

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY ASSURANCE**  
**PROGRAM REPORT FOR**

**Tiger Success Center**  
*The Henry and Rilla White Youth Foundation, Inc.*  
(Contract Provider)  
4501 Lannie Road  
Jacksonville, Florida 32218

*Review Date(s): October 18-20, 2011*



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY  
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY  
JEFF WENHOLD, BUREAU CHIEF

## Residential Performance Rating Profile

Program Name: Tiger Success Center  
 Provider Name: The Henry and Rilla White Foundation, Inc.  
 Location: Duval County / Circuit 4  
 Review Date(s): October 18-20, 2011

QA Program Code: 1084  
 Contract Number: R2099  
 Number of Beds: 24  
 Lead Reviewer Code: 9

### Indicator Ratings

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	Satisfactory
1.02	Provision of an Abuse Free Environment	Satisfactory
1.03	Incident Reporting	Satisfactory
1.04	Protective Action Response (PAR)	Satisfactory
1.05	Pre-Service/Certification Requirements	Satisfactory
1.06	In-Service Training Requirements	Satisfactory
1.07	Logbook Maintenance	Satisfactory
1.08	Internal Alert System	Limited
1.09	Escapes	Satisfactory
1.10	Youth Records	Satisfactory
1.11	Community Partnerships	Satisfactory
1.12	Facility Integration and Stability	Satisfactory

**% Indicators Rated Satisfactory Compliance: 92%**  
**% Indicators Rated Limited Compliance: 8%**  
**% Indicators Rated Failed Compliance: 0%**

2. Intervention and Case Management		
2.01	Classification	Satisfactory
2.02	Assessment	Limited
2.03	Intervention and Treatment Team	Limited
2.04	Performance Plan	Limited
2.05	Performance Review and Reporting	Satisfactory
2.06	Parent/Guardian Communication	Satisfactory
2.07	Transition Planning and Release	Satisfactory
2.08	Grievance Process	Satisfactory
2.09	Gang Prevention and Intervention	Satisfactory
2.10	Staff Characteristics	Satisfactory
2.11	Delinquency Programming	Satisfactory
2.12	Gender-Specific Programming	Satisfactory
2.13	Vocational Programming	Limited

**% Indicators Rated Satisfactory Compliance: 69%**  
**% Indicators Rated Limited Compliance: 31%**  
**% Indicators Rated Failed Compliance: 0%**

3. Mental Health and Substance Abuse Services		
3.01	Designated Mental Health Authority	Satisfactory
3.02	MH and SA Admission Screening	Satisfactory
3.03	MH and SA Assessment/Evaluation	Satisfactory
3.04	Treatment Plan/Team/Service Delivery	Limited

*(continued above)*

3. Mental Health and Substance Abuse Services (cont.)		
3.05	Suicide Prevention	Limited
3.06	Mental Health Crisis Intervention	Satisfactory
3.07	Emergency Services	Satisfactory
3.08	Specialized Treatment Services	Limited

**% Indicators Rated Satisfactory Compliance: 63%**  
**% Indicators Rated Limited Compliance: 38%**  
**% Indicators Rated Failed Compliance: 0%**

4. Health Services		
4.01	Designated Health Authority	Satisfactory
4.02	Healthcare Admission Screening	Satisfactory
4.03	Comprehensive Physical Assessment	Limited
4.04	Sexually Transmitted Diseases	Limited
4.05	Sick Call	Satisfactory
4.06	Medication Administration	Satisfactory
4.07	Medication Control	Limited
4.08	Infection Control	Limited
4.09	Chronic Illness Treatment	Satisfactory
4.10	Episodic and Emergency Care	Limited
4.11	Consent and Notification	Limited
4.12	Prenatal/Neonatal Care	Non-Applicable

**% Indicators Rated Satisfactory Compliance: 45%**  
**% Indicators Rated Limited Compliance: 55%**  
**% Indicators Rated Failed Compliance: 0%**

5. Safety and Security		
5.01	Supervision of Youth	Satisfactory
5.02	Key Control	Satisfactory
5.03	Contraband and Searches	Satisfactory
5.04	Transportation	Satisfactory
5.05	Tool Management	Limited
5.06	Disaster/Continuity of Operations Plan	Satisfactory
5.07	Flammable, Poisonous, and Toxic Items	Satisfactory
5.08	Water Safety	Non-Applicable
5.09	Behavior Management System	Satisfactory
5.10	Behavior Management Unit	Non-Applicable
5.11	Controlled Observation	Non-Applicable

**% Indicators Rated Satisfactory Compliance: 88%**  
**% Indicators Rated Limited Compliance: 13%**  
**% Indicators Rated Failed Compliance: 0%**

### Overall Rating Summary

**Satisfactory Compliance: 71%**  
**Limited Compliance: 29%**  
**Failed Compliance: 0%**

\* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.

## Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards (July 2011).

### Persons Interviewed

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Program Director<br><input checked="" type="checkbox"/> DJJ Monitor<br><input checked="" type="checkbox"/> DHA or designee<br><input checked="" type="checkbox"/> DMHA or designee | <b>1</b> # Case Managers<br>_____ # Clinical Staff<br>_____ # Food Service Personnel<br><b>1</b> # Healthcare Staff | <b>1</b> # Maintenance Personnel<br><b>1</b> # Program Supervisors<br>_____ # Other (listed by title): _____ |
|--|---|--|

### Documents Reviewed

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input checked="" type="checkbox"/> Continuity of Operation Plan<br><input type="checkbox"/> Contract Monitoring Reports<br><input checked="" type="checkbox"/> Contract Scope of Services<br><input checked="" type="checkbox"/> Egress Plans<br><input checked="" type="checkbox"/> Escape Notification/Logs<br><input checked="" type="checkbox"/> Exposure Control Plan<br><input type="checkbox"/> Fire Drill Log<br><input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Fire Prevention Plan<br><input checked="" type="checkbox"/> Grievance Process/Records<br><input checked="" type="checkbox"/> Key Control Log<br><input checked="" type="checkbox"/> Logbooks<br><input checked="" type="checkbox"/> Medical and Mental Health Alerts<br><input checked="" type="checkbox"/> PAR Reports<br><input checked="" type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input checked="" type="checkbox"/> Sick Call Logs<br><input checked="" type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports<br><input checked="" type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br><b>6</b> # Health Records<br><b>6</b> # MH/SA Records<br><b>13</b> # Personnel Records<br><b>5</b> # Training Records/CORE<br><b>3</b> # Youth Records (Closed)<br><b>5</b> # Youth Records (Open)<br>_____ # Other: _____ |
|---|---|---|

### Surveys

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

### Observations During Review

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Admissions<br><input type="checkbox"/> Confinement<br><input checked="" type="checkbox"/> Facility and Grounds<br><input checked="" type="checkbox"/> First Aid Kit(s)<br><input checked="" type="checkbox"/> Group<br><input checked="" type="checkbox"/> Meals<br><input checked="" type="checkbox"/> Medical Clinic<br><input checked="" type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline<br><input checked="" type="checkbox"/> Program Activities<br><input checked="" type="checkbox"/> Recreation<br><input checked="" type="checkbox"/> Searches<br><input checked="" type="checkbox"/> Security Video Tapes<br><input checked="" type="checkbox"/> Sick Call<br><input checked="" type="checkbox"/> Social Skill Modeling by Staff<br><input checked="" type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth<br><input checked="" type="checkbox"/> Tool Inventory and Storage<br><input checked="" type="checkbox"/> Toxic Item Inventory and Storage<br><input checked="" type="checkbox"/> Transition/Exit Conferences<br><input checked="" type="checkbox"/> Treatment Team Meetings<br><input type="checkbox"/> Use of Mechanical Restraints<br><input checked="" type="checkbox"/> Youth Movement and Counts |
|--|--|--|

### Comments

Items not marked were either not applicable or not available for review.

## **Rating Definitions**

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

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

## **Review Team**

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

Janet Hampton, Lead Reviewer, DJJ Bureau of Quality Assurance  
Katina Horner, Review Specialist, DJJ Bureau of Quality Assurance  
Angela Mills, Review Specialist, DJJ Bureau of Quality Assurance  
Bettina Conley, Case Management Supervisor, Marion Juvenile Correctional Facility  
Tara Brown, Training Coordinator, Twin Oaks Academy

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at <http://www.djj.state.fl.us/QA/index.html>.

## **Standard 1: Management Accountability**

### **Overview**

Tiger Success Center is a high-risk program for males. It has twenty-four slots. The management team consists of the program director, the assistant program director, the administrative assistant, the safety and security coordinator, and the food service manager. The clinical director, a residential counselor, and a part-time nurse positions were vacant at the time of the review. Thirteen staff were hired during the past year.

#### **1.01: Background Screening of Employees/Volunteers**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

#### **1.02: Provision of an Abuse Free Environment**

Satisfactory Compliance

- The Child Abuse Hotline telephone number was posted throughout the program.
- A review of the logbook found the youth were allowed unimpeded access to call the Child Abuse Hotline. These calls were related to problems with the air conditioning system.
- Thirteen personnel files were reviewed. None of the staff had received disciplinary action for their interactions with the youth or failure to report child abuse allegations.
- Five youth completed a survey. All said they had never been denied a telephone call to the Child Abuse Hotline. They also said the staff were respectful and that they felt safe in the program. This was also supported in a review of the five staff surveys.
- A review of the Central Communications Center (CCC) printout found there were no substantiated child abuse allegations during the past six months.
- Five training files were reviewed as well. All of the staff had been trained on reporting child abuse allegations.

#### **1.03: Incident Reporting**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

#### **1.04: Protective Action Response (PAR)**

Satisfactory Compliance

- One Protective Action Response (PAR) occurred during the past six months. The youth had a bloody nose as a result of the PAR and did not have documentation of a medical review by the Registered Nurse (RN).

**1.05: Pre-Service/Certification Requirements**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**1.06: In-Service Training Requirements**

Satisfactory Compliance

- Three training files were reviewed for in-service requirements. The staff received 147.5, 111.5, and 59 hours of training in 2010, respectively. The training was varied, as the staff received instructor-led training as well as completed courses on CORE.
- Two of the files were applicable for management topics. Both staff exceeded the requirement for eight hours of supervisory/management training, receiving twelve and fifteen hours, respectively.

**1.07: Logbook Maintenance**

Satisfactory Compliance

- The logbooks were bound with numbered pages and entries were dated with the time noted. The entries provided limited information concerning events occurring on the shifts.

**1.08: Internal Alert System**

Limited Compliance

- Alerts were not entered on the Juvenile Justice Information System (JJIS).

**1.09: Escapes**

Satisfactory Compliance

- The program has not had an escape since 2008.
- The program conducted a mock emergency escape drill on 6/22/2011.
- The program has an emergency bag, which contains items the staff may need in the event of an escape. The items in the emergency bag included a whistle, a magnetic compass, a miniature LED flashlight, wire cutters, binoculars, and a set of hand cuffs, leg irons and waist chain.

**1.10: Youth Records**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**1.11: Community Partnerships**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**1.12: Facility Integration and Stability**

Satisfactory Compliance

- The program has experienced a high staff turnover rate. The program hired thirteen staff during the past year.

**Standard 2: Intervention and Case Management****Overview**

Two case managers are responsible for the completion of the Residential Positive Achievement Change Tool (R-PACT), the development of the performance plans and coordinating treatment team meetings, transition conferences, and exit conferences. The delinquency programming staff are responsible for the delivery of the Thinking for Change (T4C) and Life Skills Training (LST) curricula. Three staff are trained in T4C and two in LST. One case manager position was vacant for six months. The newest case manager was hired in June 2011.

**2.01: Classification**

Satisfactory Compliance

- Five files were reviewed for admission classification instruments. In two cases, the staff failed to identify medical information.
- One youth was identified as a gang member and this information was not included on the admission classification instrument.

**2.02: Assessment**

Limited Compliance

- Five files were reviewed for the completion of the Residential Positive Achievement Change Tool (R-PACT) and a needs assessment summary. Two were not applicable, as the youth were transfers from other programs. Two RPACTs were completed within the required time frame. One of the files did not have a needs assessment summary.
- R-PACT re-assessments were not done when required in four cases.

**2.03: Intervention and Treatment Team**

Limited Compliance

- Five files were reviewed for formal and informal treatment team meetings. Three files met the time frames for formal treatment team meetings. Two files met the time frames for informal treatment team meetings.
- One file did not have documentation of any informal treatment team meetings.
- Performance plan revisions were not included in the process. As an example, the team would report no progress on goals and the performance plans were not revised.

**2.04: Performance Plan**

Limited Compliance

- One performance plan was not signed by the youth.

- Three files were applicable for transmittal letters to the parents. Two files did not have a letter indicating a copy of the performance plan had been sent to the parents.
- Performance plans were not revised when new needs or lack of progress was identified by the treatment team.

**2.05: Performance Review and Reporting**

Satisfactory Compliance

- One file was missing a ninety-day performance summary.
- In another case, there was no documentation to indicate the performance/release summary was sent to the required parties.

**2.06: Parent/Guardian Communication**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**2.07: Transition Planning and Release**

Satisfactory Compliance

- Three closed files were reviewed for transition planning activities. One file did not have documentation of an exit conference.
- One exit conference was not held fourteen days prior to the youth's release.

**2.08: Grievance Process**

Satisfactory Compliance

- Eight grievances were reviewed. In one case, the grievance form was incomplete and did not have a documented resolution.

**2.09: Gang Prevention and Intervention**

Satisfactory Compliance

- One youth was identified as a gang member. There was no documentation to support law enforcement was notified of the youth's status.

**2.10: Staff Characteristics**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**2.11: Delinquency Programming**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**2.12: Gender-Specific Programming**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.



### 2.13: Vocational Programming

Limited Compliance

- Five youth were informally interviewed for this indicator. All five youth indicated they have completed resumes; however, they have not completed any sample job applications.
- Three files were reviewed. None contained sample job applications or contacts with the One Stop center for appointments upon the youth's release
- Only one of the three files reviewed contained a resume. In another file, the youth was working on his level packet, which contains the resume assignment. The staff indicated the youth was just released and took his resume home with him.

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

### Overview

The Designated Mental Health Authority (DMHA) is an employee of another White Foundation program. The DMHA assumed responsibility for the oversight of Tiger Success Center's treatment program in August 2011. The DMHA visits the program once a week for a period of two hours.

The DMHA supervises three unlicensed staff. Two staff are employed full-time. The one part-time staff primarily works on the weekends. The three staff are responsible for the completion of the biopsychosocial assessments, the development of the initial and individualized treatment plans, and the delivery of treatment services.

The program receives funding for seventeen Mental Health Overlay Services (MHOS) slots and seven Substance Abuse Overlay Services (SAOS) slots. The program is licensed through the Department of Children and Family Services for the provision of general intervention, outpatient substance abuse treatment services.

The program has a contract with a psychiatrist. The psychiatrist visits the program bi-weekly. The psychiatrist completes evaluations and monitors the youth on psychotropic medications.

### 3.01: Designated Mental Health Authority (DJJ Program)

Satisfactory Compliance

- Three unlicensed staff are providing treatment services. One was hired in August 2011. This staff did not have documentation of weekly clinical supervision.

### 3.02: Mental Health and Substance Abuse Admission Screening

Satisfactory Compliance

- The program is using the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2) as its screening instrument. Five MAYSI-2's were reviewed. An untrained staff administered two of the instruments. This staff had not taken the Using the MAYSI-2 course on DJJ CORE.

**3.03: Mental Health/Substance Abuse Assessment/Evaluation**

Satisfactory Compliance

- Five treatment files were reviewed for comprehensive mental health and substance abuse evaluations. One youth was receiving MHOS and SAOS services. The biopsychosocial assessment was not completed within ten days of admission; it was four days late. The biopsychosocial assessment did not have a substance abuse diagnosis.

**3.04: Treatment Plan, Treatment Team, and Service Delivery**

Limited Compliance

- One initial treatment plan, for a youth receiving SAOS services, was developed one day late.
- One individual treatment for a plan did not identify a substance abuse diagnosis, though the youth was receiving SAOS services.
- One youth did not have an individual treatment plan. The file did have a treatment plan from his previous placement and review forms completed by the Tiger Success Center treatment staff.
- One closed file had a blank mental health and substance abuse discharge plan. It was difficult to determine if the juvenile probation officers received a copy of the mental health and substance abuse discharge plan in the three closed files reviewed.

**3.05: Suicide Prevention**

Limited Compliance

- One youth required an Assessment of Suicide Risk at admission. The youth had a hit for suicide risk on the MAYSI-2. He was not referred for an assessment of suicide risk and was not placed on suicide precautions.
- Two youth were detained and returned to the program. Both youth were placed on suicide precautions while in the detention center. They were not referred for an Assessment of Suicide Risk upon their return to the program.
- One youth had been placed on suicide precautions, which requires constant supervision. The close observation sheets had observations documented every five minutes across the three shifts.

**3.06: Mental Health Crisis Intervention**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**3.07: Emergency Services**

Satisfactory Compliance

- The program did not place a youth in a crisis stabilization unit or a detoxification since the last quality assurance review. As such, there was no practice to evaluate.

**3.08: Specialized Treatment Services**

Limited Compliance

- The contract requires a licensed mental health professional be on-site five days a week. Since August 2011, the DMHA has been on-site for two hours a week.

- MHOS requires a variety of treatment services weekly. The primary treatment service provided to the youth was group counseling. None of the youth had family counseling sessions documented in their treatment files. Three youth had one to three individual sessions documented during the past six months.

## **Standard 4: Health Services**

### **Overview**

The program continues to contract with the same doctor to serve as their Designated Health Authority (DHA). The DHA is on site once week and is responsible for oversight of all healthcare provided to youth at the program. The program continues to employ a full-time Registered Nurse (RN), who is responsible for day-to-day health related services to the youth. The DHA and RN are on-call when not on site.

#### **4.01: Designated Health Authority**

**Satisfactory Compliance**

- The program consistently met all requirements for this indicator without exception.

#### **4.02: Healthcare Admission Screening**

**Satisfactory Compliance**

- The Tier I Tuberculosis section of one youth's screening was not completed.
- One youth had two identified chronic conditions and they were not marked on his screening.
- One youth left the program due to -new charges and was not re-screened upon his return.

#### **4.03: Comprehensive Physical Assessment**

**Limited Compliance**

- One youth's health related history (HRH) was not signed or dated by the RN and two were not reviewed by the DHA.
- The program's practice is to complete a new comprehensive physical assessment (CPA) on all new admissions. The CPAs were completed by the DHA. Four CPAs were not completely filled out, missing elements such as body mass index, initials of youth who refused the genital exam, and one was a missing medical grade.
- One youth's CPA was not completed due to the youth being uncooperative initially. The youth has been in the program for two months and his CPA has not been completed to date.

#### **4.04: Sexually Transmitted Diseases**

**Limited Compliance**

- Two screening forms were not filled out completely and one was not signed by the DHA or designee.
- One youth was HIV tested and pre/post-test counseling was not documented.

**4.05: Sick Call**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**4.06: Medication Administration**

Satisfactory Compliance

- One youth refused his medication from 9/6 – 9/11 and there were no refusal forms for 9/9 – 9/11 dates.
- One youth was started on cold medication outside of the protocol without approval from the DHA. The RN gave the youth Diphen and the protocol ordered Ibuprofen.

**4.07: Medication Control**

Limited Compliance

- Three over-the-counter (OTC) samples were randomly selected and counted with the RN. None of them matched the ending inventory numbers.
- Scissors are kept in all first aid kits and were not being inventoried as required.

**4.08: Infection Control**

Limited Compliance

- The program's exposure control plan does not include specific disease categories and directed staff to testing sites and hospitals in Hamilton County.
- None of the staff had been trained on the exposure control plan in 2010.

**4.09: Chronic Illness Treatment**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**4.10: Episodic and Emergency Care**

Limited Compliance

- There were no mock drills conducted on the third shift during the past two quarters.
- Two on-site episodic events were not documented on the episodic care log.
- Two youth were sent off site to the emergency room. The returning orders were not signed by the DHA or designee and an off-site care form was not used in one of the cases.

**4.11: Consent and Notification**

Limited Compliance

- Three youth were sent off site for dental extractions and or fillings. Consent from the parent was not obtained in either case.
- One youth's medication was discontinued and parental notification was not in the youth's file.

**4.12: Prenatal/Neonatal Care**

Non-Applicable

- This program is male specific; therefore, this indicator is not applicable.

**Standard 5: Safety and Security****Overview**

The direct care staff are responsible for the supervision of the youth, conducting headcounts of youth at various times of the day and recording this information in the logbook. The assistant program director and the lead residential counselor are responsible for reviewing the videotapes to ensure staff observations are occurring as required and documented appropriately. The maintenance mechanic is responsible for the security and inventory of the tools. The maintenance mechanic and the food services manager inventory chemicals.

The behavior management system is based on a token economy and points. As the youth advance in the system, they receive additional privileges and are expected to model pro-social skills.

**5.01: Supervision of Youth**

Satisfactory Compliance

- The team observed good supervision practices during the review period. During youth movement, the staff were positioned at the front and rear of the lines at all times.
- Supervision practices are enhanced by the use of audio and visual equipment. Staff are assigned radios and announced counts and movements on a consistent basis.
- Video was observed from six nights, which validated the staff observations of the youth during the sleep period. Ten-minute room checks were also documented consistently. Additionally, the video is reviewed by the assistant program director and the lead residential counselor three to four times a week to confirm the checks are completed. The review of the video is documented in a separate binder.
- The program also has a census tracking system. Admissions, releases, transfers, and other activities which result in the youth being off campus are recorded in the logbook and on a board in the program director's office.

**5.02: Key Control**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**5.03: Contraband and Searches**

Satisfactory Compliance

- The staff completes a contraband form when searches are conducted of the youth's rooms. The youth's signatures were not documented on the form.
- According to one incident report, the staff confiscated pornographic material from one youth.

**5.04: Transportation**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**5.05: Tool Management**

Limited Compliance

- Tools were placed on a shadow board and organized neatly. The tools did not have an identification number or code.

**5.06: Disaster and Continuity of Operations Planning**

Satisfactory Compliance

- The program consistently met all requirements for this indicator without exception.

**5.07: Flammable, Poisonous, and Toxic Items**

Satisfactory Compliance

- One staff received an oral reprimand for not following the program's policy on chemicals. In one case, the staff left a bottle of bleach unattended. This staff also gave a youth a cleaning product instead of applying it and having the youth clean up afterward.

**5.08: Water Safety**

Non-Applicable

- The program has a policy prohibiting water activities. The team did not find evidence of the youth or staff participating in water activities.

**5.09: Behavior Management System**

Satisfactory Compliance

- The behavior management system is based on a token economy and point system. Based on their daily and weekly behavior, the youth are able to earn "money". They also have the opportunity to "apply" for a job on campus. Their money is used to pay their rent, taxes, inessential food items, etc., Informal interviews were conducted with five youth. All were complimentary of the system.
- The program has a detailed written description of their behavior management system and staff have been trained on the program's behavior management system.
- The program had only one PAR restraint during the past six months. This is a significant improvement from previous years.
- Team members observed excellent order and control during the review.

**5.10: Behavior Management Unit**

Non-Applicable

- The program does not have a behavior management unit.

**5.11: Controlled Observation**

Non-Applicable

- The program has a policy prohibiting the use of controlled observation. No evidence of its use was found during the review.

<b>Overall Rating Summary</b>	
<b>Satisfactory Compliance:</b>	<b>71%</b>
<b>Limited Compliance:</b>	<b>29%</b>
<b>Failed Compliance:</b>	<b>0%</b>

\* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.