FLORIDA NETWORK
of youth and family services

QUALITY IMPROVEMENT PROGRAM REPORT FOR

WaveCREST Shelter

Children's Home Society of Florida

4520 Selvitz Road
Ft. Pierce, FL 34981

Review Date(s): February 7-8, 2012

CINS/FINS Rating Profile

Program Name:	**WaveCREST Shelter**	QA Program Code:	**239**
Provider Name:	**Children's Home Society of Florida**	Contract Number:	**V4P01**
Location:	**4520 Selvitz Road, Fort Pierce, FL 34981**	Number of Beds:	**12**
Review Date(s):	**February 7-8, 2012**	Lead Reviewer Code:	**M. Tavares**

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	Training Requirements	Satisfactory
1.05	Interagency Agreements and Outreach	Satisfactory
1.06	Disaster Planning	Satisfactory
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

2. Intervention and Case Management		
2.01	Screening and Intake	Satisfactory
2.02	Psychosocial Assessment	Satisfactory
2.03	Case/Service Plan	Satisfactory
2.04	Case Management and Service Delivery	Satisfactory
2.05	Counseling Services	Satisfactory
2.06	Adjudication/Petition Process	Satisfactory
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Satisfactory
3.04	Medications	Satisfactory
3.05	Medical/Mental Health Alert Process	Satisfactory
3.06	Episodic/Emergency Care	Satisfactory
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

Overall Rating Summary

Satisfactory Compliance: 100%
Limited Compliance: 0%
Failed Compliance: 0%

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, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2011).

Persons Interviewed

- ☒ Program Director
- ☐ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- _____ # Case Managers
- _____ # Clinical Staff
- _____ # Food Service Personnel
- _____ # Healthcare Staff
- _____ # Maintenance Personnel
- 1 # Program Supervisors
- _____ # Other (listed by title): _____

Documents Reviewed

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

Surveys

- 3 # Youth
- 3 # Direct Care Staff
- 0 # Other: _____

Observations During Review

- ☐ Admissions
- ☐ Confinement
- ☒ Facility and Grounds
- ☒ First Aid Kit(s)
- ☐ Group
- ☐ Meals
- ☐ Medical Clinic
- ☒ Medication Administration
- ☒ Posting of Abuse Hotline
- ☐ Program Activities
- ☐ Recreation
- ☐ Searches
- ☐ Security Video Tapes
- ☐ Sick Call
- ☐ Social Skill Modeling by Staff
- ☐ Staff Interactions with Youth
- ☐ Staff Supervision of Youth
- ☐ Tool Inventory and Storage
- ☒ Toxic Item Inventory and Storage
- ☐ Transition/Exit Conferences
- ☐ Treatment Team Meetings
- ☐ Use of Mechanical Restraints
- ☐ 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:

Satisfactory Compliance	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.
Limited Compliance	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.
Failed Compliance	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 Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Marcia Tavares, Lead Reviewer, Consultant, Forefront LLC
Donna Connors, Program Administrator, DJJ Bureau of Quality Improvement
Ashley Davies, QI Review Specialist, DJJ Bureau of Quality Improvement
Latrice Covington, Contract Manager, Office of Prevention and Victim Services
Pierre Bandoo, Shelter Manager, Crosswinds Youth Services, Inc.

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.

Strengths and Innovative Approaches

WaveCREST (Counseling Residential and Evaluation Services for Teens) is operated by Childrenôs Home Society (CHS) of Florida. CHS of Florida has been continuously accredited by the Council on Accreditation (COA) since 1982 and has received full re-accreditation, illustrating CHSôcommitment to maintaining the highest level of standards and quality improvement. The agencyôs re-accreditation with COA remains active through 2013.

The WaveCREST program is also committed to providing the most effective services to the youth and families it serves. Since the last DJJ QA review, the program has made several facility and program improvements such as: a new digital 10 camera security system with color, infra-red, and motion detection; new coat of paint to the buildingôs exterior; replacement of the programôs telephone system; computer upgrade and addition of two new computer terminals; the addition of tile flooring in the back hallway and into the newly reconfigured back office; and the addition of two custom made top bunk beds to allow flexibility in the admission of more same gender youth.

The agency has also implemented a web-based incident and accident database called Airsweb for documenting and maintaining incident reports. The new reporting system allows for individual user logins, prompt access and response to reported incidents, and useful reporting features such as observation of trends. Additionally, the program has maintained funding for its Basic Center and Street Outreach programs with the Department of Health and Human Services. These programs allow the program to enhance its service delivery options for youth in the CINS/FINS program.

Standard 1: Management Accountability

Overview

WaveCREST provides shelter and non- residential services for youth and their families in Martin, St. Lucie, Okeechobee, and Indian River Counties. The program, which is located at 4520 Selvitz Road in Ft. Pierce, Florida, is under the leadership of a Program Director. There are separate program supervisors in place for the shelter and non-residential components of the program. Shelter staff includes: a secretary, a residential supervisor, a group living manager and youth care workers. In addition to a supervisor, the non-residential component has five counselors. At the time of the quality improvement review, the shelter had two (2) vacant fulltime Youth Care staff and three vacant relief Youth Care worker positions. The Department of Children and Families has licensed WaveCREST as an emergency runaway shelter, with the current license in effect until February 28, 2012.

The program provides orientation training to all personnel through the corporate agency. Each employee has a separate training file containing a training plan and corroborating documentation for training received. Annual training is tracked according to the employeeôs date of hire. The program provides training through a combination of web-based and instructor-led courses.

The Florida Network approved the programôs emergency response plan and hurricane plan for

FY 2011-2012, that was revised on February 28, 2011. The residential supervisor and group living manager ensure safety checks are conducted and staff duties are fulfilled.

1.01: Background Screening of Employees/Volunteers	Satisfactory Compliance

A total of seven applicable personnel files were reviewed for five (5) staff, and two (2) volunteers. Four (4) of the five (5) staff as well as the two (2) volunteers received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire and/or service inception dates. However, one employee who was hired on 03/01/2006 had not received a five-year rescreening from the Department of Juvenile Justice (DJJ) Background Screening Unit as of the date of the QI review.

In addition to the DJJ Background Screening, the provider also conducts annual driverøs license checks through Lexis Nexis, and local county background screenings along with DCF background checks every five years from the employeeøs date of hire.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit on January 12, 2012, prior to the January 31st deadline.

1.02: Provision of an Abuse Free Environment	Satisfactory Compliance

The program has posted the Florida Abuse Hotline number at various locations throughout the facility and informs youth of these procedures during program orientation and in the Resident Handbook. Employees receive a copy of the Agencyøs Code of Conduct upon hire. There has not been any imposed discipline towards staff for any incidents related to abuse. Similarly, no incidence of youth being deprived of basic needs or abused by program staffs was reported during youth surveys conducted during the review or observed during the visit. The three youth surveyed said they feel safe in the program and have never heard staff threaten them or other youth; none said they have been stopped from reporting abuse. One youth reported having heard staff use profanity with other staff on occasion. The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard the use of profanity in the presence of youth. All staff agreed the working conditions have been adequate at the program.

1.03: Incident Reporting	Satisfactory Compliance

Whenever a reportable incident occurs, the program notifies the Departmentøs Central Communications Center (CCC) within two (2) hours of the incident, or within 2 hours of becoming aware of the incident. There was only one applicable CCC report during the past six months and the program met the reporting time frame.

1.04: Training Requirements	Satisfactory Compliance

The program consistently exceeded all requirements for this indicator without exception for the two (2) first year and two (2) in-service staff whose training files were reviewed. The training hours exceed the 80 hours and 24 hours required by DJJ, respectively, and include the mandatory orientation and in-service training topics. First Aid and CPR certifications were completed and valid certificates were present in the training files.

1.05: Interagency Agreements and Outreach	Satisfactory Compliance

The program maintains several interagency agreements, including schools in all four (4) counties served by the program, health, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates.

There are two (2) designated outreach program staff and their combined duties include the National Safe Place and the Street Outreach Programs. Through Project Safe Place, the outreach staff manages a total of 157 Safe Place sites, documented in the four counties, and provides training, personnel, handouts, and support for all sites.

1.06: Disaster Planning	Satisfactory Compliance

The program has a comprehensive Emergency Response Plan that was revised February 28, 2011 and approved by the local Fire Department on July 7, 2011. The Emergency Response Plan includes: 1) all of the required types of emergency situations; 2) evacuation sites for the shelter; 3) two meeting sites on the outside of the building in the event of evacuation; 4) evacuation routes to ensure safe and secure transportation; 5) checklist of all appropriate and necessary equipment; 6) staff contact list; and 7) notification procedures to the Florida Network and other funding agencies. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies.

Standard 2: Intervention and Case Management

Overview

WaveCREST is contracted to provide both shelter and non-residential services for youth and their families in Martin, Okeechobee, Indian River, and St. Lucie Counties. The program provides centralized intake and screening twenty-four hours per day; seven days per week; 365 days a year. Trained staff are available to determine the needs of the family and youth. Residential services, including individual, family, and group services, are provided. Case management and substance abuse prevention education are also offered. Referral and aftercare services begin when the youth are admitted for services. Aftercare planning includes referring youth to community resources, on- going counseling, and educational assistance. The shelter staff includes a program supervisor, a secretary, a residential supervisor, a group living manager and youth care workers. The youth care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision.

The non-residential component consists of a program supervisor and five (5) counselors. The counselors are responsible for providing case management services and linking youth and families to community services. At the time of the quality assurance review, the non-residential component had forty-two (42) open cases.

CHS WaveCREST coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The

Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

2.01: Screening and Intake	Satisfactory Compliance

The program consistently met all requirements for this indicator without exception. All three (3) residential and three (3) non-residential files reviewed documented eligibility screening was completed within seven calendar days of the referral. Parents are given a consumer handbook, available in both English and Spanish, which explains rights and responsibilities, how to receive services, release of confidential information, grievance procedures, and other relevant program information. They also receive brochures on the Street Outreach Program, the Safe Place Program, and a brochure on parent options for ungovernable children and possible actions occurring through involvement with CINS/FINS services. The brochure also includes information about the Case Staffing Committee, CINS Petition, and CINS Adjudication. Youth also receive a Resident Handbook that explains program procedures, services, expectations, as well as similar information that was provided to the parents.

2.02: Psychosocial Assessment	Satisfactory Compliance

The three (3) residential files reviewed documented a Psychosocial Assessment was initiated within seventy-two hours of admission. All 3 non-residential files reviewed documented the Psychosocial Assessment was completed within the two to three face-to-face contacts after the initial intake. All six (6) Psychosocial Assessments were completed by a Bachelorôs or Masterôs level staff and included a supervisorôs review signature upon completion. None of the files reviewed documented the youth had an elevated risk of suicide requiring as assessment of suicide risk to be completed.

2.03: Case/Service Plan	Satisfactory Compliance

All three (3) residential and three (3) non-residential files reviewed documented a service plan was developed within seven working days of the Psychosocial Assessment. All six (6) service plans included individualized and prioritized needs, and goals identified in the Psychosocial Assessment. All 6 plans included the implementation date, type of service, frequency, location, persons responsible, target dates for completion, and actual completion dates. The parents of the 3 residential youth whose files were reviewed were not present to sign the case plans but verbal consent was documented in the case files. All of the non-residential case plans were signed by the youth, parent/guardian, and supervisor, and all but one of the plans was signed by the Counselor. None of the residential files reviewed were applicable for the thirty-day (30) review of the plan. Two (2) of the three (3) non-residential files reviewed demonstrated reviews every thirty days. The third file documented the thirty-day review of the plan was completed; however, after that, the parent and youth were a ñno showò and the Counselor was unable to make contact with the parent to reschedule the remaining reviews. Several attempts to reach the parent were documented in the chronological notes. A contact letter was sent to the parent with no response. The Counselor called the school to schedule a staffing/petition. Services will be terminated as of February 10, 2012 and a staffing is scheduled for February 22, 2012.

2.04: Case Management and Service Delivery	Satisfactory Compliance

All six (6) files reviewed documented a Counselor/Case Manager was assigned to the youth and documented delivery of services through direct provision of services or referral. All referrals for services were made as needed. The assigned staff coordinated service plan implementation, monitored the youth and family's progress in completion of services, provided support for families, and referred youth to the Case Staffing Committee as needed. Two (2) of the three (3) non-residential youth were referred to the Case Staffing Committee.

2.05: Counseling Services	Satisfactory Compliance

All three (3) residential and three (3) non-residential files reviewed documented the youth and families received counseling services in accordance with the service plan. The Counselors are able to provide individual and family counseling as needed. Youth were referred to an outside provider for substance abuse counseling. Two (2) of the non-residential youth were referred for mental health services but one of the youth and the parent denied services. The third non-residential youth was referred for substance abuse services but the parent declined the referral. All three residential youth received group counseling five days per week.

All six (6) files documented the youth's presenting problems were addressed in the Psychosocial Assessment, in the initial service plan, and in the service plan reviews. Case notes were maintained for all counseling services provided and documented the youth's progress.

The program has a process in place where all youth files, both residential and non-residential, are reviewed at least monthly by a supervisor to ensure completion of documents and documentation of service provided.

2.06: Adjudication/Petition Process	Satisfactory Compliance

The program's policy covers all the elements of the indicator. The procedures require the case staffing to be held within seven days of the parent/guardian's request. Documentation reviewed in one applicable file found notification of the case staffing meeting, prior to five working days of the scheduled meeting, to all required parties, with the exception of the School Board Representative. The School Board representative was notified via email one day prior to the scheduled meeting date. Upon completion of the case staffing, the youth and family receive a revised service plan for services. Evidence showing a written report was sent to the parent/guardian within seven (7) days of the case staffing meeting outlining the reasons for the staffing committee's recommendations and justifications for each. Consistent participation and attendance to the case staffing meeting was found with the CINS/FINS provider, school district, and law enforcement representative.

Standard 3: Shelter Care/Health Services

Overview

WaveCREST Shelter is located in central St. Lucie County, and serves the four counties of Indian River, Martin, Okeechobee, and St. Lucie. The shelter is a twelve (12) bed facility; the Department of Juvenile Justice (DJJ) contracts for six CINS/FINS beds. The shelter also admits youth from the Department of Children and Families (DCF) and as part of the Basic Center and Street Outreach Programs. At the time of the quality assurance review, the shelter was providing services to nine DJJ youth. The shelter is not designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

The building occupied by the shelter program is over forty years old, and is leased by Children's Home Society from St. Lucie County. During the tour, the facility was found to be in good working condition and the furnishings in good repair. In 2009 the kitchen was remodeled with the installation of new cabinets, countertops, appliances, and flooring. The bedrooms, kitchen, restrooms and common areas were clean. Each sleeping room is numbered and the beds are identified with letters. Four (4) of the bedrooms house two (2) youth, each with an individual bed, bed coverings and pillows. The other two (2) bedrooms are equipped each with a bunk bed and a twin bed which gives the program the flexibility to accommodate more youth of one gender when necessary. Youth have access to a screened porch with free weights, a piano, pool table, and a large backyard with a basketball court. A Critical Deficiencies List was provided to the Review Team that described facility structures in need of repair that the program is aware of and is pursuing funding assistance to resolve. These structures include the backyard picnic pavilion in need of a new roof, the old dorm showers and stalls, and the worn dining/living room floors.

3.01: Shelter Care Requirements — Satisfactory Compliance

The program follows written procedures to ensure that practices are in place for proper orientation of youth admitted into the program. All three (3) residential files reviewed documented a comprehensive orientation within 24 hours of admission. During admission, the youth receive a handbook that outlines their rights and responsibilities and formal grievance process, which are also posted on a bulletin board in the dining room, and program rules and expectations.

Grievance forms are accessible to youth in a clearly marked box in the dining room. A review of the grievance file found that in practice, the forms are maintained for a period of one year. All youth grievances were resolved within 72 hours by the supervisor, each signed by all parties, and checked as resolved.

Bed checks during sleeping hours are conducted at ten-minute intervals and are indicated by staff in the program logbook. The Program Director stated that staff is prompted by an alarm, set for 10-minute intervals, to do the bed checks. The digital cameras in the facility also capture and record this activity.

The program prohibits the use of physical force/intervention; no incidence of physical use by staff was found in the CCC incident reports reviewed or reported by the clients surveyed.

WaveCREST is not a designated Staff Secure Shelter.

3.02: Healthcare Admission Screening	Satisfactory Compliance

The program has a policy which prescribes the healthcare admission process. At admission, youth are screened by answering questions regarding their current and past health issues. Three residential files were reviewed; all youth received a health care screening on the day of admission. Medical issues such as allergies are also documented on the medical/mental health care and follow-up notes. The youth receive information regarding the procedure for accessing the programôs medical and mental health services. When possible, there was documentation that the youthôs parent/guardian was actively involved in taking the youth for medical appointments.

3.03: Suicide Prevention	Satisfactory Compliance

The program has a comprehensive plan for access to mental health and substance abuse services that includes the procedure for suicide risk screening and assessment of suicide. Youth admitted to the program are initially screened using the CINS/FINS Intake Form. If a youth answers ñyesòto any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, staff will utilize the Evaluation of Imminent Danger of Suicide (EIDS) as a suicide screening tool. When necessary, a full Assessment of Suicide Risk (ASR) is completed by the programôs licensed Mental Health Counselor or a non-licensed mental health professional under the direct supervision of the licensed professional. The programôs ASR is approved by the Florida Network.

All three (3) files reviewed contained a suicide risk screening. The results were reviewed and signed by the supervisor. One (1) youth was placed on precautionary observation as a result of the suicide screening. The youth was placed in the living room to sleep and 10-minute checks were conducted consistently. An ASR was conducted by the programôs licensed mental health counselor within 24 hours. The result of the ASR was documented in the logbook and the observation log.

A discrepancy was identified on pages 3 and 7 of the Comprehensive Master Plan for Access to Mental Health and Substance Abuse Services (Master Plan). On page 3 the Master Plan states that the client is asked to sign a Youth Safety Agreement upon identification for suicide risk; however, page 7 states the Safety Agreement should be ñé . completed with the client at intake or whenever a safety risk (suicide, homicide, or assault) is stated..òIn practice, all youth regardless of the result of suicide screening, signed the Client Safety Agreement. The discrepancy in the plan was corrected while the QI Team was onsite.

Training files were reviewed for receipt of Suicide Assessment and Suicide Prevention training. All four training files documented the employee had received training.

3.04: Medications	Satisfactory Compliance

The program provides strict control over medications and sharps. Inventories are conducted as required. A check of prescription medication and over the counter (OTC) medications revealed no discrepancies. The OTC medications are maintained in a locked cabinet in the laundry room which is always locked. The topical items such as ointments and lotions are kept in a separate container from oral medications. The eye drops and saline solutions are also maintained separately. There is a

refrigerator that is locked at all times, for medication requiring refrigeration.

Prescribed medications are kept in a locked cabinet with the medication placed in a locked box in the cabinet. At the time of the QI review, two youth were taking medications. During the review, medication distribution was observed for two youth, one for his prescribed medication and the other for OTC medication. The medication is placed in a small plastic cup, and youth provided with water. The staff asks the youth to open their mouth to ensure that the medication has been swallowed. The program documents medication distribution on a log when youth are provided with an OTC or prescribed medication. The log includes a picture of the youth and other identifying information. Both the youth and staff initial the log to indicate receipt of medication. All required elements are included on the medication distribution log. Any medical sharps left by youth are disposed of through a mail system. There are seldom any youth placed at the shelter requiring the use of syringes.

There was documentation that staff received training in medication distribution. The program maintains a list of staff trained and designated to distribute medication. During each shift, a specific staff is designated on the schedule as being responsible for medication distribution.

3.05: Medical/Mental Health Alert Process	Satisfactory Compliance

The program has a census board on which all youth in the shelter are listed along with a designation of the type of medical/mental health alert applicable for each youth. All of the youth reviewed were listed on the census board and all applicable information was correct. Youth with behavioral, medical, or mental health issues will also have a general alert form that lists all of the various alerts placed in their file. The general alert form is printed on red paper for ease of identification in the file. Actions or statement indicating a medical or mental health risk, that occurs subsequent to intake, will also require the implementation of the youthôs alert and use of general alert form, though not necessarily an elevated level of supervision. Specific reasons for alerts are documented in the progress notes. This was the practice in all three residential files.

3.06: Episodic/Emergency Care	Satisfactory Compliance

The programôs policy addresses all of the elements of the indicator and procedures are in place to ensure the provision of emergency medical and dental care. Interagency agreements are executed with health care providers to provide access to these off-site emergency services. The program also has a list of emergency numbers including rescue departments, fire departments, non-emergency providers, law enforcement, poison control, and medical facilities posted in the staff area.

Mock emergency drills are maintained and occurred quarterly for all three shifts. Additionally, all staff are trained on emergency medical procedures covering a wide range of emergency situations. The program has wire cutters and a knife-for-life, both of which are securely stored in the staff mailbox area. All the first aid kit/supplies were fully stocked and are replenished weekly. None of the supplies were outdated. First aid kits/supplies are located in the kitchen and living room, and two portable kits used in the vans are kept in the staff mail room.

There were two (2) medical emergency incidences in which the youth had nose bleeds that occurred during the review period. None of these incidents required off-site medical care. Parental notifications were made for both youth and the incidents were notated in the youthôs case files and program logbook. Although none of these incidents required off-site medical care, it was observed that the program

has not implemented the use of a daily log for the documentation of outside emergency medical and dental care.

Overall Rating Summary	
Satisfactory Compliance:	**100%**
Limited Compliance:	**0%**
Failed Compliance:	**0%**