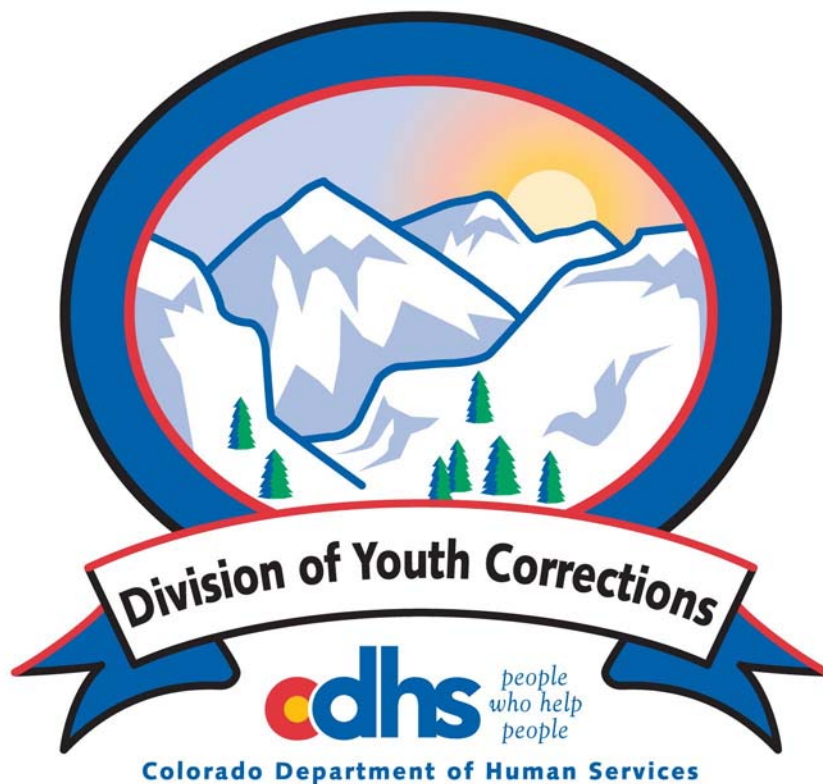


Division of Youth Corrections

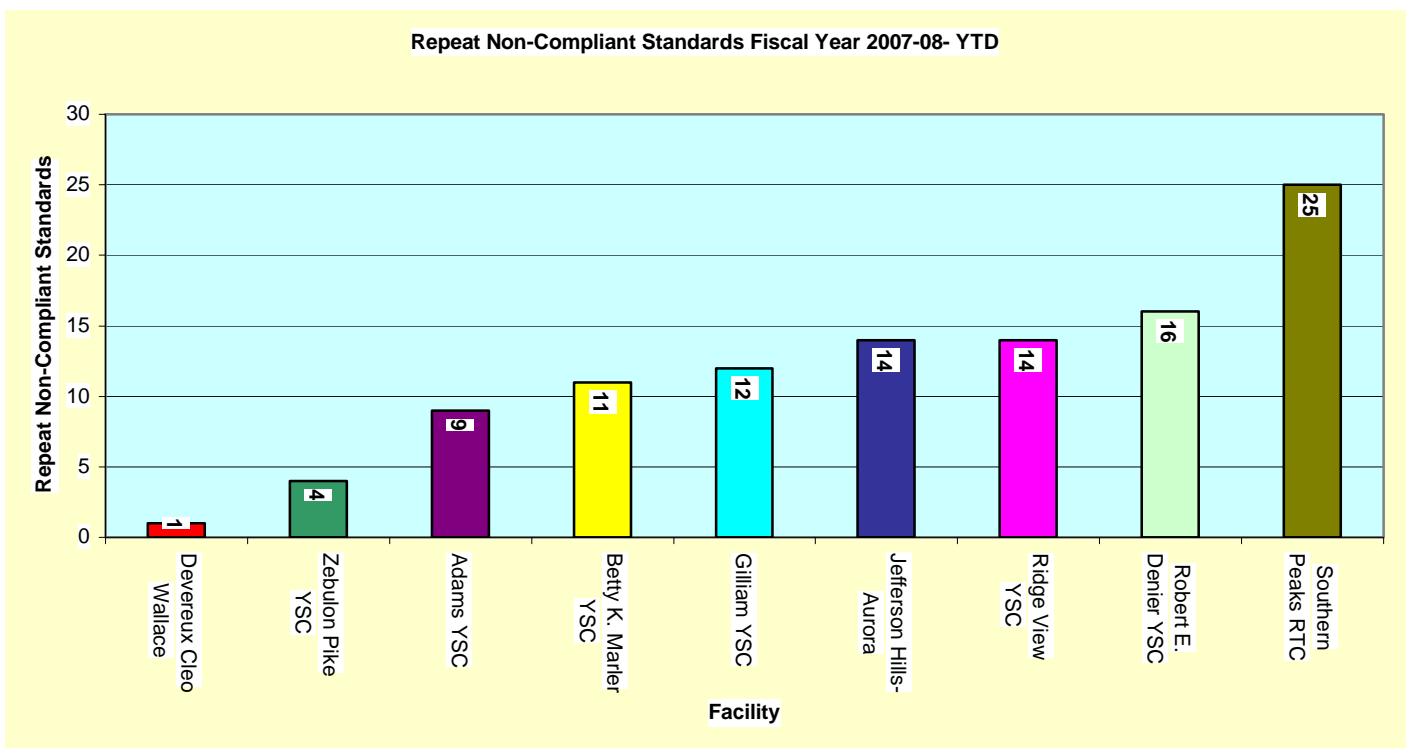
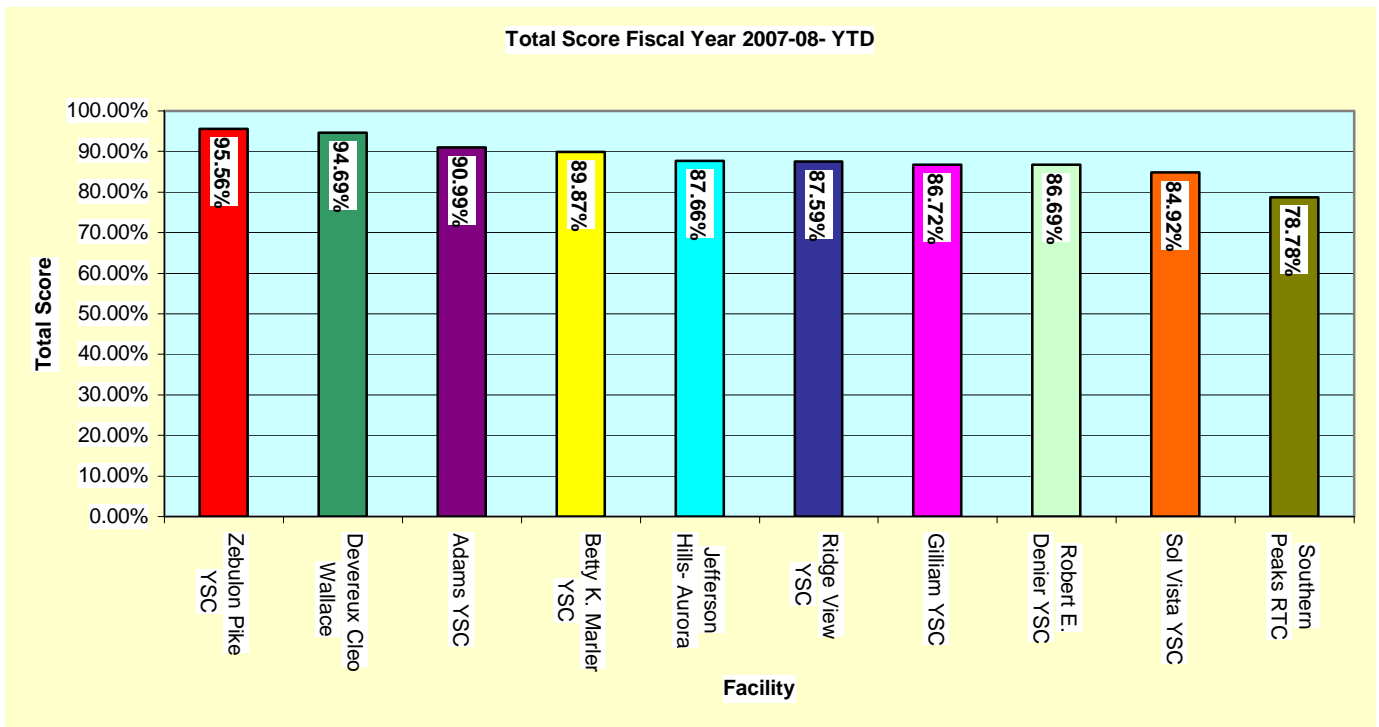
Quality Assurance

Summary of Audits

July 2007 – January 2008



Ten facilities have been audited to date. Scores range from high 95.56 to low 78.78. There is a direct correlation between score and number of repeat non-compliant standards. Sol Vista is not noted in Repeat Standards due to this being the first audit. The following pages is a brief summary of each facility and the findings.



Gilliam:

The facility score decreased approximately five percent, from 93.5 to 86.3. Repeat non-compliant standards went from five last year to twelve this year. Eight of the twelve were in the area of personnel and training.

The physical plant is much cleaner and more organized than it has been in previous audits. There is still room to improve the aesthetics in the pods and in general living areas, but noticeable improvements have been made.

The area of fire safety was compliant this year, which is the first time in six years that fire drills and documentation has met the standard.

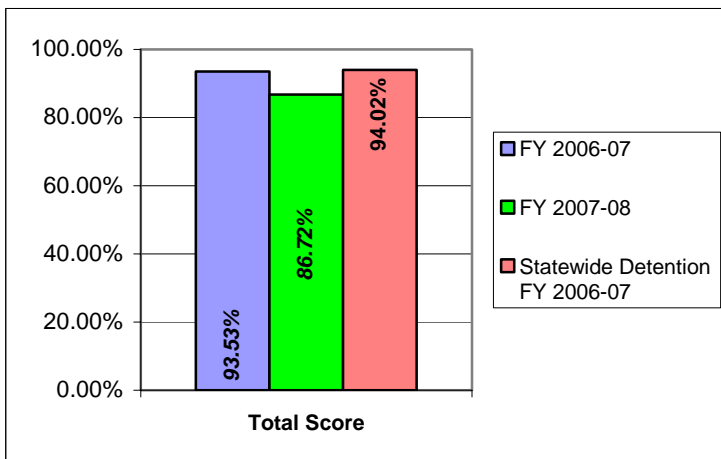
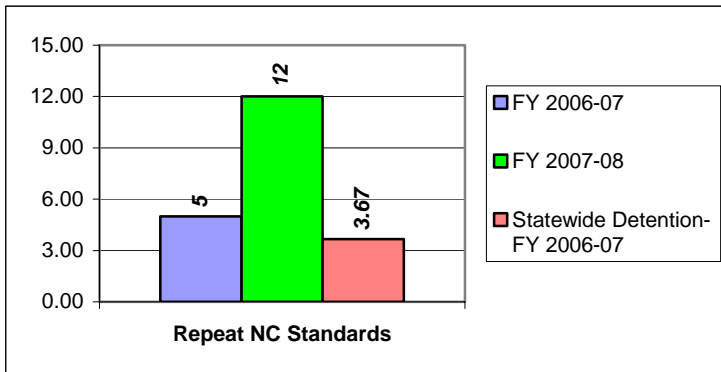
There were several non-compliant areas in training, staff morale and personnel files. As reflected in the repeat non-compliant standards, several of the areas have been out of compliance for an extended period.

There was also a significant decrease in the program services score. The non-compliant standards were in regards to grievances, the use of time-outs, and several in the areas relating to implementing procedures not being current.

There were a minimal amount of program strengths and no outstanding practices, but the program is meeting the standards more so than in the past.

The next challenge for Gilliam will be to exceed the standards and bring the program to another level.

The areas of sanitation, food services and behavioral management were very good.



Betty K. Marler:

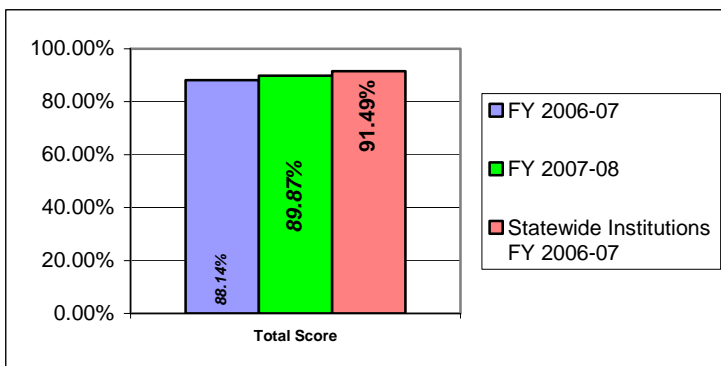
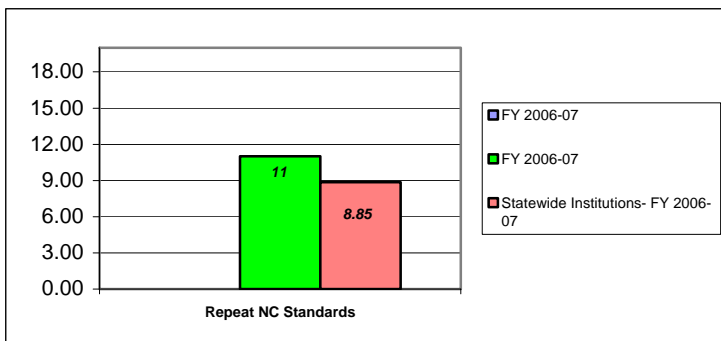
The program continues to improve in services provided to the youth, overall safety and security, and the esthetics of the facility. The overall score last year was 88.14, and this year it was 89.87. This is very close to the state-wide average for like facilities of 91.49.

Three immediate action items were identified. Administrative seclusion of youth for minor rule violations, the storage of chemicals and the supervision of youth.

The program continues to offer gender specific programming for the youth, and has a strong emphasis on cultural diversity. There has been a decrease in the number of staff that have left the facility, which has added to the consistency of programmatic expectations and the feeling of safety for the youth. The content in treatment plans has improved, and the number of physical managements has been decreasing. Drug and alcohol services continue to be enhanced with the funding from a federal grant. Educational services for the youth are exceptional, and the youth play a large part in the development of educational goals along with tracking their progress toward the goals.

Documentation of services both in TRAILS and on hard copies is an area that needs improvement. Another area of focus is the documentation of special management programs, and the documentation of treatment objectives that are measurable. Educational materials being offered to all youth, even if they are not in the school due to behavioral issues, is another area for improvement.

Two Outstanding Practice awards were given. One award was for the database tracking tool developed and utilized by the educational department. At any time the education department knows where the youth stands in her educational credits, scores, etc. The other award was given for the Wellness Program. Health and wellness are incorporated into all aspects of programming, and the youth play an active role in their personal health and wellness.



Jefferson Hills Aurora:

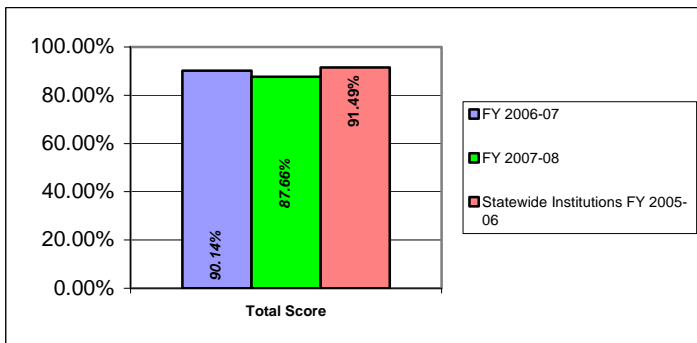
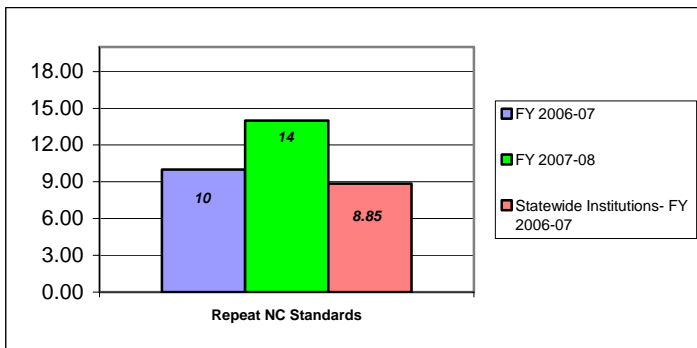
The overall score decreased from 90.14 percent to 87.66 percent resulting in a 2.48 percentage point decrease from the 2006/07 fiscal year's review. This is the second year in a row the facility score has decreased over 2 percent.

The monitoring review identified 4 Immediate Action Concerns in the areas of tool control, due process, food handling and sanitation.

For the third consecutive year, the team identified the food services program as an area of concern. A repeat Immediate Action Concern was issued because of improper food handling, heating and cooling practices used by the kitchen staff. Another repeat Immediate Action Concern was issued for control of sharps. Five additional repeat non-compliant standards were issued. There are current concerns regarding rodent and cockroach infestation in the kitchen, and of course that would lend to this issue being throughout the facility. There continues to be concerns expressed by both staff and residents regarding the quality and quantity of food served. This will continue to be a high priority for the program monitor and DYC food service staff to monitor for compliance.

Treatment plans have improved significantly, with measurable goals and objectives. Special management programs have also improved. Drug and alcohol services are moving in the direction of being compliant with the standards, but full implementation of the new Pathways curriculum has not yet occurred.

Overall there are good treatment and education components occurring in the facility, but the basic needs of juveniles are in need of attention. These include cleanliness and food.



Ridge View:

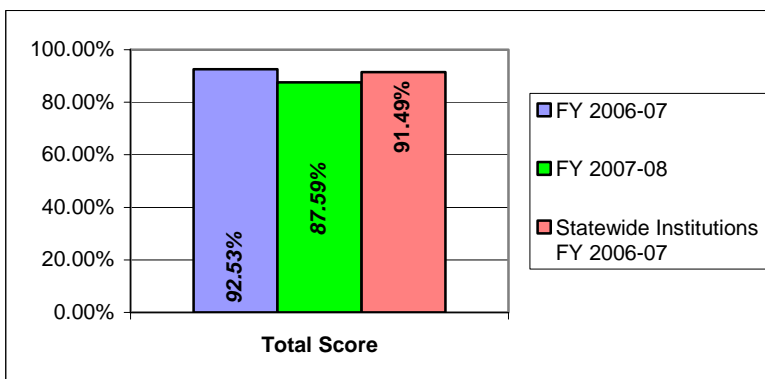
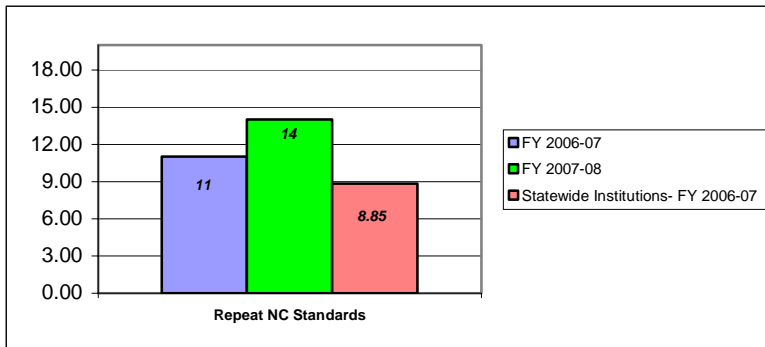
The overall score for this audit was 87.59. This is a decrease of 4.94 percent from last years score of 92.53, and 3.9 percent below the statewide average for treatment programs for the past fiscal year (06/07) of 91.49 percent.

The monitoring review identified 10 Immediate Action Concerns for the following reasons:

- Secure areas left un-secured allowing access to dangerous equipment and chemicals.
- Chemicals left in open areas accessible to clients.
- Fire safety inspections not completed.
- Clients not being supervised by staff and in unauthorized locations.
- Physical managements being performed for compliance.
- Background clearance missing for a staff providing direct supervision of clients.
- Nine teachers actively teaching without a license.
- IEP's being signed off by a non-licensed person.
- Due process in violation of client rights.
- Sharps and tools not accounted for.

2 “Outstanding Practice” certificates were awarded for:

1. Utilization of Community Resources
2. Staff Training Database



Devereux Cleo Wallace:

The programs overall score for FY 2007/08 was 94.69, a very slight decrease from the score in FY 2006/07 of 95.8. This is especially note worthy due to the facility maintaining a score at a very high level.

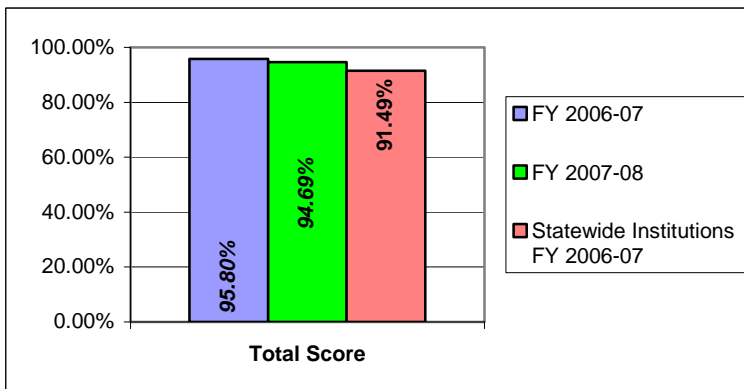
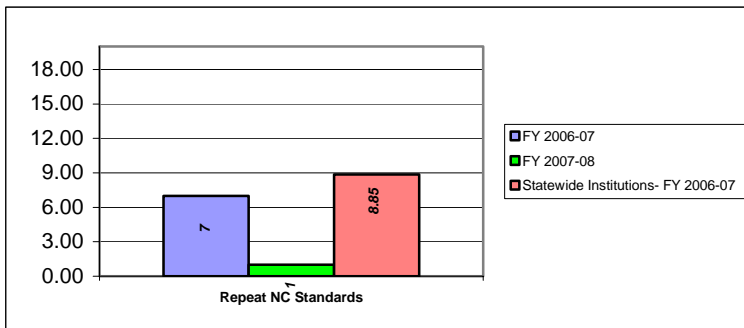
Another area the program did very well is Repeat Non-Compliant Standards. For the current audit they had one (1). The Statewide average is 8.85.

The integrated monitoring visit identified 4 Immediate Action Concerns (IACs) that required immediate correction. The team also awarded the program three “Outstanding Practice” certificates. The “Outstanding Practice” certificates were awarded for:

- 20-Minute Hand Washing Program.
- Information Dissemination Program – 12-Month Series
- Vehicle Maintenance Checks

Overall the programming continues to do well, with structured groups and treatment services that the youth find beneficial. All youth interviewed state they feel safe in the program and are learning by being there. Grievances, which were noted as an Immediate Action last audit were noted as being a strength this year.

Special education was an area of concern in regards to the IEP content and services offered. Structured learning in the classroom was also an area noted as a concern. One of the Immediate Action areas was thirteen teachers teaching without the appropriate license to do so. Another Immediate Action was pulling youth out of class for group or individual sessions with their therapist.

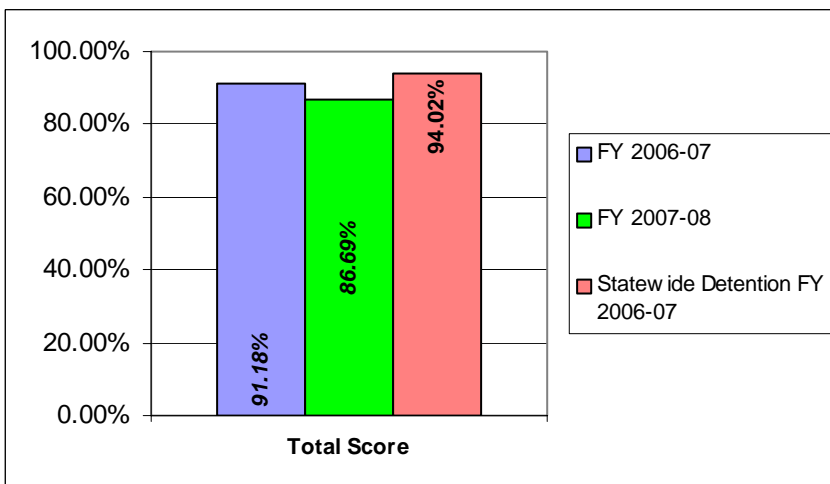
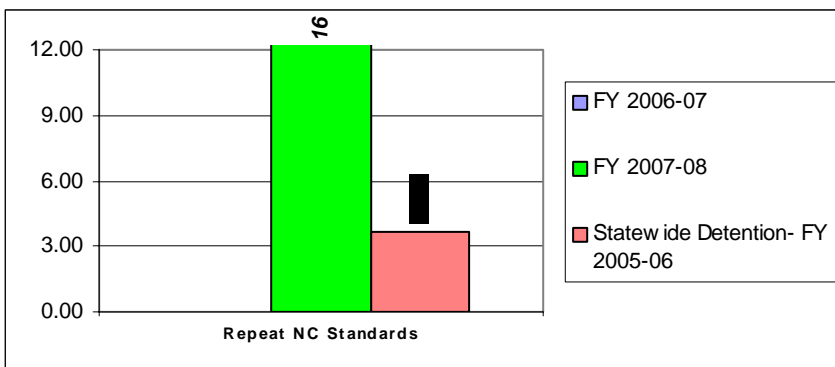


Robert DeNier:

There was a decrease in the overall score of detention from 91.18 to 86.69. The institutional score also decreased from 88.58 to 88.5. There were 16 repeat non-compliant standards, which indicates 16 areas they had a plan of action to improve last year that were not corrected. Four immediate action items were found. The use of locked rooms when the youth is not a danger to themselves or others along with the correct documentation of Administrative Seclusion; supervision of youth is lacking and resulting in the youth verbalizing that they do not always feel safe; incorrect documentation of kitchen sharps; allergy information not being shared with food services.

There was one concern noted in the contract, staff to student ratios. The contract states the facility will never exceed 1:10, however they frequently exceed this ratio by having one staff on a pod with 13-14 youth.

Supervision of youth is an issue that has impacted several areas of the program in a negative manner. Students do not feel safe because their peers are being assaulted when staff are not looking and they are being “punked” by others. There has also been dangerous contraband found in the facility such as a razor blade, marijuana, lighters and cigarettes. These issues point out deficiencies in safety and security, which is the core of running a detention facility.



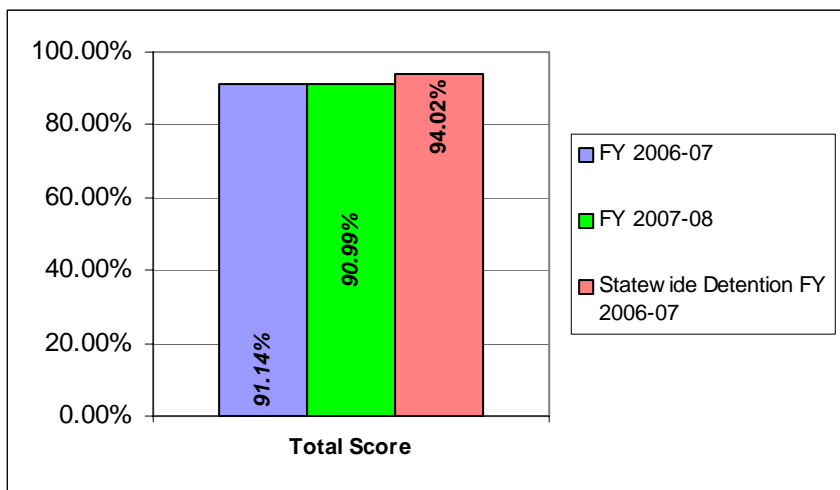
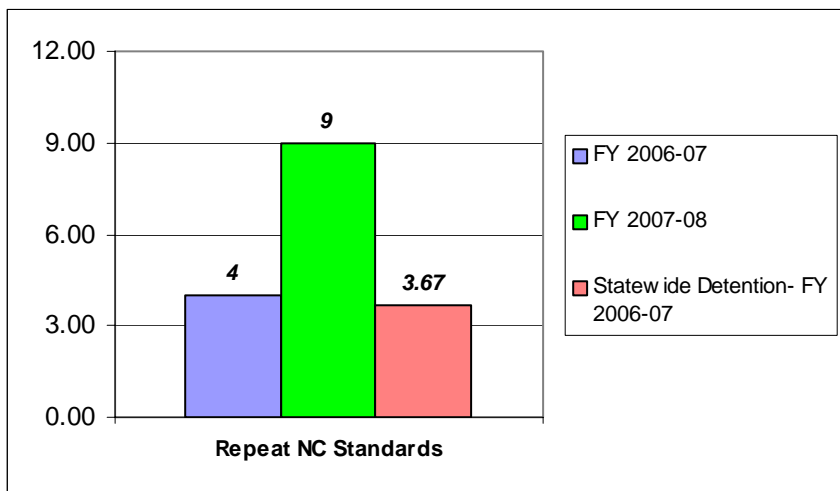
Adams Youth Service Center:

The programs overall score for this fiscal year, 2007/2008, was 90.99. This is a slight decrease in the score from the previous fiscal year of 91.14. The statewide average for detention programs for the past fiscal year (2006/07) is 94.02. Therefore, this years score is slightly below the statewide average by 3.02 percent. There were no immediate action items found.

Maintenance of the facility continues to be an ongoing issue due to the age of the building. However, cleanliness of the program is an area that is controllable, and is a repeat area of concern.

The facility scored '3', compliant, in several of the standards. However, there were very few standards that received a '4', program strength. It appears that the facility has long term staff that are very familiar with their duties, and things operate as they should, but there are not a lot of areas that go above and beyond the standard expectation.

The facility has done an exceptional job bringing in a variety of guest speakers for cultural awareness month. The youth were very engaged with the speakers and the information shared was very helpful.



Sol Vista:

The program did well their first annual audit, especially considering the program is very new. The first three months of operation were challenging, but the staff and clients report great improvements over the past five months.

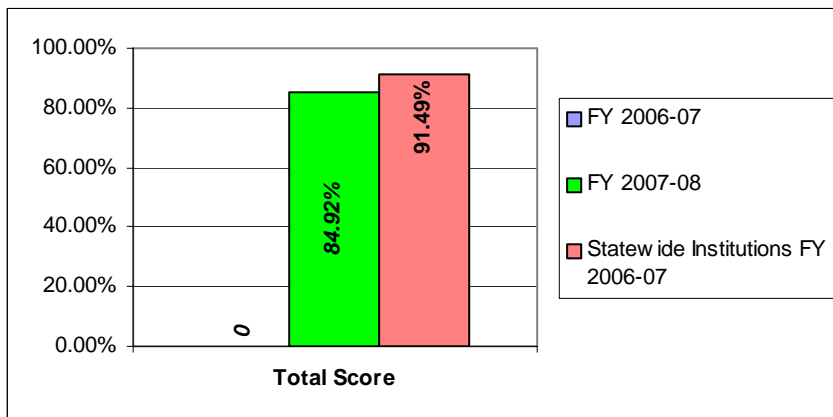
DBT is integrated throughout all components of the program. The goal of the model is to reduce aggression toward self and others, and has shown to be very effective with the population served. The program also operates with a Contingency Management System, evaluating behavior each hour looking at five realms. Points are received by the clients daily, and can be used in a variety of ways to include commissary, phone calls, etc.

Eight Immediate Action Concerns were noted:

1. Not having an emergency manual that is program specific.
2. Doors to the classroom not keyed for security staff.
3. Control center being left unmanned while staff go through two fire doors to check on youth in seclusion.
4. Clients in seclusion are not within hearing distance of staff and there is no way to alert the staff should the client have an emergency.
5. Youth in isolation for extended periods not receiving special education services.
6. Doses of Tylenol not signed out, leaving 25 doses unaccounted for.
7. Client placed in a mandatory 72-hour seclusion.
8. Seclusion room check falsified by staff.

Although there were a number of Immediate Action Concerns, there were also several program strengths noted:

- The staff were seen being very engaged and invested in the clients, and all clients interviewed stated they feel safe in the program.
- Transitional services are just beginning, but there has already been a lot of great services offered to the youth that are getting ready to discharge.
- The number of incidents and physical managements has declined significantly.
- Overall staff and client morale is very positive.



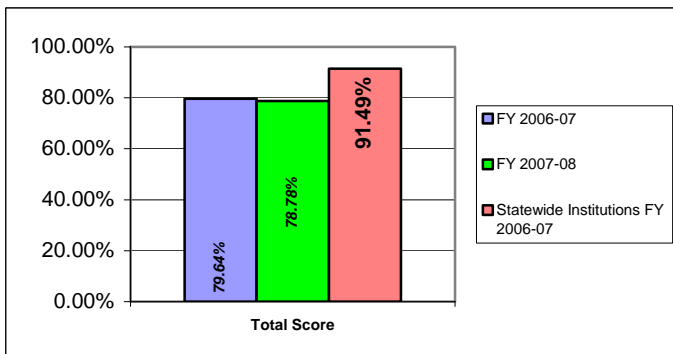
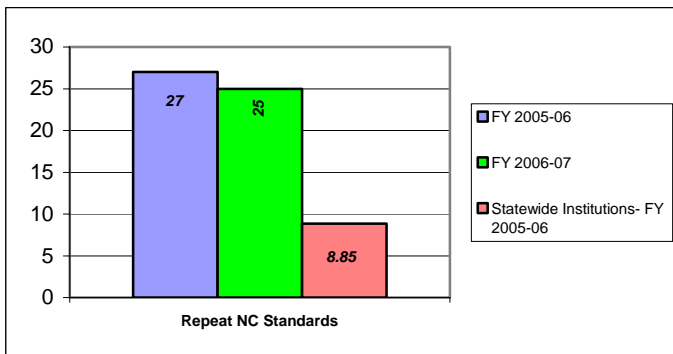
Southern Peaks:

The program had a decrease in overall score from 79.64 to 78.78 with 25 repeat non-compliant standards. A repeat standard is defined as a standard that was found deficient for the same reason even though an action plan was submitted and approved by the audit team.

The decrease in score is largely reflective of new issues arising. There is currently a sense of chaos in the program from youth horse-playing, cussing, sagging their clothes, wearing gang attire etc. without redirection from staff. Several youth interviewed stated they do not feel safe in the program due to the behavior of their peers. There is also an overall sense of negativity, which is shown in the verbiage used in the handbook, the treatment plans, and the overall structure of levels. The focus is on what a youth will lose and what consequences will be imposed if they display certain behaviors instead of what they have to gain.

Another area that continues to be of concern is the lack of quality food being offered to the youth. The food is the most institutional type food ever seen by the Director of Food Services, and the cost the program spends on food is the lowest.

The audit team will be out to visit the program again in 90-days to assess the progress made in areas of non-compliance. In the meantime support will continue to be offered as has been in the past year from the Program Manager of DYC and the 24-hour Child Welfare Monitor. The administrative staff at the program has also been given several contacts of persons that can offer technical assistance in many areas to assist the program in coming into compliance with the standards, and most importantly, in offering a safe and structured program for the youth and staff.



Zeb Pike Youth Service Center:

The overall score for the program was 95.56 percent. The statewide average for treatment programs for the past fiscal year (2006/07) is 91.49 percent. The program increased their score from last year 2.13 percent, and exceed the statewide average by 4.07 percent.

5 “Outstanding Practice” certificates were awarded for:

- Staff Morale and Team Building.
- Client Dress Code.
- Emergency Plan Visual Prompts.
- School PMAP process.
- Community Linkages.

One Immediate Action was noted regarding HIPAA information being faxed to the control areas, thus violating confidentiality.

In summary, this is an exceptionally well operating facility in all areas. The staff morale and positive attitudes are infectious, and the youth are receiving good services. There has been a significant increase in the amount of outings that take place and the transitional services that are offered to the youth. The youth also feel empowered by the ability to wear their own clothing on the transition phase, and to have a different dress code than like facilities.

The treatment services have increased, the documentation is good and the measurable objectives are well written. All youth interviewed know their treatment goals, and take pride in the cognitive program notebooks they keep with them.

The few non-compliant and compliant with concern areas noted were well received, and the staff appeared to be very open to feedback, suggestions, and to making the necessary changes.

