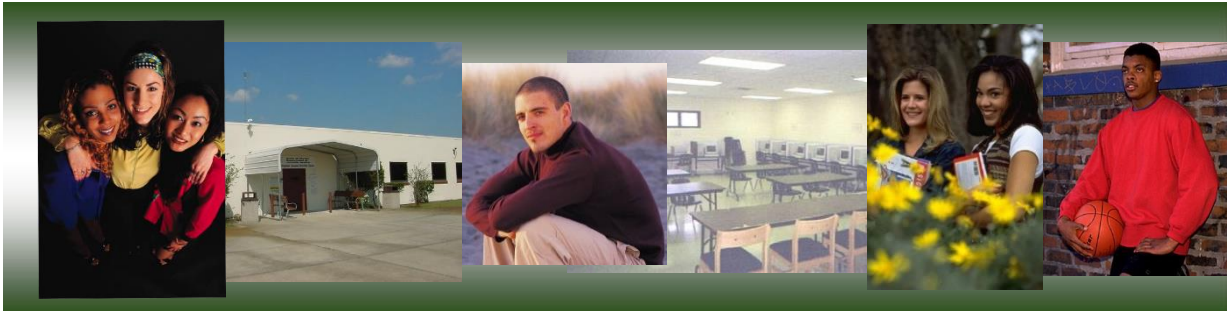




# Monitoring and Quality Improvement Standards for Supervised Release Tracking FY 2020-2021



## **Office of Accountability and Program Support**

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

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\* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

# Standard 1

Management  
Accountability

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## 1.01 Initial Background Screening

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**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 contracted provider may provide *training and orientation* to a potential employee before the screening process is completed. However, these individuals *may not* have contact with youth or confidential youth records until the screening is completed, the determination is “Eligible,” a copy of the criminal history report has been reviewed, and the employee demonstrates he or she exhibits no behaviors warranting the denial of employment.

**An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.**

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### — 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. For this reason, the Department utilizes Level 2 Screening Standards, a fingerprint-based check that searches the Florida and National Crime Information Centers, as required in s. 435.05, 985.644 (3) and 985.66(3)(a) 3 F.S. The screening of individuals occurs 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 requires background screening.

- a. *Process for Clearinghouse screenings with an eligible rating.* When an individual has an eligible determination in the Clearinghouse and wants to be hired by a provider, *payment and fingerprinting is not usually required*, but the provider must:
  - i. Submit screening forms to the BSU (IG/BSU 002 and 005, and IG/BSU 003)
  - ii. Receive a completed copy of the screening from the BSU.
  - iii. Review the criminal history report and all documents attached to the screening form

#### **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 (10) 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. *Volunteers desiring more frequent interaction with youth or records must be screened.*)

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

When a volunteer is hired by the provider or program, a new background screening is not required, as long as there is no break in service.

- a. Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by Florida Department of Law Enforcement (FDLE), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster. (*Note: Providers are encouraged to add employees and volunteers to their roster within ninety-days of completing the screening request to avoid additional screening cost.*)

**Other Requirements:**

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

- a. An eligible screening determination has been made, and the criminal history report has been reviewed.
- b. An application with an ineligible/not eligible determination has received an approved exemption from disqualification from the Department, has received an eligible determination, 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 reviews the CCC Person Involvement Report, the Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) results, and completes 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. The SVS module is not required 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
- Per Contract Requirements

## 1.02 Five-Year Rescreening

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**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.)**

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**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 Protective Action Response (PAR)

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**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.**

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**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.

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

Review the program’s Department approved PAR Plan.

Review a sampling of PAR reports to determine if:

- A review was conducted by a PAR certified instructor/supervisory staff.
- A post-PAR interview was conducted with the youth by the chief probation officer (CPO)/program director, or designee, within thirty minutes after the incident.
- A review of the PAR incident report by the CPO/program director/supervisor or designee was conducted within seventy-two hours of the incident, excluding weekends and holidays.
- Statements were completed by all witnesses and participants.
- The reports were completed on the same day the incident occurred.
- 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 indicate the need for a PAR medical review.
- The techniques applied were approved by the Department.

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.

**Reference:**

- F.A.C. 63H-1.007, Basic Curricula (PAR)



**\*\*Pending Rule Change – updates may be made at a later date\*\***

## **1.04 Pre-Service Training**

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**Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.**

**Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.**

**Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.**

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

- PAR (thirty-two hours, within ninety calendar days of hiring)
- CPR/First Aid Certified
- Professionalism and Ethics Training
- Suicide Prevention Training
- Emergency Procedures Training

Other required trainings include:

- Incident Reporting (CCC) Training
- Client Confidentiality
- JJIS Provider Training
- Adolescent Development
- Interpersonal Communication skills
- Sexual Harassment
- Human Diversity
- Safety training
- New Employee Orientation
- PREA
- Customer Service
- Records management
- Sunshine law
- Civil rights
- Equal Employment Opportunity
- HIPPA

All contracted providers shall submit, in writing, a list of pre-service training to the Department's Office of Staff Development and Training including the course name, description, objectives, and training hours for any instructor-led training on the required topics. (It may be helpful to view the "All Trainings Completed" report for each staff.)

## Management Accountability

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It is the expectation of the Department all training, both pre-service and instructor-led, be documented in the Department's Learning Management System (SkillPro) within thirty days of training completion.

Review SkillPro and staff training records for the completion of web-based and/or instructor-led training. All training must be completed within 180-days of being hired.

Ensure all staff have completed essential skills training prior to direct contact with youth.

For Contracted Non-Residential staff:

- Returning staff who return more than one year from separation shall complete all requirements set forth in subsection 63H-2.004(1), F.A.C., as they are no longer considered trained.
- Contracted staff who cross over from residential to non-residential shall complete all training requirements set forth in subsection 63H-2.004(1), F.A.C.

### **Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- Per Contract Requirements

**\*\*Pending Rule Change – updates may be made at a later date\*\***

## **1.05 In-Service Training**

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**Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.**

**Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.**

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

- PAR update (eight hours)
- CPR (annually)
- First Aid (annually)
- Professionalism and Ethics

Supervisory staff shall complete eight hours of training in the areas of:

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

All contracted programs shall submit to the Department's Office of Staff Development and Training a written list, including course names, descriptions, objectives, and training hours for any instructor-led, in-service training.

It is the expectation of the Department all training, both in-service and instructor-led, is documented in the Department's Learning Management System (SkillPro) within thirty days of training completion.

Review SkillPro and staff training records for the completion of a minimum of twenty-four hours of web-based and/or instructor-led training.

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

Programs shall develop an annual in-service calendar which must be updated as changes occur.

Review training records and/or SkillPro for contracted non-residential staff in subsequent years of employment to ensure training was completed, as required. This sample must include supervisory staff.

This indicator shall be rated based on a review of training completed during the last full calendar year prior to the annual compliance review.

**Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-1.012, Annual Training Requirement

## 1.06 Incident Reporting (CCC)

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

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— 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 annual compliance review team during the review shall be considered “Non-Applicable,” unless documentation exists indicating the program was aware of the incident, but failed to report it.

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

Violations of criteria outlined in the Department's FDJJ 1920 policy will be reported to the CCC for dissemination to the related program area and contracted providers.

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

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

Review internal incidents/grievances to determine if additional incidents should have been reported to CCC.

**Reference:**

- F.A.C. 63F-11, Central Communications Center

## 1.07 Abuse-Free Environment

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

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— CRITICAL —

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

To promote an abuse free environment, the program shall:

1. Adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.
2. Ensure all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.
3. Ensure youth have unimpeded access to self-report alleged abuse and the abuse hotline number is posted.
4. Ensure youth eighteen years of age or older report abuse allegations to the Central Communications Center.

Review CCC reports and program incident reports to determine if there have been any abuse allegations substantiated against staff or if staff have reported abuse on behalf of a youth.

If any allegations have been made against staff, review any documentation of management interventions and disciplinary actions in response to the incident.

Review youth records to ensure there were not any indication of abuse not being reported to the Florida Abuse Hotline.

Review the program's Code of Conduct to ensure compliance with statute.

### **Reference:**

- F.S. 39.201, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."
- F.A.C. 63F-11.004, Central Communications Center
- FDJJ Policy 1100 – Rights of Youth in DJJ Care, Custody, or Supervision

## 1.08 Administration

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**The program provides operational and administrative oversight.**

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**Guidelines/Requirements:** The program director is responsible for maintaining information regarding the program and reporting to the Department. Monthly reports shall be submitted to the Department detailing incidents and population data. (Only as required by contract.)

Youth listed on the program roster shall match the census report in the Department's Juvenile Justice Information System (JJIS).

Statistical information shall be maintained, including monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, incidents, personnel actions, volunteer hours, and average length of stay. (Only as required by contract.)

The program shall develop a monthly staff schedule to be submitted to the Department five days prior to the first of the month. The supervised released tracking (SRT) staff shall work non-traditional hours to include weekend and evenings. The schedule shall include contact information for the SRT personnel.

The administration shall include, at a minimum, the following staff:

- Lead Community Supervision/SRT Tracker – shall possess an associate's degree in human services, criminology, or a closely related field and have two years of experience working with at-risk youth or equivalent years of experience working with at-risk youth.
- Regional Manager – shall possess a bachelor's degree in human services, social work, criminology, or a closely related field; preferred or equivalent years of experience working with at-risk youth. Must possess at least two years of demonstrated supervisory experience.
- Director of Community Services – shall possess a bachelor's degree in human services, social work, criminology, or a closely related field, master's degree preferred. Must have at least three years of leadership/supervisory experience, preferably in a non-profit or social service setting.

**Reference:**

- F.A.C. 63D-12.002 (2), Probation, Non-Residential Facilities, Safety and Administration
- Per Contract Requirements

## 1.09 JJIS and Data Requirements

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**The program and subcontracted service providers shall utilize the Department's Juvenile Justice Information System (JJIS) for data entry and shall monitor accuracy at all times.**

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**Guidelines/Requirements:** All supervised release tracking (SRT) contacts must be documented in the Department's Juvenile Justice Information System (JJIS) Case Notebook Module with Supervised Release selected as the note type.

The program's SRT staff shall be responsible for entering Supervised Release youth case notes and pictures of electronic monitoring (EM) equipment tampers in JJIS.

**Reference:**

- Per Contract Requirements



# Standard 2

## Assessment Services

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## 2.01 Youth Placement and Intake

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**Youth admitted to the program meet the admission criteria defined by the program’s contract: the program shall provide supervised release tracking (SRT) services to all youth who meet the Detention Risk Alternative Instrument (DRAI) criteria to include home detention, intensive home detention, and intensive home detention with electronic monitoring.**

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### **Guidelines/Requirements:**

Review a sample of youth records to determine if the program is serving the population for which it is designed.

Review the Department’s Juvenile Justice Information System (JJIS) case notebook module to ensure the signed home detention agreement, intensive home detention agreement, and/or electronic monitoring agreements were uploaded as part of the record.

### **References:**

- Scope of Services, SRT Contract

## 2.02 Youth Contacts

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**The program shall track and monitor youth on supervised release status and make contacts, as required.**

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### **Guidelines/Requirements:**

Review a sample of youth records to ensure contacts were made accordingly. The youth's supervision requirements may change from week-to-week based on the Supervised Release Review Committee meetings held each week.

Home Detention: One face-to-face contact each week, for each youth.

Intensive Home Detention: Three face-to-face contacts each week, for each youth.

Intensive Home Detention with Electronic Monitoring (EM): Three face-to-face contacts each week, including visual inspection of EM device to ensure no tampering has taken place.

### **References:**

- Scope of Services, SRT Contract, Supervised Release Continuum Guidelines

## 2.03 Supervised Release Review Committee Meetings

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**Program staff shall participate in weekly Supervised Release Review Committee meetings.**

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**Guidelines/Requirements:** The program shall have supervised release tracking (SRT) staff attend the weekly SRRC meetings to provide updates on compliance with supervised release. Program staff shall obtain input from the youth's assigned juvenile probation officer (JPO), parent/guardian, and youth related to the youth's performance and continued supervision.

The program shall provide an overview to the SRRC regarding the youth's performance during the previous week. A weekly summary of violations shall be reported either verbally and/or in writing during the weekly SRRC meeting. The SRRC will discuss the court-ordered release date to ensure the program staff are aware of the supervision end date. If the youth is not ordered to a specific program, the youth's status will be modified in accordance to the review committee's decision within two business days.

The case note regarding the SRRC meeting/form shall include the youth's performance in the program, performance compliance/non-compliance, and input from the youth, parent/guardian, and JPO. The SRRC meeting attendance shall be documented in the Department's Juvenile Justice Information System (JJIS) case notebook module with the details of the meeting documented on the form uploaded and attached to the case note.

Supervised Release Review meeting documentation will be completed each week and uploaded into the Department's Juvenile Justice Information System (JJIS) Case Notebook Module.

**Reference:**

- Scope of Services, SRT Contract, Supervised Release Continuum Guidelines

## 2.04 Violations

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**Youth are supervised according to their status, to include timely follow up on any technical violations. All violations of program rules shall be sent to the JPO and JPO Supervisor within 24 hours.**

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**Guidelines/Requirements:** Violations and responses shall be documented within twenty-four hours of becoming aware.

- Once a willful determination has been established, the program shall immediately create a written plan to prevent future occurrences which will be outlined and signed by the program's Community Supervision Specialist/SRT Tracker or assigned juvenile probation officer, youth, and parent/guardian. This process will be clearly documented in the Department's Juvenile Justice Information System.
- Any second or subsequent willful occurrence will result in a supervised release/emergency review to determine the need for the use of electronic monitoring or the increased supervision or submission of a formal violation.

### **References:**

- Scope of Services, SRT Contract, Supervised Release Continuum Guidelines