaster and Continuity of Operations Planning (COOP) 5-22
5.18 Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials 5-24
5.19 Youth Handling and Supervision for Flammable, Poisonous, and Toxic Items and Materials 5-25
5.20 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items 5-26
5.21 Elements of the Water Safety Plan, Staff Training and Swim Test* 5-28
5.22 Visitation and Communication 5-30
5.23 Search and Inspection of Controlled Observation Room 5-31
5.24 Controlled Observation 5-32
5.25 Controlled Observation Safety Checks and Release Procedures 5-33
5.26 Safety Planning Process for Youth 5-34

* 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.
5.01 Youth Supervision

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. Program staff can account for the whereabouts of youth under their supervision at all times.

--CRITICAL--

Guidelines/Requirements: Observe staff during daily activities such as school, recreation, meals, breaks, and line movements to ensure staff are actively supervising youth.

Conduct the following interviews:

- Ask supervising staff how many youth they are supervising and observe to see if they have to count the youth or immediately know the count.
- Ask staff to explain what the procedures are when they cannot reconcile the count

Observations for this indicator are to be conducted each day of the annual compliance review by the regional monitors/reviewers. A rating should not be assigned until the final day.

The program is adhering to the ratio requirements. Note: The program shall provide appropriate levels of physical sight and sound presence of staff (the minimum ratio outlined in the contract) to provide immediate response to emergencies, active supervision of the youth, and suitable and timely response to the everyday needs of youth while maintaining safety and security within the program.

Review the following supportive documentation:

- Program policy and procedures to determine what the program considers active supervision.

Reference:

- F.A.C. 63E-7.107 (4) (a-d), Residential Services, Safety and Security
- Per Contract Requirement
5.02 Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training

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 BMS utilized at the program.

Guidelines/Requirements: Consistent with its approach to treatment and delinquency intervention, the program shall establish a behavior management system (BMS) responsive to the unique characteristics of the program’s population. Only someone with training or experience in behavior management techniques or systems shall develop or modify a program’s BMS.

The program’s BMS shall foster accountability for behavior and compliance with the program’s rules and expectations. Evidence includes a posted BMS, or a resident handbook, accessible to youth, detailing the BMS, including the rules and the positive and negative consequences for actions.

Conduct the following interview:

- Interview staff and youth on their understanding of the BMS.
- Program director to determine what BMS is utilized in the program.
- The program director to determine how rewards are monitored, and how does the program ensure the rewards outnumber the consequences at a minimum of four-to-one (4:1).
- The program director to determine how youth consequences are monitored within the program.
- Staff to determine if they received training in the BMS.
- Staff and youth to verify the use of a variety of types of rewards/incentives.
- Youth interviews to determine if the program’s BMS is posted or outlined in the youth handbook and how the youth rate the current system.

Review the following supportive documentation:

- The program’s documented BMS on file. The provider’s contract to ensure all appropriate parties were involved (including education) in the development, implementation, and ongoing maintenance of the BMS, if applicable.
- Documentation of youth orientation and training on the BMS.
- Staff received training in the specific BMS implemented at the program, not simply behavior management theory.
- Documentation of staff training in the program’s BMS. The BMS should include any special provisions outlined in the provider’s contract.
- Observe for postings of the BMS.
There shall be evidence staff consistently applies the BMS, including rewards and negative consequences. Negative consequences should be in direct relation to the severity or seriousness of inappropriate behavior exhibited. Evidence includes observations matching written policy, interviews with staff and youth confirming knowledge of the BMS, consequences for positive and negative behavior, and consistency of application.

Documentation of the BMS shall list a variety of rewards/incentives. Examples include: a range of token, tangible, and social rewards including earning privileges, certificates of completion, verbal praise, acknowledgement, points/tokens, and additional earned activities. The most readily available reward is recognition and acknowledgement of pro-social behavior. Starting with a specified number of points at the beginning of a day and taking points away for inappropriate behaviors, is a negative reinforcement tactic and not considered a reward or incentive. A phase system based on demonstration of pro-social behavior is a reward/incentive.

The application of rewards should outnumber negative consequences by at least a four-to-one (4:1) ratio. Evidence includes observation, written policy, and consistent responses from staff and youth concerning the appropriate ratio of rewards and negative consequences. The BMS should also include any special provisions outlined in the provider’s contract.

**Reference:**
- F.A.C. 63E-7.101 (6), Residential Services, Youth Admission, Intake, and Orientation
- F.A.C. 63E-7.103 (2), Residential Services, Behavior Management System (BMS)
- Per Contract Requirements: Behavior Management System Requirements
- Educational Cooperative Agreement with applicable School District, as referenced in Florida Statute 1003.52 (14) Cooperative Agreements.
5.03 Behavior Management System Infractions and System Monitoring

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 BMS, and ensure the use of rewards and consequences are administered fairly and consistently in application among all staff.

Guidelines/Requirements: The program’s BMS shall include a process wherein staff explain to the youth the reason for any sanction imposed prior to the end of the staff member’s workday, the youth is given an opportunity to explain his or her behavior, and staff and the youth discuss the behavior’s impact on others, reasonable reparations for harm caused to others, and alternative acceptable behavior.

The program may use room restriction for major infractions, temporarily restricting participation in routine activities by requiring the youth to remain in his or her sleeping quarters.

Room restriction shall not be used for a youth who is out of control or a suicide risk. A supervisor shall give prior approval for each use of room restriction. Room restriction shall not exceed four hours and the door to the room shall remain open to facilitate staff supervision. Staff shall engage, or attempt to engage, the youth in productive interactions at least every thirty minutes while on room restriction status. The program shall not deny a youth basic services, such as regular meals and physical or mental health services. Program staff shall use strategies, such as conflict resolution and constructive dialogue, to facilitate the youth’s reintegration into the general population when released from room restriction. For each use of room restriction, the program shall document the following:

- A description of the behavior resulting in room restriction
- The date and time room restriction was implemented
- The name of the staff who recommended the use of room restriction and the name of the approving supervisor
- The name of the staff removing the youth from room restriction
- The date and time of removal and a description of the youth’s behavior and attitude upon removal
- Follow-up actions taken or attempted to help re-integrate the youth back into the general population when released from room restriction

A program’s BMS shall not be used solely to increase a youth’s length of stay.
**Conduct the following interviews:**

- **Verify, through interviews, supervisors monitor staff use of the BMS and provide feedback to staff.**
- Staff about the method and frequency with which they receive feedback. Feedback method may consist of written performance evaluations or annual evaluations specifically evaluating staff application of the BMS.
- The program director to determine how the implementation of the BMS is monitored by the supervisor(s) to ensure it is administered fairly and consistently among all staff.
- Staff and youth to determine whether a process exists wherein staff and youth discuss sanctions imposed, consequences, and alternative acceptable behaviors.

**Review the following supportive documentation:**

- Youth interviews to determine the youth’s overall understanding of the program’s BMS to include how the program utilizes room restriction. The BMS should also include any special provisions outlined in the provider’s contract.
- Applicable documentation and video instances, if available, of the utilization of room restrictions to ensure all of the requirements are met.
- Sample of position descriptions specifying required qualifications of staff whose job functions includes implementation of the program’s BMS.
- Examine the program’s written BMS to ensure it is not used solely to increase a youth’s length of stay, deny a youth basic rights or services, promote the use of group punishment, allow youth to sanction other youth, or include disciplinary confinement wherein a youth is isolated in a locked room as discipline for misbehavior.

**Reference:**

- F.A.C. 63E-7.103, Residential Services, Behavior Management
- F.A.C. 63E-7.108 (4) (e-g), Residential Services, Program Administration
- F.A.C. 63E-7.107 (3), Residential Services, Safety and Security
- Per Contract Requirements: Behavior Management System Requirements
5.04 Ten-Minute Checks

A 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.

— CRITICAL —

Guidelines/Requirements: All ten-minute checks shall be documented with a written document such as a head count sheet or a facility log, or with a method of electronic documentation. Documentation shall include the actual time of each check and the initials of the staff conducting the check in the case of paper check sheets or a method of determining the staff conducting the checks if checks are documented electronically.

Observe ten-minute checks to ensure the checks are conducted within the required frequency and in real time and to ensure the checks are met with fidelity (staff members are not to just walk by the rooms without pausing for a moment to actually observe the youth thoroughly enough to guarantee their safety).

Review the following supportive documentation:

- Ten-minute checks by video is acceptable if the program has a camera system.
- Sample of video on various days, times, and shifts to determine compliance.
- Ten-minute check sheets to ensure the actual times are entered, as opposed to a check mark, and the staff conducting the checks is identified on the check sheet.
- Staff interviews to determine how often room checks are conducted (for non-suicidal youth) and what is the process of documenting the checks.

Reference:

- F.A.C. 63E-7.107 (4) (e), Residential Services, Safety and Security
5.05 Census, Counts, and Tracking

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 youth 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 youth counts and census information, the program reconciles immediately and takes follow-up action, as needed.

Guidelines/Requirements: Review the program’s policy and procedures to determine if the youth census, count(s), and tracking are conducted as required. Review facility log and program logbooks (master control and modules) to determine if headcounts, youth movement, and daily census are documented as required.

Determine if there is a method of tracking the daily census such as a log, census sheet, grease board, or an electronic method of tracking, such as a computer program.

Observe counts being conducted.

Review the following supportive documentation:

- Staff interviews to determine when emergency counts are conducted. Review Continuity of Operations Plan (COOP), if necessary.

Reference:

- F.A.C. 63E-7.108 (15) (a), Residential Services, Program Administration
- F.A.C. 63E-7.107 (4) (a-d), Residential Services, Safety and Security
- Program’s Continuity of Operations Plan (COOP), if necessary
5.06 Logbook Entries and Shift Report Review

The program maintains a chronological record of events, incidents, and activities in a central logbook maintained at master control, living unit logbooks, or both. The program ensures direct care staff, including each supervisor, are briefed when coming on duty.

Guidelines/Requirements: Each logbook is a bound book with numbered pages (Note: bound books should not be falling apart or missing any pages). At a minimum, each logbook entry should be legible and include the date and time of the event, the names of staff and youth involved, a brief description of the event, the name and signature of the staff making the entry, and the date and time of the entry. No logbook entries are obliterated or removed; errors are struck through with a single line and initialed by the staff correcting the error.

The following event(s), at a minimum, shall be documented in chronological order in a facility logbook maintained at master control, living unit, or both:

- Emergency situations;
- Incidents, including the use of mechanical restraints;
- Special instructions for supervision and monitoring of youth;
- Population counts at the beginning and end of each shift and any other population counts conducted during a shift;
- Perimeter security checks and other security checks conducted by direct care staff;
- Transports away from the facility, including the names of staff and youth involved and the destination;
- Requests by law enforcement to access any youth;
- Removal of any youth from the mainstream population, such as when a youth is placed on room restriction or controlled observation;
- Admissions and releases, including the name, date and time of anticipated arrival or departure, and mode of transportation; and
- Information relating to escape or attempted escape incidents.

1. Living unit logbook review and master control log-book review (if applicable): If the program maintains a logbook at each living unit, each incoming staff reviews entries made during the previous two shifts in the logbook maintained in the living unit to which he or she is assigned. The staff documents his or her review in the logbook, including the date, time, and signature.

2. Shift report review: If the program does not maintain a logbook at each living unit, the program summarizes in a shift report the events, incidents, and activities documented in the program’s central logbook. A program supervisor verbally briefs incoming staff about the contents of the shift report, or incoming staff shall review the shift report. Each incoming staff signs and dates the shift report for the previous shift to document review or has been verbally briefed about its contents. A copy of the shift report is maintained at each living unit for at least forty-eight hours.
Review the following supportive documentation:

- The logbooks to ensure internal incidents reported to the Florida Abuse Hotline and/or the Central Communications Center (CCC) were documented.

Reference:

- F.A.C. 63E-7.108 (15) (a-d), Residential Services, Program Administration
5.07 Key Control

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 replacing damaged keys

---CRITICAL---

Guidelines/Requirements: Observe the distribution and collection of keys whether conducted by master control or by supervisors and/or designee. Observe the key storage area and determine the level of security.

Conduct a random check of staff for personal keys to include administrative staff.

Conduct the following interviews:

- Master control or supervisory personnel to determine the process for restricting usage of keys such as medical, youth and staff records, and youth property locker keys.
- The master control operator, supervisor, or staff to determine the method for the daily tracking and reconciliation of keys.

Review the following supportive documentation:

- The key inventory to determine if the keys rings on the inventory match the actual key rings in use.
- Policy and/or interview the master control operator, a supervisor, or staff to determine if there is obvious knowledge of a procedure for addressing missing or lost keys and reporting and replacing damaged keys.
- Staff interviews to determine the program’s key control process.
- Program policy on key control.
- Central Communications Center (CCC) Incidents and Program Monitoring and Management (PMM) System related to key control concerns and any corrective action applied throughout the review period related to incidents involving key control.

Reference:

- F.A.C. 63E-7.107 (8) (a-e), Residential Services, Safety and Security
5.08 Contraband Procedures

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 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 youth’s case record. 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.

Guidelines/Requirements: The program has a system to prevent the introduction of contraband and identify contraband items and materials through searches of the physical plant, facility grounds, and staff/youth. The program defines items and materials considered contraband when found in the possession of youth, provides youth with a list of contraband, and informs youth of the consequences if found with contraband, 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 opportunities for youth to obtain contraband is greatest when they are outside the program or receive correspondence from the outside. It is critical staff maintains the safety and security of the program by performing searches upon the return from any outside related activity to ensure no contraband is brought into the program.

Conduct the following interview:

- The program director or supervisory personnel to determine how the discovery of contraband and illegal contraband is handled and disposed.

Review the following supportive documentation:

- The list of items determined to be contraband and the associated consequences. The prohibited 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 facility log, incident reports, or search reports to determine frequency and quality of searches, and the results of each search.
Reference:

- F.A.C. 63E-7.107 (9) (a-h), Residential Services, Safety and Security
- F.A.C. 63E-7.101 (3) (b), Residential Services, Youth Intake
5.09 Searches and Full Body Visual Searches

The program shall perform searches to ensure no contraband is introduced into the facility.

Guidelines/Requirements: Searches and full body visual searches are conducted, as prescribed, or otherwise permitted by Florida Administrative Code. This shall include any instance where a youth participated in any vocation, off-campus activity, or other activity involving the use or ability to obtain tools or other implements. Prior to conducting any searches or full body visual searches, staff prepare the youth by explaining the purpose of the search and what it entails while assuring the youth of his or her safety.

A search is conducted through the youth's clothing by staff who is of the same gender as the youth being searched. Electronic search equipment may be used to supplement a full body visual search. A full body visual search is conducted visually, without touching the unclothed youth, in a private area/room with two staff present, both of the same gender as the youth. If two staff of the same gender are not available, one staff of the same gender conducts the full body visual search while the staff of the opposite gender is positioned to observe the staff conducting the search but cannot view the youth.

Observe searches to determine the thoroughness of the search and observe and listen to the instructions given by staff and the overall demeanor the staff has when explaining the reason and extent of the search.

Observe the search to ensure it is conducted by the appropriate number of staff and the staff is the appropriate gender or are positioned properly when both staff are not the same gender of the youth being searched.

Observe youth searches during group movement, before and after transports, after education and vocational instruction, and following access/or ability to obtain tools or other implements, during admission upon return of off-campus activities, and before and after visitation, if possible.

Searches and full body visual searches should be based on the Protection Action Response (PAR) training manual. Searches should be observed and compared to the searches as outlined in the training module in the PAR manual.

Review the following supportive documentation:

- Youth interviews to determine when searches and full body visual searches occur.
- Staff interviews to determine the process for conducting searches and full body visual searches and under what circumstances are searches being conducted.

Reference:

- F.A.C. 63E-7.101 (4)(1-2), Residential Services, Youth Admission, Intake, and Orientation
- Protective Action Response Manual
5.10 Vehicles and Maintenance

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 used for transporting 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.

Guidelines/Requirements: Each vehicle used for transporting 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.

Secure high-risk and maximum-risk programs only: Observe each vehicle used for transporting youth and ensure they are equipped with a safety screen separating the front seat or driver’s compartment from the back seat or rear passengers’ compartment, or a staff shall occupy the back seat or rear passengers’ compartment with the youth.

Observe each vehicle used to transport youth and determine if it is equipped with the appropriate number of seat belts, a seat belt cutter, a window punch, a fire extinguisher, and an approved first aid kit.

Observe a transport, if possible, to ensure youth and staff wear seatbelts, but at a minimum, interview transportation staff and youth and get an understanding of the consistency of seatbelt usage.

Inspect vehicles to ensure doors to the youth passenger area cannot be opened from the inside and the vehicles have a safety screen separating the driver's compartment.

Conduct a random check of personal vehicles and facility vehicles to ensure they are kept locked when not in use.

Review the following supportive documentation:

- Invoices from automotive shop to determine if each vehicle received an annual safety inspection and any deficiencies were corrected.

Reference:

- F.A.C. 63E-7.107 (17), Residential Services, Safety and Security
5.11 Transportation of Youth

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.

Guidelines/Requirements: The program provides the minimum ratio of one staff for every five youth during transportation (driver can be included in the staff-to-youth ratio). Transporters are provided a cellular phone or radio issued by the program for use in the event of vehicle problems or other emergencies. Staff do not transport youth in any personal vehicles unless the program director approves such action based on extenuating circumstances wherein the life or safety of a youth is in imminent jeopardy without taking such action. Secure high-risk and maximum-risk programs provide secure transportation for all youth. Non-secure programs provide secure transportation for any youth determined to be a security risk, a risk to self or others, or demonstrating he or she cannot be transported by less restrictive methods. If five or fewer youth are being transported, the program provides a minimum of two staff, with one being the same sex as the youth transported; transporting more than ten youth requires one additional staff for every five youth. Mechanical restraints are used in accordance with Florida Administrative Code 63H-1. The vehicle has rear doors that cannot be opened from the inside.

The program shall ensure a current driver’s license for any staff member operating a program vehicle. The program shall ensure compliance of all requirements outlined by the Department relating to the transportation of youth, and driver eligibility.

Youth and staff wear seat belts during transportation, and youth shall not be attached to any part of the vehicle by any means other than the proper use of a seat belt.

Staff shall not leave youth unsupervised in a vehicle.

Youth shall not be permitted to drive program or staff vehicles.

Staff shall lock personal and program vehicles when not in use.

Observe a transport to determine if the staff to youth ratio is within departmental requirements. If no transports are conducted during the annual compliance review, interview staff and youth to get an understanding of routine staff to youth ratios maintained during transports.

Conduct the following interview:

- Staff to ensure they are provided a communication device for use during transports, and they do not use personal vehicles unless approved by the program director.

Reference:

- F.A.C. 63E-7.107 (17), Residential Services, Safety and Security
- FDJJ 1920, Operating a Vehicle for the Purpose of Transporting Youth
5.12 Weekly Safety and Security Audits

A program shall maintain a safe and secure physical plant, grounds, and perimeter.

Guidelines/Requirements: The program shall complete weekly safety and security audits. The program shall develop a policy and procedures outlining the audit/inspection process to include, at a minimum, the following:

- Who is responsible for conducting the weekly security audits and safety inspections
- The development and implementation of corrective actions warranted as a result of safety and security deficiencies found during any internal or external review, audit, or inspection
- Internal system to verify the deficiencies are corrected and existing systems are improved or new systems are instituted as needed to maintain compliance.

Conduct the following interview:

- The program director to ensure there is a clear process regarding the identification, tracking, and deficiencies are being addressed by the program.

Review the following supportive documentation:

- Program policy and procedures to ensure it meets all the requirements of F.A.C. 63E-7.107 (5).
- Sample weekly safety and security audit documents to ensure they were completed every seven days.

Reference:

- F.A.C. 63E-7.107 (5), Residential Services, Safety and Security
5.13 Tool Inventory and Management

The program shall have a tool management system ensuring youth do not use tools or equipment as weapons or security breaches.

Guidelines/Requirements: Tools shall be marked or identified in a way facilitating issuance of tools and timely identification of missing tools. Tools shall be inventoried prior to being issued for work and at the conclusion of the work activity. Staff shall report any discrepancy to the program director or designee for immediate follow-up action.

Tools shall be stored securely when not in use and inventoried at least monthly. Tools with sharp edges or points and a high potential to be used as a weapon are inventoried daily, except on days when they are not in use. If the program consistently implements a system whereby tools are securely stored in a sealed container or closet, or if the seal has not been broken at the time an inventory is being conducted, the sealed tools may be exempt from inventory. Prohibited tools include machetes, bowie knives, or other long blade knives. Staff and youth are trained on the intended and safe use of tools.

Inspect the tool room to determine the level of security when tools are not in use. Inspect tools to ensure they are marked with identifying marks.

Review the following supportive documentation:

- The inventory used to document issuance and return of tools.
- Training documentation the staff and youth are trained on the intended and safe use of tools. Review youth interviews to determine if youth utilize any tools, and if “Yes,” what types of tools.
- The monthly inventory of tools without a high potential to be utilized as a weapon and the daily inventory of tools with a high potential to be used as a weapon against the actual tools at the program and determine if there are any tools on the inventories missing from the program and whether there are any tools at the program not listed on the inventory.

Reference:

- F.A.C. 63E-7.107 (10), Residential Services, Safety and Security
5.14 Youth Tool Handling and Supervision

There shall be procedures to ensure youth use tools safely and are supervised appropriately in order to prevent injuries to themselves, other youth, and staff.

Guidelines/Requirements: There is a minimum ratio of one staff for every five youth during activities involving tools, except in the case of disciplinary work projects involving tools, which require a minimum ratio of one staff for every three youth. If the program is designed to focus on vocational training, the contract may specify other staff-to-youth ratios when tools are used for vocational training.

The program has procedures for issuing tools to youth and staff, including an assessment to determine a youth’s risk to self and others. Youth are searched at the completion of each work project or activity involving the use of tools.

Observe ratios, search procedures, and tool distribution and collection during a work project, if possible, but at a minimum, interview staff and youth to determine if the program is aware of the requirements.

Conduct the following interview:

- Staff interviews to determine what tools youth are permitted to utilize.

Review the following supportive documentation:

- Program policy, if available, to determine the established ratios, tool distribution and collection, and search criteria used during work projects.
- Risk assessments for any youth using tools.

Reference:

- F.A.C. 63E-7.107 (10) (a-b), Residential Services, Safety and Security
5.15 Outside Contractors

The program shall establish guidelines required for outside contractors, which includes information about tool control and restrictions.

Guidelines/Requirements: Procedures address when an outside repairman or worker enters the program to perform a work project requiring the use of tools. The program restricts tools to those necessary, checks tools upon the worker’s arrival and departure, restricts youth access to the work area, ensures immediate reporting of any tool the worker cannot locate, and follows-up if any tool is missing. Personal cellular phones and/or equipment/electronic devices capable of taking pictures and/or audio/video recordings are prohibited in the secure area. The program’s policy and procedures should outline who is responsible for providing approval/permissions if such items are required.

Review the following supportive documentation:

- Program procedures addressing outside repairmen or workers who enter the program.
- Review any sign-in sheets or instruction sheets provided to outside repairmen or workers.
- Review project invoices submitted to the program by the vendor. Determine if the date the project was being worked on and/or completed matches the sign-in sheets of the outside repairmen or workers.

Reference:

- F.A.C. 63E-7.107 (10) (k), Residential Services, Safety and Security
- FDJJ Guidelines Relating to Contraband in Residential Facilities, Residential Services, August 2015
5.16 Fire, Safety, and Evacuation Drills

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.

Guidelines/Requirements: Drills must be consistent with the program’s disaster plan or Continuity of Operations Plan (COOP). Another source specifying how drills might be conducted are the facility operating procedures. The documentation for all drills shall contain the following information: type of drill, date and time of the drill, participants, brief scenario, and findings/recommendations.

- Using an actual emergency as a “drill” is allowable, as long as follow-up protocol is conducted
- Using a drill involving multiple emergency situations and classifying as “dual or multiple” drills is allowable
- The program shall conduct practice events or drills and shall be prepared for immediate implementation or mobilization of the plans whenever an emergency or disaster situation necessitates

Conduct the following interview:

- The program director to determine how often, and what types of drills are conducted within the program.

Review the following supportive documentation:

- Youth interviews to determine if youth have been instructed on the fire evacuation process.
- Staff interviews to determine what types of drills staff participated in within the program.
- If an actual emergency was used as a drill or a single drill was determined to be used as a dual or multiple event drill, ask the program to provide the debriefing documentation verifying the separate events.

Reference:

- F.A.C. 63E-7.107 (19), Residential Services, Safety and Security
- F.A.C. 63E-7.101 (6) (q), Residential Services, Youth Admission, Intake, and Orientation
- Program’s Disaster or Continuity of Operations Plan (COOP) approved by the applicable Regional Director for Residential Services
5.17 Disaster and Continuity of Operations Planning

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 that are easily accessible to verify a youth’s identity, as needed, during his or her stay in the program.

Guidelines/Requirements: Ask the program to show you a copy of their Emergency Disaster Preparedness Plan and Continuity of Operations Plan (COOP) or one comprehensive plan incorporating both. The following requirements should also be verified:

- Documentation confirming the plan has been reviewed, approved and signed by the regional director by June 30 of each fiscal year
- The plan addresses alternative housing plans approved by the applicable Department Regional Director
- Older plans approved are valid as long as the following annexes are updated annually: Delegations of Authority, New Cooperative Agreements, Vendor List, and Emergency Call-Up Rosters, and Florida Division of Emergency Management County Cooperation Checklist
- Documentation is present confirming the plan was submitted to the Department’s Residential Services COOP Coordinator for approval with an email confirmation

The program shall maintain the following critical identifying information for each youth in an administrative hard-copy file which is easily accessible and mobile in the event of an emergency situation that results in the program relocating quickly or in the event needed information cannot be accessed electronically. The administrative hard-copy file shall included the following, at a minimum:

- Youth’s full name and Department identification (DJJID) number;
- Admission date;
- Date of birth, gender, and race;
- Name, address, and phone number of parent/guardian;
- Name, address, and phone number of the person with whom the youth resides and his or her relationship to the youth;
- Person(s) to notify in case of an emergency (and contact information);
- Juvenile probation officer’s (JPO) name, circuit/unit, and contact information;
- Names of committing judge, state attorney, and public defender (or attorney of record) with contact information on each;
- Committing offense and judicial circuit where offense occurred;
- Notation of whether or not the judge retains jurisdiction;
- Victim notification contact information, if notification is required;
- Physical description of youth to include height, weight, eyes and hair color, and any identifying marks;
- Overall health status, including chronic illnesses, current medications and allergies; and
- Personal physician (if known).
- Photograph of youth shall be uploaded in JJIS.

Conduct the following interview:

- The program director to determine where the COOP is posted and all staff have access.

Reference:

- F.A.C. 63E-7.107 (19), Residential Services, Safety and Security
- F.A.C. 63E-7.101 (4), Residential Services, Youth Admission, Intake, and Orientation
- COOP Annexes: Annex 1, Delegations of Authority; Annex 2, Cooperative Agreements; Annex 8, Emergency Call-Up Rosters; and Annex 16, Vendor List
5.18 Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials

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.

Guidelines/Requirements: All flammable, poisonous, and toxic materials shall be stored in secure areas inaccessible to youth.

Flammable material is defined as liquids with a flash point below 100 degrees Fahrenheit. Toxic material is defined as substances, through chemical reaction or mixture, producing possible injury or harm to the body by entering through the skin, digestive tract, or respiratory tract.

Observe the storage area to determine who has access and what types of items are stored.

Review the following supportive documentation:

- The flammable, poisonous, and toxic items and materials inventory and compare it to the actual flammable, poisonous, and toxic items and materials at the program and determine if the inventory has items on it that cannot be accounted for and whether there are items on site that are not on the inventory.
- Compare the Safety Data Sheets (SDS) to the flammable, poisonous, and toxic items and materials and determine if there is an SDS for all materials.
- Review the program’s facility operating procedures on the storage and inventory of flammable, poisonous, and toxic items.

Reference:
- F.A.C. 63E-7.107 (12), Residential Services, Safety and Security
5.19 Youth Handling and Supervision for Flammable, Poisonous, and Toxic Items and Materials

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.

Guidelines/Requirements: Substances which do not contain one or more of the above properties, but are labeled “Keep out of reach of children” or “May be harmful if swallowed,” may not meet the above definitions, but should be kept under strict control.

Observe daily cleaning activities, if possible.

Review the following supportive documentation:

- The program’s facility operating procedures.
- Youth interviews to determine youth access to toxic items and if youth are permitted to utilize hazardous cleaning items.
- The program’s Preventive Maintenance Checklist to ensure maintenance schedules and repairs are being conducted as outlined in F.A.C. 63E-7.109 or per contract language, which ever is greater.

Reference:

- F.A.C. 63E-7.107 (12) (c), Residential Services, Safety and Security
- F.A.C. 63E-7.109, Residential Services, Facility and Food Services
5.20 **Disposal of all Flammable, Toxic, Caustic, and Poisonous Items**

The maintenance personnel, or other trained staff who have the safety equipment for diluting, handling, and disposing of hazardous and/or solid waste, shall be responsible for disposing of hazardous items and toxic materials.

**Guidelines/Requirements:** A flammable material is defined as liquids with a flash point below 100 degrees Fahrenheit. Toxic materials are defined as substances, through chemical reaction or mixture, producing possible injury or harm to the body by entering through the skin, digestive tract, or respiratory tract (e.g., zinc chromed paint, ammonia, chlorine, antifreeze, herbicides, pesticides). Caustic materials are defined as substances which can destroy or eat away by chemical reaction (e.g., lye, caustic soda, sulfuric acid).

All flammable, toxic, caustic, and poisonous materials must be stored in secure areas inaccessible to youth. Substances which do not contain one or more of the above properties, but are labeled “Keep out of the reach of children” or “May be harmful if swallowed,” may not be considered to meet the above definitions, but should be kept under strict control.

Hazardous material shall be disposed of in accordance with the manufacturer’s Safety Data Sheet.

Designated containers for hazardous liquid waste shall be kept in the hazardous materials storage area.

Liquid waste not resulting from work details (e.g., dirty mop water, unused beverages) shall be disposed of in the plumbing area of each housing unit with a drain. Liquid waste resulting from work details shall be disposed of in sinks located in mop storage areas.

Kitchen liquid waste, except for grease, shall be disposed of in the kitchen drain. Grease shall be placed in a separate container for disposal.

Should a chemical spill occur, the following actions are to be taken:

- Upon becoming aware of a chemical spill, staff shall notify master control of the location
- The shift supervisor/master control shall direct the shutdown of all air handlers and ventilation systems and close all windows and doors at the direction of the on-scene supervisor
- Assistance from outside the program shall be contacted, as necessary, consistent with emergency procedures

**Conduct the following interview:**

- Maintenance personnel or applicable administrative personnel to determine if flammable, toxic, caustic, and poisonous items and materials are disposed of appropriately. The operating procedures should also include disposal of hazardous items and toxic substances or chemicals in accordance with Occupational Safety and Health Administration (OSHA) Standards.
- **The program director** to determine what is the program’s disposal practice for flammable, toxic, caustic, and poisonous items.

**Review the following supportive documentation:**

- Program’s facility operating procedures on the disposal of flammable, toxic, caustic, and poisonous items.
- The program’s disposal log to determine when, how often, and by what means the material was disposed.
Reference:
- F.A.C. 63E-7.107 (12) (d), Residential Services, Safety and Services
- OSHA Standards
5.21 Elements of the Water Safety Plan, Staff Training, and Swim Test

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
- Safety equipment needed for the activity, such as personal flotation devices when youth are in a boat, canoe, or raft, and availability of a life-line 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.

— CRITICAL —

Guidelines/Requirements: Programs shall have a policy in place regarding participation in water-related activities. This indicator shall be rated “Non-Applicable” for programs with a policy specifically stating they do not participate in water-related activities.

When water-related activities are offered, the safety of youth and staff should be a priority at all times. The ability to respond in an emergency is critical when youth are engaged in water activities.

The program provides a sufficient number of lifeguards who are certified consistent with American Red Cross or nationally accepted standards for the type of water in which the activity is taking place. Shoreline and offshore activities do not require lifeguards, but do require staff trained in emergency procedures. Scuba diving, snorkeling, or skin/free diving activities are conducted by an instructor appropriately certified by the National Association of Underwater Instructors (NAUI) or the Professional Association of Diving Instructors (PADI).
The program shall have each youth complete a swim test prior to participation in water-related programming to determine 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.

If the program chooses to participate in water-related activities, review documentation of swim tests and ensure they are conducted by instructors certified consistent with the type of water activity used during the swim test.

**Conduct the following interviews:**
- The youth to determine if youth received a swim test since they were admitted.

**Review the following supportive documentation:**
- The water safety plan to ensure it addresses the requirements of the residential Florida Administrative Code.
- Youth interviews to determine if youth participate in any water activities.
- Instructor certifications to ensure they are current and are certified consistent with the type of water activity they supervise.
- Ask the regional monitor/reviewer assigned to Standard One (Indicator 1.09) to review the logbook for any aquatic activities taking place.

**Reference:**
- F.A.C. 63E-7.107 (21), Residential Services, Safety and Security
- F.A.C. 63E-7.107 (21) (a) (1), Residential Services, Safety and Security
5.2 Visitations and Communication

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

Guidelines/Requirements: Review the program’s policies and procedures, provider’s contract, visitation schedule, and logs in order to verify opportunities are made available to youth.

If necessary, the program considers requests for alternative visitation arrangements with parent/guardian. Youth are given the opportunity to communicate with family members by mail and/or telephone as specified by the program’s written procedures. Note: If the program has demonstrated an innovative practice, please include in the annual compliance report.

Observe the program’s posted visitation schedule.

Review the following supportive documentation:

- The program’s policies relating to visitation, youth mail, and use of telephone. Review the following: visitation log, telephone log, youth mail/correspondence log(s), and youth interview results.
- Youth interviews to determine if each youth is provided the opportunity to communicate with his/her family by visitation, mail, or telephone.

Reference:

- F.A.C. 63E-7.103 (4), Residential Services, Program Environment
- F.A.C. 63E-7.101 (6) (m), Residential Services, Youth Admission, Intake, and Orientation
5.2.3 Search and Inspection of Controlled Observation Room

The program shall conduct youth searches and room inspections prior to placing a youth on controlled observation.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not utilize controlled observation.

Practice in place which demonstrates youth are not placed in controlled observation until the youth is searched (not full body visual searched), and the room is inspected and meets size and construction requirements.

Review the following supportive documentation:

- Documentation of staff conducting youth searches and room inspections prior to placing a youth on controlled observation.

Reference:

- F.A.C. 63E.7.107 (14), Residential Services, Safety and Security
5.24 Controlled Observation

Programs shall only place youth in controlled observation when non-physical interventions would not be effective.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not utilize controlled observation.

Delegated supervisors authorize each use of controlled observation unless the delay of seeking prior approval would further jeopardize safety and security. Youth demonstrating acute psychological distress behaviors, such as panic, paranoia, hallucinations, or self-harming or suicidal behaviors are not placed in controlled observation.

If feasible, authorization should be obtained prior to placing the youth in controlled observation. If this is not possible, the supervisor shall be immediately notified of the placement, or notified of the placement as soon as it is reasonably safe to do so. The supervisor shall then authorize continued placement or the youth shall be removed from controlled observation.

Staff discuss with the youth the reasons for placement in controlled observation and the expected behavior for removal from placement.

Review the following supportive documentation:

- Documentation placement of a youth in controlled observation is authorized by a supervisor with delegated authority or higher level staff.

- Documentation the youth was placed in controlled observation because of an emergency safety situation where there was imminent risk of the youth physically harming himself/herself, staff, or others or the youth was engaged in major property destruction and was likely to compromise the security of the program or jeopardize the youth's safety or the safety of others.

- The Health Status Checklist to determine if it was completed upon the youth's placement (Note: A healthcare professional or a staff of the same gender as the youth shall conduct the visual check unless a staff of the same gender is unavailable in the vicinity, in which case a staff of the opposite gender may conduct the visual check).

- The controlled observation report to determine if the youth was placed and remained in controlled observation longer than two hours, and if so, the program director or designee granted two-hour extensions (up to twenty-four hours).

Reference:

- F.A.C. 63E-7.107 (14), Residential Services, Safety and Security
5.25 Controlled Observation Safety Checks and Release Procedures

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.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not utilize controlled observation.

Review the following supportive documentation:

- The Controlled Observation Safety Checks form to ensure staff conducted safety checks and observed the youth’s behavior at least every fifteen minutes, or provided continuous sight and sound supervision when the youth demonstrated behaviors that posed a high risk of self-injury.
- Documentation the program director or supervisor with delegated authority approved the youth's release based on the youth's verbal and physical behavior that he or she was no longer an imminent threat of harm to self or others.
- Ensure the Controlled Observation Report was reviewed by the program director or assistant program director within fourteen days to determine if placement was warranted and handled appropriately.
- Documentation or the process used by staff to make a determination whether or not an in-house alert was warranted when the youth was released from Controlled Observation.

Reference:
- F.A.C. 63E-7.107 (1d) (h-i), Residential Services, Safety and Security
5.26 Safety Planning Process for Youth

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.

Guidelines/Requirements: Each program shall maintain a safety plan for each youth in a centralized location for all staff that includes the following areas, at a minimum:

- **Warning Signs** (i.e., identified by the youth or collateral contacts, parent(s)/guardian(s) which indicate a youth is escalating in their behavior(s));
- **Youth’s Baseline Behavior(s)** as gathered from collateral contacts, parent(s)/guardian(s), youth’s history, and evaluations, if applicable;
- **Crisis Recognition.** The youth and program staff’s perception of verbal and non-verbal stimuli that have both positive and negative effects on the youth (Escalation, De-escalation, Intervention and Recovery);
- **Jointly developed coping strategies,** to include people and healthy environments as defined by the youth;
- **Intervention strategies preferred by the youth,** and
- **Debriefing preferences.**

The Safety Plan will be developed and updated as provided below:

- The initial planning process must begin by the multidisciplinary treatment team during their initial contact with the youth and shall be completed within fourteen days.
- The plan shall be jointly prepared by the youth, parent(s)/guardian(s), or family member, program’s clinical staff, and behavioral specialist, if applicable.
- The safety plan shall be reviewed by staff who have contact with youth and shall be maintained in a location that is easily accessible to staff.
- The safety plan shall incorporate any recommendations from previous or current clinical assessments or screening instruments and shall incorporate trauma responsive practices.
- The program staff shall review the youth’s record to ensure any pertinent information is included in the safety plan.
- The plan must be updated every thirty days or following any significant behavioral or mental health event identified by the youth’s intervention and treatment team.

Review the following documentation:

- The youth’s completed safety plan to ensure it contains all of the required topic areas.
- The youth’s safety plan to ensure it was updated as required.

Conduct the following interviews:

- Interview youth to ensure they were involved in the development of their safety plan.
- Interview staff to ensure they are aware of the location of the youth’s safety plan and they understand the review process.
Reference:
- F.A.C. 63E-7.101 (5), Residential Services, Youth Admission, Intake, and Orientation