

## **63E-7: Operation of Residential Programs**

### **63E-7.001 Purpose and Scope.**

This rule establishes the requirements for the department's administration and operation of residential commitment programs for juvenile offenders, with the exception of sheriff's training and respect programs and expedition programs specifically addressed in Chapters 63E-6 and 63E-8, F.A.C., respectively.

*Specific Authority* 985.64, 985.601(3)(a), 20.316, 985.47, 985.483 FS. *Law Implemented* 985.601(3)(a), 985.03(44), 985.441(1)(b), 985.48, 985.47, 985.483 FS. *History-New* 9-30-07, *Amended* 8-25-08, 1-25-09.

### **63E-7.002 Definitions.**

For the purpose of this rule chapter, the following words shall have the meanings indicated.

(1) **Accountability** – Refers to a youth taking personal responsibility for his or her actions and harm caused to others, making amends or restoring loss to those harmed, and changing behavior to reduce future harm and victimization.

(2) **Admission** – The admitting of a youth, committed by the court, into a specific residential commitment facility.

(3) **Alert System** – A method of alerting staff that a youth has physical health, mental health, or security issues that may require individual attention or closer supervision. An alert system is a tool for staff to use in making treatment, security and safety decisions as they relate to youth behavior, but does not provide detailed information about the conditions that resulted in the youth being identified for inclusion in the alert system.

(4) **Apology letter** – A youth's letter to the victim of his or her crime, or the next of kin in cases of homicide, or the parent or legal guardian in cases involving minor victims, in which the youth acknowledges personal accountability for the harm he or she caused the victim, as well as sincerely expresses remorse.

(5) **Authority for Evaluation and Treatment (AET)** – The document that, when signed by a parent or guardian, gives the department the authority to assume responsibility for the provision of necessary and appropriate physical and mental health care to a youth in the department's physical custody. The Authority for Evaluation and Treatment (HS 002, February 2010) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/health\\_services\\_forms\\_index.html](http://www.djj.state.fl.us/forms/health_services_forms_index.html).

(6) **Case Management Process** – Refers to the process a residential commitment program uses to assess a youth, develop goals to address the youth's prioritized needs, review and report the youth's progress, and plan for the youth's transition to the community upon release.

(7) **Central Communications Center (CCC)** – A 24-hour 7-day per week system to which incidents occurring at department or contract operated facilities or programs are reported.

(8) **Classification and Placement Administration** – The Department's unit responsible for providing statewide direction and oversight responsibilities to regional placement supervisors and their commitment staff.

(9) **Commitment Manager** – A department employee responsible for coordinating the placement of youth in residential commitment programs with the department's Classification and Placement Administration and the programs.

(10) **Commitment/Transfer Packet** – A compilation of legal, medical, mental health, substance abuse, and social history documents provided to a residential commitment program for each youth admitted to the program.

(11) **Commitment/Transfer Packet Checklist** – A checklist to ensure that documents needed for an admission, including a transfer, to a residential commitment program are included in the Commitment/Transfer Packet. The Commitment/Transfer Packet Checklist (JJ/IS Form 20,

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September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(12) Community Safety – Refers to a physically and emotionally safe environment or condition that exists when a community manages behavior so that its members live in peace and mutual respect, with minimal threat of victimization and harm. A residential commitment program promotes community safety by:

- (a) Implementing strategies that focus on the short-term external control of youth to reduce immediate or imminent risk of harm; and
- (b) Developing youths' capacity to manage their behavior to deter future victimization.

(13) Community Service – A structured public service activity wherein youth contribute to the community and make amends, while developing community awareness and skill competencies.

(14) Competency Development – Refers to opportunities for youth to obtain and practice social, vocational, employability, academic, and other life skills so he or she is more capable of living responsibly and productively in the community upon release from a residential commitment program.

(15) Comprehensive Physical Assessment – A comprehensive physical assessment (exam) performed by a physician (MD), osteopathic physician (DO), physician's assistant (PA), or advanced registered nurse practitioner (ARNP). The purpose of this assessment is the establishment of a data point which is used to facilitate the following:

- (a) Identification and treatment of acute, chronic, and functional medical and dental problems;
- (b) Promotion of growth and development;
- (c) Prevention of communicable diseases; and
- (d) Provision of health education.

(16) Conflict Resolution – A dialogue process wherein all parties involved in a conflict feel safe and have a chance to be heard while working out differences and reaching a reasonable and fair agreement.

(17) Continuity of Operations Plan (COOP) – For purposes of this rule, a plan that provides for the continuity of mission-essential functions of a residential commitment program in the event an emergency prevents occupancy of its primary physical plant or facility.

(18) Contracted Provider – An entity contractually providing juvenile services to the department.

(19) Controlled Observation – An immediate, short-term crisis management strategy, not authorized for use as punishment or discipline, wherein a youth in a residential commitment program is placed in a separate, identified, safe and secure room used only for Controlled Observation. Placement in this room is in response to his or her sudden or unforeseen onset of behavior that substantially threatens the physical safety of others and compromises security. A program is authorized to use this strategy only when non-physical interventions with the youth would not be effective and during emergency safety situations where there is imminent risk of the youth physically harming himself or herself, staff, or others, or when the youth is engaged in major property destruction that is likely to compromise the security of the program or jeopardize the youth's safety or the safety of others.

(a) The Controlled Observation Report (RS 001, June 2008), that documents the approval, use and administrative review of each use of controlled observation, is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(b) The Controlled Observation Safety Checks form (RS 002, June 2008), that documents monitoring of youth and their behavior while placed in controlled observation, is incorporated

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into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(20) Criminogenic – Refers to the factors or characteristics found in empirical research studies to be predictors of delinquency and recidivism.

(21) Delinquency Intervention Services – Those services implemented or delivered by program staff to address youths' performance plan goals. The intent of delinquency intervention services is to make communities safer by re-socializing youth and increasing their accountability through opportunities to learn prosocial norms and develop cognitive reasoning and other competencies that enable youth to make prosocial choices and live responsibly in the community.

(22) Designated Health Authority – The individual who is responsible for the provision of necessary and appropriate health care to youth in a residential commitment program. Individual Designated Health Authorities must be a physician (MD) or osteopathic physician (DO) who holds a clear and active license pursuant to Chapter 458 or Chapter 459, F.S., respectively, and meets all requirements to practice independently in the State of Florida.

(23) Designated Mental Health Authority – A licensed mental health professional who is a psychiatrist licensed pursuant to Chapter 458 or 459, F.S., psychologist licensed pursuant to Chapter 490, F.S., mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to Chapter 491, F.S., or psychiatric nurse as defined in Section 394.455(23), F.S., who, through employment or contract, is designated as accountable to the facility superintendent for ensuring appropriate coordination and implementation of mental health and substance abuse services in a departmental facility or program.

(24) Direct-Care Staff – An employee whose primary job responsibility is to provide care, custody, and control of youth committed to a residential commitment program. This definition includes those who directly supervise staff responsible for the daily care, custody, and control of youth.

(25) Director of Programming – The individual responsible for the overall management of delinquency intervention in the facility.

(26) Disaster Plan – A plan that addresses a residential commitment program's response to potential disaster or emergency situations.

(27) Discharge – The release of a youth from a residential commitment program who is no longer under the jurisdiction of the court.

(28) DJJ ID Number – A number generated by the Juvenile Justice Information System (JJIS) that is used to identify each youth entered into JJIS.

(29) Evidence-based Delinquency Interventions – Interventions and practices, which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, within a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups or matched comparison groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.

(30) Exit Conference – A conference that a residential commitment program conducts at least 14 days prior to a youth's targeted release date, wherein the youth, residential program staff, the youth's Juvenile Probation Officer and/or post-residential services counselor, the youth's parent or guardian, and other pertinent parties, review the status of the youth's transitional activities and finalize plans for the youth's release and re-entry into the community.

(31) Expedition Program – A wilderness based residential program for committed youth wherein the primary program component is a mobile environmental experience such as a canoe or hiking expedition.

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(32) Face Sheet – Youth specific demographic information that is generated by the department’s Juvenile Justice Information System (JJIS).

(33) Facility Entry Physical Health Screening – A standardized initial health screening, conducted at the time of a youth’s admission or re-admission to each residential commitment program. The purpose of this screening is to ensure that the youth has no immediate health conditions or medical needs that require emergency services. The Facility Entry Physical Health Screening form (HS 010, May 2007), used to conduct and document the screening, is incorporated into this rule and is available electronically at [http://www.djj.state.fl.us/forms/health\\_services\\_forms\\_index.html](http://www.djj.state.fl.us/forms/health_services_forms_index.html).

(34) Facility Entry Screening – The gathering of preliminary information used in determining a youth’s need for emergency services, further evaluation, assessment, or referral.

(35) Grievance Procedure – A procedure for addressing youth grievances in residential commitment programs.

(36) High-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

(37) Home Visit – A court-approved, temporary release of a youth from a residential commitment program wherein the youth is under the care, supervision and control of a parent or guardian for a period not to exceed three days before returning to the program.

(a) The Home Visit Plan/Notification form (RS 003, September 2006), that notifies the committing court, the parent or guardian, the Juvenile Probation Officer, and other pertinent parties of a planned home visit and goals for the youth to accomplish during the visit, is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule\\_63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule_63E_forms.html).

(b) The Home Visit Plan Approval form (RS 004, September 2006), that the program sends to the committing court with the Home Visit Plan/Notification form to secure the court’s approval for the home visit, is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(38) Individual Healthcare Record – The unified cumulative collection of records, histories, assessments, treatments, diagnostic tests and other documents which relate to a youth’s medical, mental/behavioral, and dental health, and which have been obtained to facilitate care while the youth is in the custody of a detention center or residential commitment program or which document care provided while the youth is in the custody of these facilities.

(39) Individual Management Record – The organized collection of records and documents that relate to a youth’s care, custody and treatment in a residential commitment program, with the exception of records relating to the youth’s medical, mental/behavioral, and dental health that comprise the youth’s individual healthcare record as defined in this rule.

(40) Intervention and Treatment Team – A multidisciplinary team responsible for implementing the case management process that focuses on planning for and ensuring delivery of coordinated delinquency intervention and treatment services to meet the youth’s prioritized needs. The team is comprised of the youth, representatives from the program’s administration and residential living unit, and others responsible for delinquency intervention and treatment services for the youth. Refer to the definition of case management process included in this rule section.

(41) Involuntary Civil Commitment of Sexually Violent Predators: Refers to Sections 394.910-.932, F.S., that sets forth the process that determines if individuals whose offense(s) has been of a sexual nature meet the statutory criteria for civil commitment to the Department of Children and Family Services.

(42) Jimmy Ryce Act For Violent Sexual Offenders/Residential Program Notification Checklist – A checklist that a residential commitment program sends, along with supporting documents, to the youth’s Juvenile Probation Officer to be reviewed by the Department of

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Children and Family Services to determine eligibility for civil commitment as a sexually violent predator pursuant to Chapter 394, F.S. The Jimmy Ryce Act For Violent Sexual Offenders/Residential Program Notification Checklist form (DJJ/BCS Form 23, February 2005) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(43) Juvenile Justice Information System (JJIS) – The department’s electronic information system used to gather and store information on youth having contact with the department.

(44) Juvenile Probation Officer (JPO) – Serves as the primary case manager for the purpose of managing, coordinating and monitoring the services provided and sanctions required for youth on probation, post-commitment probation or conditional release supervision. In this chapter, whenever a reference is made to the tasks and duties of a JPO, it shall also apply to case management staff of a provider agency contracted to perform these duties and tasks.

(45) Juvenile Sex Offender – A juvenile who has been found by the court under Section 985.35, F.S., to have committed a violation of Chapter 794, Chapter 796, Chapter 800, Section 827.071 or Section 847.0133, F.S.

(46) Length of Stay – Refers to the length of time a youth resides in a residential commitment program or to the designed length of stay for a particular residential commitment program, reflecting the anticipated time it will take most youth placed in the program to successfully complete it.

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

(48) Low-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

(49) Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) – The mental health and substance abuse screening instrument designed to identify signs of mental/emotional disturbance or distress and authorized by the department for use at intake into the juvenile justice system and upon admission to a residential commitment program.

(50) Maximum-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

(51) Moderate-risk Restrictiveness Level – One of five statutorily authorized restrictiveness levels, defined in Section 985.03(44), F.S., to which courts commit youth to the department.

(52) Notification of Escape – A form used by a residential commitment program to notify law enforcement and the department when a youth escapes or absconds and is away from the facility premises without permission. It provides youth-specific information that might be helpful in locating the youth. The Notification of Escape form (RS 005, September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(53) Notification of Transfer Staffing – A form letter that a residential commitment program uses to notify a youth’s parent or guardian that a transfer staffing or conference has been scheduled to address the youth’s potential transfer to another program. The Notification of Transfer Staffing form (RS 006, September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

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(54) Official Youth Case Record – A case record, comprised of the individual management record and the individual healthcare record, that a residential commitment program maintains on each youth.

(55) Off-campus Activity – Any activity that involves youth leaving the residential commitment program's premises.

(56) Orientation – The process that begins within 24 hours of the youth's admission whereby facility staff inform the youth of the rules, expectations, services, and goals of the residential program.

(57) Performance Plan – A youth's individualized plan that addresses needed delinquency interventions identified through the assessment process and includes measurable goals that the youth is expected to achieve prior to release from a residential commitment program. Any treatment service as defined in this rule section is addressed in a separate treatment plan.

(58) Performance Summary – A written document used to inform the youth, committing court, the youth's JPO, parent or guardian, and other pertinent parties of the youth's performance in the program, including status of and progress toward performance plan goals, academic status, behavior and adjustment to the program, significant incidents (positive and negative), and justification for a request for release, discharge or transfer, if applicable. The Performance Summary form (RS 007, September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63\\_E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63_E_forms.html).

(59) Physically Secure – The use of hardware security devices, such as security fences and locks, to ensure that all facility entrances and exits of a residential commitment program are under the exclusive control of program staff, preventing youth from leaving the program without permission.

(60) Positive Achievement Change Tool (PACT) – A JJIS web-based assessment tool that is scored automatically to determine the risk of a youth to reoffend. The PACT, incorporated into Chapter 63D-5, F.A.C., uses a series of risk factors such as antisocial attitudes, delinquent peers, impulsivity, substance abuse, or family history that have proven to be related to future offending. As progress is made in the problem areas specific to each child, the PACT is used to calculate and document how the risk level has increased or decreased over time.

(61) Post-residential Services Counselor – The person supervising the youth's post-commitment probation or conditional release after the youth's release or discharge from a residential commitment program.

(62) Practices with Demonstrated Effectiveness – Practices based on general principles, strategies, and modalities reported in criminological, psychological, or other social science research as being effective with a juvenile offending population. These practices must be outlined in a format that ensures consistent delivery by the facilitator across multiple groups.

(63) Predisposition Report (PDR) – Pursuant to Rule 63D-1.002, F.A.C., a multidisciplinary assessment reporting the youth's needs, recommendations as to a classification of risk for the youth in the context of his or her program and supervision needs, and a plan for treatment that recommends the most appropriate placement setting to meet the youth's needs with the minimum program security that reasonably ensures public safety.

(64) Pre-Release Notification and Acknowledgement – A three-part form initiated by a residential commitment program to give prior notification to the JPO of a youth's planned release, then allows for the JPO to add additional information pertinent to the release, and finally allows for the court's approval of the release. The Pre-Release Notification and Acknowledgement form (RS 008, September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule\\_63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule_63E_forms.html).

(65) Program Director – The on-site administrator of a residential commitment program, whether state or privately operated, who is accountable for the on-site operation of the program.

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(66) Promising Practices for Delinquency Intervention – Manualized curricula that have been evaluated and found to reduce the likelihood of recidivism or at least one criminogenic need with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment or quasi experimental design, use of control or comparison groups, valid and reliable measures, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes.

(67) Protective Action Response (PAR) – As defined in Rule 63H-1.002, F.A.C.

(68) Protective Action Response (PAR) Certification – As defined in Rule 63H-1.002, F.A.C.

(69) Residential Positive Achievement Change Tool (RPACT) – A risk/needs assessment instrument that identifies a youth’s criminogenic needs, that if addressed, would most likely reduce their risk of re-offending. The instrument was specifically designed for residential settings to assist staff in determining the youth’s progress in reducing risk and increasing protective factors. The Residential Positive Achievement Change Tool (RS 012, March 2009) is incorporated into this rule and is accessible electronically at [www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(70) Residential Services Management System (RSMS) – A web-based component of JJIS and software application designed to store information pertaining to each residential commitment program’s performance that, in the case of a contracted program, reflects the program’s compliance with their contract terms and conditions.

(71) Release – Refers to when a youth re-enters his or her home community after successfully completing and exiting a residential commitment program.

(72) Request for Notification When Youth Is Ready for Release – This form is completed by a residential commitment program and provided to law enforcement when a youth is removed from the program for incarceration in a county jail. The Request for Notification When Youth is Ready for Release form (RS 009, September 2006) is incorporated into this rule and is available electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(73) Request for Transfer – A form initiated by a residential commitment program to request and justify a transfer of a youth to another program and that allows for approval of the request by a transfer administrator designated by the department. The Request for Transfer form (RS 010, September 2006) is incorporated into this rule and is available electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(74) Residential Commitment Program – A low-risk, moderate-risk, high-risk, or maximum-risk residential delinquency program for committed youth.

(75) Residential Community – The community within a residential commitment program comprised of its youth, staff, and other service providers.

(76) Responsivity – Refers to a youth’s amenability to treatment and the capacity to respond to programming due to his or her characteristics, such as gender, mental health status, physical health status, cognitive performance, age, and prior victimization.

(77) Restitution – The court-ordered requirement that an adjudicated youth financially compensate his or her crime victim in cash or through performance of a beneficial service.

(78) Restrictiveness Level – As defined in Section 985.03, F.S.

(79) Sexually Violent Predator (SVP) – As defined in Section 394.912, F.S. For purposes of this chapter, SVP eligible refers to a youth being subject to the requirements of Sections 394.910-394.932, F.S.

(80) Staff Secure – The provision of 24-hour awake supervision in a residential commitment program, with staffing levels sufficient to preclude the need for physical security features, such as security fences and locks.

(81) Temporary Release – As defined in Section 985.03, F.S.

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(82) Transfer – For purposes of this rule, the movement of a youth from one residential commitment program to another, at the same, lower or higher restrictiveness level.

(83) Transition Conference – A conference, conducted at least 60 days prior to a youth’s anticipated release from a residential commitment program, wherein the youth, residential program staff, the youth’s JPO and/or post-residential services counselor, and the youth’s parent or guardian establish transition activities, with accompanying responsibilities and timelines, to facilitate the youth’s successful release and reintegration into the community.

(84) Transition Planning – The process of establishing transition activities to facilitate a youth’s successful release from a residential commitment program and reintegration into the community.

(85) Treatment Plan – For purposes of this rule chapter, a written guide that structures the focus of a youth’s short-term or ongoing treatment services in the areas of mental health, substance abuse, developmental disability or physical health services.

(86) Treatment Services – Services delivered by clinicians in accordance with a mental health, substance abuse, physical health, or developmental disability treatment plan. This includes implementation of any curriculum specifically designed to be delivered by clinicians.

(87) Victim – A person who suffers physical, financial or emotional harm as a result of a crime and who is identified on a law enforcement victim notification card, a police report, or other official court record as a victim.

(88) Victim Notification of Release – A letter that a residential commitment program sends to the victim, or the next of kin in cases of homicide, or the parent or legal guardian in cases involving minor victims, prior to any discharge or release, including a temporary release, of a youth whose committing offense meets the criteria for victim notification pursuant to Chapter 960, F.S. The Victim Notification of Release form (RS 011, September 2006) is incorporated into this rule and is accessible electronically at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

(89) Youth Needs Assessment Summary – A summary document in JJIS of all completed evaluations and assessments used to identify strengths and needs. This summary is completed by the case manager and is used to create the youth’s Performance Plan. The Youth Needs Assessment Summary (RS 13, May 2010) is incorporated into this rule and is accessible at [http://www.djj.state.fl.us/forms/residential\\_rule63E\\_forms.html](http://www.djj.state.fl.us/forms/residential_rule63E_forms.html).

*Rulemaking Authority 20.316 , 985.64, 985.601(3)(a) FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History–New 9-30-07, Amended 8-25-08, 7-8-09, 12-21-09, 5-4-10, 7-20-10, 12-20-10.*

### **63E-7.003 Youth Admission.**

(1) Based on coordination of admissions initiated by the regional commitment manager or commitment manager supervisor, a residential commitment program shall accept new admissions Monday through Friday between 8 A.M. and 5 P.M. unless otherwise specified in its contract with the department.

(2) A residential commitment program shall inspect the commitment or transfer packet prior to a youth’s admission and, if any core documents are not included in the packet, shall contact the JPO or JPO supervisor to request the missing documents be faxed or electronically transmitted to the program. The core documents are as follows:

- (a) DJJ face sheet;
- (b) Current commitment order;
- (c) Predisposition report;
- (d) Commitment conference summary; and



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(e) Individual healthcare record, if it exists from a prior commitment or placement in detention. The following documents shall be included in the individual healthcare record, or in the commitment or transfer packet if the individual healthcare record has not been created:

1. The current original Authority for Evaluation and Treatment or a current legible copy;
2. Comprehensive physical assessment;
3. Immunization records; and
4. Tuberculosis skin test (Mantoux) results, unless contraindicated.

(3) If the JPO or JPO supervisor does not provide any missing core documents upon request, a residential commitment program may elect to not admit a youth, thereby rejecting the youth. However, within two hours of a decision to reject a youth, the program shall notify the Regional Director for Residential and Correctional Facilities and the Regional Director for Probation and Community Corrections of this action. The youth continues his or her status of awaiting residential placement while the department immediately pursues acquisition or production of the missing core documents, thereby expediting the youth's subsequent admission to the residential commitment program.

(4) A residential commitment program shall communicate internally on admissions as follows:

(a) Program staff responsible for admission are notified when a new admission is scheduled to arrive and the youth's name, date and time of anticipated arrival, mode of transportation, medical and mental health needs, and any safety or security risks are documented in the logbook.

(b) Regardless of the youth's condition upon admission, the designated health authority, or his or her designee who is licensed to practice in Florida as a physician (MD) or osteopathic physician (DO), Advanced Registered Nurse Practitioner (ARNP) or Physician's Assistant (PA), is notified of an admission with any of the following medical conditions documented in the commitment packet: asthma; allergies with anaphylaxis; adrenal insufficiency; cancer or history of cancer; cardiac arrhythmias, disorders or murmurs; congenital heart disease; cystic fibrosis; developmental disability; diabetes; history of EpiPen use; eating disorders; head injuries that occurred within the two weeks prior to admission; hearing, speech or visual deficits; hemophilia; hepatitis; human immunodeficiency virus (HIV) or AIDS; hypo or hyperthyroidism; hypertension; kidney failure (with or without dialysis); neuromuscular conditions; pregnancy or having given birth within the two weeks prior to admission; seizure disorders; sickle cell anemia; spina bifida; systemic lupus erythematosus; and active tuberculosis.

(c) Information included in the commitment or transfer packet is distributed to program staff as their job functions dictate.

(5) Within 24 hours of admission, a residential commitment program shall refer to the department's circuit legal counsel any commitment order appearing to be in conflict with Chapter 985, F.S., or otherwise questionable. The program shall maintain documentation of the referral.

(6) When a youth is admitted to a residential commitment program, the program shall make notifications as follows:

(a) Within 24 hours of any admission or on the first regular workday of the following week when the youth is admitted on a holiday, a weekend or a Friday afternoon, the program shall update the JJIS Bed Management System or, if a program does not have access to JJIS, shall notify the regional commitment manager.

(b) The program shall notify the youth's parents or guardians by telephone within 24 hours of the youth's admission, and the program shall send written notification within 48 hours of admission.

(c) The program shall notify the committing court in writing within five working days of any admission.

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(d) Copies of the letter sent to the committing court will suffice as official notification to the youth's JPO and, if known at the time of admission, the youth's post-residential services counselor.

(7) Although it is the intent that deoxyribonucleic acid (DNA) samples be collected prior to a youth's admission to a residential commitment program, if a youth who meets the DNA testing criteria per Chapter 943, F.S., is admitted to the facility without DNA testing, the program shall contact Florida Department of Law Enforcement (FDLE) to verify whether or not a DNA sample is on file for the youth. If not, the program shall collect DNA samples, using the test kit and accompanying instructions provided by FDLE, submit them to FDLE no later than 45 days prior to a youth's release, and document these actions in the youth's individual management record.

(8) If the residential commitment program suspects that a youth admitted without documentation of being screened as a sexually violent predator qualifies under Chapter 394, F.S., the program shall notify the youth's JPO within three days of the youth's admission. If the JPO does not respond within five working days, the program shall notify the JPO's supervisor. If not resolved within 10 days of the program's original request, the program shall notify the department's residential monitor assigned to the program.

*Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 9-30-07.*

### **63E-7.004 Youth Intake.**

(1) Youth intake will commence upon arrival of a youth to a residential commitment program. The following activities shall occur during intake:

(a) Strip search.

1. The program shall conduct the strip search in a private room with two staff members present, both of the same sex as the youth being searched. As an alternative when two staff of the same sex are not available, the search may be conducted by one staff of the same sex, while a staff of the opposite sex is positioned to observe the staff person conducting the search, but cannot view the youth.

2. Staff conducting the strip search shall visually inspect the youth, without touching the unclothed youth.

(b) Documentation of visible body markings, i.e. scars, bruises, tattoos, or other physical injuries.

(2) A residential commitment program shall complete the following entry screenings immediately upon a youth's admission. These screenings are used to identify any emergency medical, mental health, or substance abuse conditions of a nature that render admission unsafe or warrant immediate attention. These screenings are also used to identify any need for further evaluation.

(a) Using the Facility Entry Physical Health Screening form, a health care or non-health care staff shall conduct the health entry screening. However, if the entry screening is conducted by someone other than a licensed nurse as defined in Section 464.003, F.S., a licensed nurse shall review the entry screening within 24 hours of the youth's admission.

(b) To screen for mental health and substance abuse, the program shall ensure administration of either the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) or a clinical mental health screening and a clinical substance abuse screening. A direct care staff may assist the youth with the self-administration of the MAYSI-2 on JJIS if he or she is trained in the administration and scoring of the MAYSI-2 consistent with CORE requirements. However, a clinical mental health screening shall only be conducted by a licensed mental health professional, and a clinical substance abuse screening shall only be conducted by a qualified professional as

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defined by Section 397.311, F.S., and in accordance with Rule 65D-30.003, F.A.C. (12-12-05). Clinical screenings require the use of valid and reliable screening instruments.

(3) Unless a youth is being admitted into a residential commitment program directly from secure detention, a correctional facility, or another program, a shower, including shampooing hair, is required.

(a) The program may routinely use an ectoparasiticide or an ovicide for all new admissions if the program's designated health authority deems it appropriate, if it is used in accordance with current standards of clinical practice, and if it is not contraindicated. In the absence of such a routine protocol approved by the designated health authority, an ectoparasiticide and an ovicide shall not be routinely used, and shall be used only if an infestation with lice or scabies is present and use is ordered by the designated health authority, is in accordance with current guidelines, and is not contraindicated.

(b) Two staff of the same gender as the youth shall supervise the newly admitted youth during this shower.

(4) The program shall issue clothing to each youth that is appropriate for size and climate and consistent with the program's dress code.

(5) A residential commitment program shall inventory each youth's personal property upon admission and document the inventory by listing every item. Program staff shall immediately secure in a locked area all money, jewelry and other items of value. After all personal possessions have been inventoried and documented, the staff conducting the inventory, the youth, and a witness shall sign and date the documentation to attest to its accuracy. The program shall:

(a) Maintain a copy of documentation of the personal property inventory.

(b) Ask the youth if he or she wants a copy of the personal property inventory documentation and, if so, provide it.

(c) Provide a copy of the inventory documentation to the youth's parents or guardians, if requested.

(d) Send inventoried property to the youth's home or store such property until the youth's release from the program.

(6) The program shall confiscate all contraband, such as weapons and narcotics, excluding narcotics that are verified as having been prescribed for a medical condition, for disposal or storage, and shall submit all illegal contraband to the law enforcement agency having local jurisdiction.

(7) Only medications from a licensed pharmacy, with a current patient-specific label intact on the original medication container, may be accepted into a residential commitment program.

(a) If there is doubt about the authenticity of a prescription medication brought with the youth to the facility, the program shall verify the medication by calling the pharmacy that dispensed the medication and calling the outside provider who prescribed the medication.

(b) Prior to medication administration, the program shall ensure that:

1. The youth reports that he or she is taking an oral prescribed medication;

2. Either the youth or the parent or guardian of the youth has brought the valid, patient-specific medication container to the facility;

3. The medication is properly labeled with the name of the youth; name and address of the pharmacy; date of dispensing; name of prescribing health care professional; directions for use; expiration date; and any warning statements;

4. There are no doubts about the substance in the medication container; and

5. The licensed nurse has called to obtain an order from the program's designated health authority or physician designee, physician assistant, or advanced registered nurse practitioner to resume the specified medications, and has documented the order in the youth's individual health

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care record. The program's designated health authority shall develop a medication verification and administration protocol that the program shall follow when a licensed nurse is not on duty.

(c) Prescription verification shall be documented in the youth's individual health care record.

(8) Based on a review of all documentation and interactions with a newly admitted youth, a residential commitment program shall classify the youth for purposes of assigning to a room or living area. Factors to consider when classifying the youth shall include, at a minimum, physical characteristics including sex, height, weight and general physical stature, age and maturity, identified special needs, including mental, developmental or intellectual, and physical disabilities, history of violence, criminal behavior, sexual aggression or vulnerability to victimization, identified or suspected risk factors such as medical, suicide, and escape or security risks, and gang affiliations.

(9) When mental health, substance abuse, physical health, security risk factors, or special needs related to a newly admitted youth are identified during or subsequent to the classification process, a residential commitment program shall immediately enter this information into its internal alert system and the JJIS alert system.

(10) A residential commitment program shall establish and maintain critical identifying information and a current photograph that are easily accessible to verify a youth's identity as needed during his or her stay in the program.

(a) The program shall maintain the photograph in the youth's individual management record and the individual healthcare record. In the event of an escape, the program shall provide a photograph to law enforcement or other criminal justice agencies to assist in apprehending the youth.

(b) The program shall maintain the following critical identifying information for each youth in an administrative hard-copy file that is easily accessible and mobile in the event of an emergency situation that results in the program relocating quickly or in the event needed information cannot be accessed electronically.

1. Youth's full name and DJJ ID number;
2. Admission date;
3. Date of birth, gender, and race;
4. Name, address, and phone number of parent(s) or legal guardian;
5. Name, address, and phone number of the person with whom the youth resides and his or her relationship to the youth;
6. Person(s) to notify in case of an emergency (and contact information);
7. JPO's name, circuit/unit, and contact information;
8. Names of committing judge, state attorney, and public defender (or attorney of record) with contact information on each;
9. Committing offense and judicial circuit where offense occurred;
10. Notation of whether or not the judge retains jurisdiction;
11. Victim notification contact information, if notification is required;
12. Physical description of youth to include height, weight, eyes and hair color, and any identifying marks;
13. Overall health status, including chronic illnesses, current medications and allergies; and
14. Personal physician (if known).

(11) A state-operated residential commitment program or a contracted residential commitment program that is classified as not-for-profit shall initiate each newly admitted youth's eligibility for participation in the National School Lunch and Breakfast Program.

*Rulemaking Authority 20.316, 985.64, 985.601(3)(a) FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 9-30-07, Amended 8-25-08, 12-21-09.*

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### **63E-7.005 Youth Orientation.**

(1) A residential commitment program shall begin orientation for each youth admitted to the program within 24 hours of admission.

(2) A residential commitment program shall provide orientation to each youth by explaining and discussing the following:

(a) The program's expectations, rules and behavior management system to include:

1. Services available;

2. Daily schedule that is also conspicuously posted to allow easy access for youth;

3. Expectations and responsibilities of youth;

4. Written behavioral management system that is also conspicuously posted or provided in a resident handbook to allow easy access for youth, including rules governing conduct and positive and negative consequences for behavior;

(b) Availability of and access to medical and mental health services;

(c) Access to the Department of Children and Families' central abuse hotline addressed in Chapter 39, F.S., or if the youth is 18 years or older, the Central Communications Center that serves as the department's incident reporting hotline;

(d) Items considered contraband, including illegal contraband, possession of which may result in the youth being prosecuted;

(e) Performance planning process that involves the development of goals for each youth to achieve;

(f) Dress code and hygiene practices;

(g) Procedures on visitation, mail, and use of the telephone;

(h) Anticipated length of stay in the program and expectations for release from the program, including the youth's successful completion of individual performance plan goals, the program's recommendation to the court for release based on the youth's performance in the program, and the court's decision to release;

(i) Community access;

(j) Grievance procedures;

(k) Emergency procedures, including procedures for fire drills and building evacuation;

(l) Physical design of the facility, including those areas that are and are not accessible to youth; and

(m) Assignment to a living unit and room, treatment team and, if applicable, a staff advisor or youth group.

*Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History-New 9-30-07.*

### **63E-7.006 Quality of Life and Youth Grievance Process.**

(1) A residential commitment program shall establish the expectation that staff will treat youth with dignity and respect, and the program shall provide a positive quality of life for its youth by providing, at a minimum, the following:

(a) Shelter;

(b) Safety and security;

(c) Clothing;

(d) Food;

(e) Access to the Department of Children and Families' central abuse hotline addressed in Chapter 39, F.S., or if the youth is 18 years or older, the department's Central Communications Center that serves as the department's incident reporting hotline;

(f) Healthcare;

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- (g) Mental health and substance abuse services;
- (h) Educational and prevocational or vocational services;
- (i) Opportunities for recreation and large muscle exercise;
- (j) Opportunities for expression of religious beliefs;
- (k) Visitation;
- (l) Access to incoming mail and opportunities to send outgoing mail; and
- (m) Telephone access.

(2) A residential commitment program shall establish a visitation schedule that is readily available to persons interested in visiting youth. However, to facilitate family reunification, the program shall consider requests for alternate visitation arrangements from a youth's parent, legal guardian or grandparent unless such contact is specifically prohibited by a court order, against the youth's wishes, or poses a safety or security threat. Additionally, the program shall accommodate visitation by the youth's attorney of record, JPO and clergy.

(3) A residential commitment program shall demonstrate a program model or component that addresses the needs of a targeted gender group. Health and hygiene, the physical environment, life and social skills training, and leisure and recreational activities are key components in providing a gender specific program.

(4) A residential commitment program shall provide opportunities for youth to send and receive mail and shall facilitate correspondence that fosters the youth's reunification with his or her family unless specifically prohibited by court order, a family member is the youth's victim, or it is determined not to be in the best interest of the youth. The program shall not allow the youth to directly correspond with his or her victim except through an apology letter whose content is approved by the program director or designee and sent to the youth's JPO to forward to the victim only if he or she expresses a willingness to receive it.

(5) A residential commitment program shall provide opportunities for youth to receive incoming emergency telephone calls from family members or his or her legal guardian and calls from the youth's JPO, attorney of record and, if applicable, the dependency case manager. The program shall allow each youth to make outgoing calls to the JPO, attorney of record and, if applicable, the dependency case manager. A written procedure that fosters family reunification and community reintegration shall specify youths' access to incoming calls from and outgoing calls to family and other persons.

(6) A residential commitment program shall establish written procedures specifying the process for youth to grieve actions of program staff and conditions or circumstances in the program related to the violation or denial of basic rights. These procedures shall establish each youth's right to grieve and ensure that all youth are treated fairly, respectfully, without discrimination, and that their rights are protected.

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

1. Informal phase wherein the youth attempts to resolve the complaint or condition with staff on duty at the time of the grieved situation;

2. Formal phase wherein the youth submits a written grievance that requires a written response from a supervisory staff person; and

3. Appeal phase wherein the youth may appeal the outcome of the formal phase to the program director or designee.

(b) Program staff shall be trained on the program's youth grievance process and procedures.

(c) Program staff shall explain the grievance process to youth during their program orientation and shall post the written procedures throughout the facility for easy access by youth.

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(d) The program shall provide grievance forms and accompanying instructions at locations throughout the facility so they are readily accessible to youth. When a youth requests assistance in filing a grievance, program staff shall assist the youth as needed.

(e) The program shall maintain documentation on each youth grievance and its outcome for at least one year.

*Rulemaking Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended 7-20-10.*

### 63E-7.007 Youth Hygiene and Dress Code.

(1) A residential commitment program shall establish expectations for youth to engage in personal hygiene activities. At a minimum, the program shall allow time on the schedule for youth to:

- (a) Practice dental hygiene twice daily;
- (b) Bathe or shower and wash hair daily unless medically contraindicated;
- (c) Style or comb their hair daily;
- (d) Shave daily, if males, and twice weekly, if females, unless medically contraindicated; and
- (e) Clean and trim their fingernails.

(2) Residential commitment program staff shall provide hygiene instruction and assistance to youth when necessary and shall accommodate the need for:

- (a) Females to use the restroom or bathe more frequently during their menstrual cycles; and
- (b) Youth to bathe more frequently when engaging in strenuous outdoor exercise or work projects during hot weather, if the program's schedule permits.

(3) A residential commitment program shall provide each youth with individual hygiene supplies, as well as storage space for such supplies. Individual hygiene supplies shall include, at a minimum, the following:

- (a) Toothbrush and toothpaste;
- (b) Soap;
- (c) Shampoo;
- (d) Combs or brushes;
- (e) Shaving supplies;
- (f) Body lotion; and
- (g) Feminine hygiene supplies for females.

(4) Pursuant to Rule Chapter 64E-26, F.A.C., a residential commitment program shall provide clean clothing, bedding and towels that are in good condition or repair.

(5) A residential commitment program shall establish and enforce a dress code for youth.

(a) The dress code shall be written to:

1. Promote a neat and well groomed appearance;
2. Foster pride in appearance;
3. Deter the transfer of attire or symbols associated with negative subcultures, such as gangs, into the program;

4. Promote safety and hygiene; and
5. Assist in differentiating youth from staff.

(b) The dress code shall require the program to provide youth with:

1. Clean, comfortable and modest attire that is in good repair, fits properly, is suitable for the climate, and does not compromise safety; and
2. At a minimum, clean underwear daily, four changes of clothes weekly, shoes, and sleeping attire.

(c) The dress code for youth shall:

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1. Require youth to wear clothing as designed, such as pants or shorts pulled up and properly fastened so underwear is not revealed;
2. Prohibit attire with any messages, markings or designs that are gang-related, drug or alcohol-related, profane or vulgar;
3. Prohibit youth from going barefoot except when bathing, in their rooms resting or sleeping, or under other circumstances deemed warranted by program staff, such as during water related activities;
4. Prohibit jewelry except for a medical alert bracelet, or if authorized by the program, a watch;
5. Specify acceptable and prohibited hair styles in order to:
  - a. Promote a neat appearance, safety and hygiene, and
  - b. Prohibit lettering, gang signs, numbering or designs cut, dyed, painted or placed in the hair or on the scalp; and
6. Require males to maintain a clean-shaven appearance unless a medical exemption necessitates trimming facial hair with scissors or clippers rather than shaving.

(d) The program shall establish an internal process to review and provide a timely response to a youth's request for exemption from the dress code based on a religious belief. The program shall accommodate a youth's validated religious belief unless it is determined that doing so would compromise the safe and secure operation of the program.

*Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended 1-25-09.*

### 63E-7.008 Facility and Food Services.

- (1) A residential commitment program is subject to the provisions of Chapter 64E-26, F.A.C.
- (2) A residential commitment program shall ensure that disposal of biohazardous waste is in accordance with Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030. The program shall not allow youth to clean, handle, or dispose of any other person's biohazardous material, bodily fluids or human waste.
- (3) A residential commitment program shall develop a site-specific plan addressing exposure to bloodborne pathogens.
- (4) A residential commitment program shall establish and implement cleaning schedules, a pest control system, a garbage removal system, and a facility maintenance system. At a minimum, the facility maintenance system shall include maintenance schedules and timely repairs based on visual and manual inspections of the facility structure, grounds and equipment.
- (5) The siting of any new facility or structure for the purpose of operating a residential commitment program shall be in accordance with the following:
  - (a) Local zoning codes and ordinances per Section 125.01, F.S.;
  - (b) Provisions as specified in Rule Title 62, F.A.C., pertaining to new construction and site development;
  - (c) Florida Building Code and Florida Fire Prevention Code pursuant to Section 125.56, F.S.;
  - (d) Office of State Fire Marshal requirements for new construction pursuant to Section 633.01, F.S.;
  - (e) Provisions as outlined in Section 985.03(44), F.S., based on the restrictiveness level of the program; and
  - (f) Additional minimum requirements to include:
    1. Sleeping quarters.
      - a. 35 square feet unencumbered space, defined as usable space that is not encumbered by furnishings or fixtures, per youth in the sleeping quarters, with at least one dimension of the unencumbered space no less than seven feet;
      - b. One partition for every four youth in shared sleeping areas; and



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c. A bed, a mattress that meets the national fire safety performance requirements, a pillow, a desk, a chair or stool, and personal storage space for every youth.

2. 35 square feet per youth for dayroom and multi-purpose room activities;

3. 50 square feet outdoor recreational space per youth;

4. 56.25 square feet per youth for rooms used for educational purposes, with a classroom size based on a maximum of 16 youth;

5. Natural and artificial light to accommodate daily activities of the program;

6. Heating and air conditioning equipment with the capacity to maintain indoor temperatures between 68 and 75 degrees Fahrenheit;

7. Space to accommodate dining, individual counseling, group meetings and other activities involving youth and staff that are integral to the program design; and

8. A closed circuit television system that includes but is not limited to, a color digital recording device. The digital video recorder (DVR) must be capable of a minimum of 30 days recorded event storage within the hard drive, have a minimum setting of eight frames per second, and be capable of remote viewing. Programs with 15 beds or more must have a minimum of 16 camera inputs. All equipment must be surge protected and have a universal surge protector backup and be connected to an emergency power supply.

(6) Any facility, building or structure newly leased for the purpose of operating a residential commitment program or any facility or structure whose usage is being changed to house a residential commitment program shall be in accordance with paragraphs 63E-7.008(6)(a), (6)(c), (6)(e), and for programs with 15 beds or more paragraph 63E-7.008(6)(f), F.A.C. Additionally, newly leased facilities shall be in accordance with the Office of State Fire Marshall requirements for leased space as specified in Section 633.01, F.S.

(7) A residential commitment program shall not make any renovations or modifications to a facility owned by the department, including exterior features such as lighting, fencing and the sally port, without written permission from the department.

(8) A residential commitment program operated by the state or by a non-profit entity shall comply with all guidelines and maintain documentation as required by the USDA National School Lunch and School Breakfast Program.

(9) A residential commitment program shall use a cycle menu that, with the exception of any residential commitment program with a bed capacity of five or less beds, is reviewed and approved by a dietitian licensed pursuant to Chapter 468, F.S. The program shall provide each youth with at least three nutritionally balanced meals and one nutritional snack per day and shall:

(a) Serve at least two of the meals hot;

(b) Provide youth special diets when prescribed for health reasons or when dictated by religious beliefs; and

(c) Not withhold food as a disciplinary measure.

*Specific Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended 8-25-08, 1-25-09.*

### 63E-7.009 Behavior Management.

(1) Consistent with its approach to treatment and delinquency intervention, a residential commitment program shall establish a behavior management system that is responsive to the unique characteristics of the program's population. Only someone with training or experience in behavior management techniques or systems shall develop or modify a program's behavior management system. A program's behavior management system shall foster accountability for behavior and compliance with the residential community's rules and expectations.

(2) A residential commitment program's behavior management system shall be described in writing and designed to:

(a) Maintain order and security;

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(b) Promote safety, respect, fairness, and protection of rights within the residential community;

(c) Provide constructive discipline and a system of positive and negative logical consequences to encourage youth to meet expectations for behavior;

(d) Provide opportunities for positive reinforcement and recognition for accomplishments and positive behaviors at a minimum ratio of 4:1 positive to negative consequences;

(e) Promote socially acceptable means for youth to meet their needs;

(f) Include a process that addresses the following and is conducted in a manner that accommodates the cognitive capacity of individual youth:

1. Staff explain to the youth the reason for any sanction imposed;

2. The youth is given an opportunity to explain his or her behavior; and

3. Staff and the youth discuss the behavior's impact on others, reasonable reparations for harm caused to others, and alternative acceptable behaviors;

(g) Promote dialogue and peaceful conflict resolution;

(h) Minimize separation of youth from the general population;

(i) Complement the performance planning process, including coordination with any individual behavior plan when applicable. A copy of an individual behavior plan for any youth who has been identified as a client of the Agency for Persons with Disabilities will be provided to that agency; and

(j) Assure consistent implementation and equitable treatment through the ongoing oversight and training of direct-care staff.

(3) A residential commitment program's behavior management system shall not:

(a) Be used solely to increase a youth's length of stay;

(b) Be used to deny a youth basic rights or services to include regular meals, clothing, sleep, physical or mental health services, educational services, exercise, correspondence, and contact with his or her parents or legal guardian, attorney of record, JPO, clergy and, if applicable, the dependency case manager;

(c) Promote the use of group discipline;

(d) Allow youth to sanction other youth; or

(e) Include disciplinary confinement wherein a youth is isolated in a locked room as discipline for misbehavior.

(4) Consistent with the following provisions, a residential commitment program may use room restriction for major infractions as part of its behavior management system, temporarily restricting the youth's participation in routine activities by requiring the youth to remain in his or her sleeping quarters:

(a) Room restriction shall not be used for a youth who is out of control or a suicide risk.

(b) A supervisor shall give prior approval for each use of room restriction.

(c) Room restriction shall not exceed four hours and the door to the room shall remain open to facilitate staff supervision.

(d) Staff shall engage, or attempt to engage, the youth in productive interactions at least every thirty minutes while on room restriction status.

(e) The program shall not deny a youth basic services, such as regular meals and physical or mental health services.

(f) Program staff shall use strategies, such as conflict resolution and constructive dialogue, to facilitate the youth's reintegration into the general population when released from room restriction.

(g) For each use of room restriction, the program shall document the following:

1. A description of the behavior that resulted in room restriction;

2. The date and time room restriction was implemented;

3. The name of the staff person who recommended the use of room restriction and the name of the approving supervisor;

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4. The name of the staff person removing the youth from room restriction;
5. The date and time of removal and a description of the youth's behavior and attitude upon removal; and
6. Follow-up actions taken or attempted to help re-integrate the youth back into the general population when released from room restriction.

(5) A moderate-risk, high-risk, or maximum-risk residential commitment program with a bed capacity of 50 beds or more may designate a living unit within the facility as a behavior management unit. The purpose of a behavior management unit is to provide a delinquency intervention and treatment environment that provides opportunities for youth to make positive changes in behavior that will facilitate progress in his or her overall treatment in the program. Any behavior management unit shall be designed and operated as follows:

(a) The program shall document the following before a youth is placed in a behavior management unit:

1. The youth continues to demonstrate a pattern of maladaptive behavior that is highly disruptive to his or her responsivity to delinquency interventions and treatment, as well as other youths' ongoing rehabilitation, after the program has documented attempts to address the behavior using less restrictive alternative intervention strategies that have proven to be ineffective;

2. The youth is assessed and it is determined that he or she is not a danger to self and there are no identified mental health, physical health or other factors that contraindicate placement; and

3. At least two members of the youth's intervention and treatment team recommends the youth's placement in the behavior management unit, and the program director approves the placement or, in his or her absence, a program management level staff person designated by the program director grants approval.

(b) A behavior management unit's bed capacity shall not exceed 15. The unit may be secure with locking exit doors, but shall not be comprised of secure rooms wherein youth placed in the unit are kept in lock-down status. Sleeping rooms for youth shall have a minimum of 35 square feet of unencumbered space and shall meet the following specifications:

1. Solid core hardwood or metal door with a shatter-resistant observation window;

2. Vents not easily accessible from the toilet, sink or bed that are covered with small mesh or a metal plate (holes no larger than 3/16 inch) with no edges exposed;

3. A mattress that meets national fire safety performance requirements and that is suitable for use on the floor or a suicide-resistant bed;

4. Recessed light fixtures covered with shatter-resistant material or alternative lighting reviewed and approved by the department;

5. Shatter-resistant windows or, if glass windows that are not shatter resistant, covered with security-rated screens or other materials that prevent access to the glass;

6. No electrical outlets; and

7. Electrical switches located outside the sleeping rooms or covered and secured if located inside the rooms.

(c) The staff-to-youth ratio in a behavior management unit shall be at least that provided in the general population and sufficient to operate the unit safely and securely. Staff whose regular assignment is to work in the behavior management unit shall be trained in implementation of the program's behavior management system, as well as specific intervention strategies as needed to implement the behavioral goals for each youth in the unit.

(d) The unit shall provide an intervention and treatment environment that focuses specifically on youths' maladaptive behavior and provides opportunities for the youth to make positive changes in behavior that facilitate progress in their overall rehabilitation. Additionally, the program shall provide basic rights, care and services to any youth in a behavior management unit consistent with the other sections of this rule chapter.

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(e) Consistent with the cognitive capacity of each youth placed in the behavior management unit, staff shall engage the youth in a process as follows:

1. Staff shall discuss with the youth the pattern of maladaptive behavior that resulted in placement in the behavior management unit, as well as the consequences of behavior, alternative acceptable behaviors, harm caused to others as a result of the maladaptive behavior and possible reparations.

2. Staff shall advise the youth that release from the behavior management unit is based upon his or her achievement of short-term goals established by the treatment team to address maladaptive behavior. Staff shall also explain that making positive behavior changes while in the behavior management unit will help him or her progress in the overall program.

(f) Reviews and Release.

1. The youth's intervention and treatment team shall review the case within 72 hours of the youth being placed in a behavior management unit. If the team decides to continue the youth's placement in the unit, they shall develop short-term goals to assist the youth with accountability for behavior and changing or controlling maladaptive behaviors. The youth shall be present when the intervention and treatment team meets and be given an opportunity to give input.

2. Release from the behavior management unit is contingent upon a youth's completion of his or her behavioral goals. While the youth is in the behavior management unit, the intervention and treatment team may revise the youth's behavioral goals to assist him or her in changing the targeted pattern of maladaptive behavior and facilitate release from the unit.

3. If the youth remains in the behavior management unit for 14 days, the intervention and treatment team shall review the youth's progress in attaining the short-term goals to determine whether the youth is to be released or placement continued.

4. Every 72 hours that the youth remains in the behavior management unit after the 14-day review, the intervention and treatment team shall review the youth's progress toward meeting his or her behavioral goals and recommend continued placement or release. At this stage, continued placement requires approval of the program director or, in his or her absence, a management level staff person designated by the program director.

5. If possible, the youth shall participate in all intervention and treatment team reviews, but if not, a representative of the team shall discuss review findings with the youth.

6. The program director or, in his or her absence, a management level staff person designated by the program director, may approve release of a youth from the behavior management unit at any time it is determined that continued placement would be detrimental to the youth's well being.

(g) Mechanical restraints may be used in the behavior management unit only as a last resort and any use shall be pursuant to Rule 63H-1.005, F.A.C., and documented pursuant to Rule 63H-1.007, F.A.C.

(h) A program with a behavior management unit shall establish a system of documentation and record maintenance to include, at a minimum, the following:

1. Ongoing log of placements, including the name of each youth placed, date of placement, date of release, and the name of the program director or designee who approved the placement;

2. Documentation of intervention and treatment team meetings and reviews while the youth is in the behavior management unit, including initial short-term goals and any subsequent modifications, review date and signatures of participants, description of the youth's progress, and recommendations; and

3. Documentation of the program director's or his or her designee's approval of a recommendation for continued placement resulting from any 72-hour review conducted after the youth's 14th day in the unit.

*Rulemaking Authority 985.64, 985.601(3)(a), 20.316 FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 12-24-07, Amended 8-25-08, 5-4-10.*

## **63E-7: Operation of Residential Programs**

### **63E-7.010 Residential Case Management Services.**

(1) A residential commitment program shall provide case management services for each youth that ensure his or her priority needs are identified and addressed through the coordinated delivery of delinquency intervention and treatment services. The program's case management processes shall include the following:

- (a) Assessment of the youth, including reassessments or updates;
- (b) Development and implementation of the youth's performance plan and, when necessary to address a priority treatment need, the youth's treatment plan;
- (c) Review and reporting of the youth's performance and progress; and
- (d) Transition planning.

(2) Accommodating Disabilities. When providing case management services to any youth identified as having a disability, a residential commitment program shall make accommodations as needed to facilitate the youth's understanding of and active participation in the case management processes listed above in paragraphs 63E-7.010(1)(a)-(d), F.A.C.

(3) Parent or Guardian Involvement. A residential commitment program shall, to the extent possible and reasonable, encourage and facilitate involvement of the youth's parent or guardian in case management processes to include, at a minimum, assessment, performance plan development, progress reviews, and transition planning. To facilitate this involvement, the program shall invite the youth's parent or guardian to participate in intervention and treatment team meetings for the purposes of developing the youth's performance plan, conducting formal performance reviews of the youth's progress in the program, and planning for the youth's transition to the community upon release from the program. If unable to attend, the parent or guardian shall be given the opportunity to participate via telephone or video conferencing or to provide verbal or written input prior to the meeting. However, the program shall obtain the written consent of any youth 18 years of age or older, unless the youth is incapacitated and has a court-appointed guardian, before providing or discussing with the parent or guardian any information related to the youth's physical or mental health screening, assessment, or treatment. Additionally, the program shall obtain the written consent of any youth, regardless of age, unless he or she is incapacitated and has a court-appointed guardian, before sharing with the parent or guardian any substance abuse information pertaining to the youth.

(4) Multidisciplinary Intervention and Treatment Team. A residential commitment program shall implement a multidisciplinary case management process, assigning each newly admitted youth's case to a multidisciplinary intervention and treatment team. The team shall plan for and ensure delivery of coordinated delinquency intervention and treatment services to meet the prioritized needs of each youth assigned.

(a) The program director or his or her designee shall identify a leader for each intervention and treatment team to coordinate and oversee the team's efforts and facilitate effective management of each case assigned to the team.

(b) At a minimum, a multidisciplinary intervention and treatment team shall be comprised of the youth, representatives from the program's administration and residential living unit, and others directly responsible for providing, or overseeing provision of, intervention and treatment services to the youth. Each intervention and treatment team member shall participate in the case management processes addressed in paragraphs 63E-7.010(1)(a)-(d), F.A.C., to ensure provision of coordinated services to each youth. The program shall request and encourage the waiver support coordinator if the youth is an identified APD client, the DCF counselor, if applicable, and a representative of the educational staff to participate as an intervention and treatment team member. However, at a minimum, the intervention and treatment team shall obtain input from the

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educational staff for use when developing and modifying the youth's performance plan, preparing progress reports to the court, and engaging in transition planning.

(5) Assessment. A residential commitment program shall provide assessment services as follows:

(a) Initial Assessment. The program shall ensure that an initial assessment of each youth is conducted within 30 days of admission. The program shall maintain all documentation of the initial assessment process in JJIS on the Youth Needs Assessment Summary.

1. Criminogenic Risks and Needs. The program shall assess each youth using the RPACT to identify criminogenic risk and protective factors, prioritize the youth's criminogenic needs.

2. Educational and Treatment Needs. Additionally, the program shall ensure that the initial assessment process addresses the youth's educational and treatment needs as specified in the following subsections, and that any resulting information that is applicable to the criminogenic risk and needs assessment is reflected on the criminogenic assessment tool addressed in subparagraph 63E-7.010(5)(a)1., F.A.C.

a. Education. An educational assessment shall be conducted as required in Section 1003.52, F.S.

b. Physical Health. A comprehensive physical assessment conducted by a physician, advanced registered nurse practitioner (ARNP) or physician assistant, as well as a health-related history conducted by a physician, ARNP, physician assistant or nurse licensed pursuant to Chapter 464, F.S., shall be made available to the program by the time of the youth's admission. After the youth is admitted, healthcare professionals with the qualifications referenced above shall review the respective documents within seven calendar days of the youth's admission, resulting in verification or update of the youth's medical status, identification of any medical alert relevant to the youth, and provision of healthcare services as indicated.

c. Mental Health and Substance Abuse. The program shall ensure that a comprehensive mental health or substance abuse evaluation is conducted when the need is identified through screening pursuant to paragraph 63E-7.004(2)(b), F.A.C. However, if a comprehensive evaluation, as defined in Rule 63E-7.002, F.A.C., was conducted within the past twelve months, an update to that evaluation may be completed instead. Only a licensed mental health professional or a mental health clinical staff person working under the direct supervision of a licensed mental health professional shall conduct a mental health evaluation or update. Any substance abuse evaluation or update shall be conducted by a qualified professional who is licensed under Chapter 458, 459, 490 or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S.

(b) Reassessment. The program shall determine and document changes in each youth's risks and needs using the RPACT so that updated information is available when the intervention and treatment team prepares a 90-day Performance Summary pursuant to paragraph 63E-7.010(9)(b), F.A.C. Additionally, the program shall ensure that any other updates or reassessments are completed when deemed necessary by the intervention and treatment team to effectively manage the youth's case. The program shall maintain all re-assessment documentation in the youth's official youth case record.

(6) Performance Plan. A residential commitment program shall ensure that each youth has a performance plan with individualized delinquency intervention goals to achieve before release from the program. Based on the findings of the initial assessment of the youth, the intervention and treatment team, including the youth, shall meet and develop the performance plan within 30 days of the youth's admission.

(a) The performance plan, developed to facilitate the youth's successful reintegration into the community upon release from the program, shall include goals that:

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1. Specify delinquency interventions with measurable outcomes for the youth that will decrease criminogenic risk factors and promote strengths, skills, and supports that reduce the likelihood of the youth reoffending;

2. Target court-ordered sanctions that can be reasonably initiated or completed while the youth is in the program; and

3. Identify transition activities targeted for the last 60 days of the youth's anticipated stay in the program.

(b) For each goal, the performance plan shall specify its target date for completion, the youth's responsibilities to accomplish the goal, and the program's responsibilities to enable the youth to complete the goal.

(c) To facilitate the youth's rehabilitation or promote public safety, the intervention and treatment team may revise the youth's performance plan based on the RPACT reassessment results, the youth's demonstrated progress or lack of progress toward completing a goal, or newly acquired or revealed information. Additionally, based on the transition conference addressed in paragraph 63E-7.010(10)(a), F.A.C., the intervention and treatment team shall revise the youth's performance plan as needed to facilitate transition activities targeted for completion during the last 60 days of the youth's stay in the program.

(d) The youth, the intervention and treatment team leader, and all other parties who have significant responsibilities in goal completion shall sign the performance plan, indicating their acknowledgement of its contents and associated responsibilities. The program shall file the original signed performance plan in the youth's official youth case record and shall provide a copy to the youth. Within 10 working days of completion of the performance plan, the program shall send a transmittal letter and a copy of the plan to the committing court, the youth's JPO, the parent or legal guardian, and the DCF counselor, if applicable.

1. Electronic transmittal of the performance plan to the youth's JPO and DCF counselor is acceptable.

2. If the parent or guardian did not participate in the development of the performance plan and if the youth is a minor and not emancipated as provided in Section 743.01 or 743.015, F.S., or is over 18 years of age and incapacitated as defined in Section 744.102(12), F.S., the program shall enclose an additional copy of the plan's signature sheet and shall request in the transmittal letter that the parent or guardian acknowledge receipt and review of the plan by signing the signature sheet and returning it to the program. Any signature sheet signed by the parent or guardian and returned to the program shall be attached to the youth's original performance plan.

(7) Treatment Plan. When a youth has a developmental disability or a mental health, substance abuse, or physical health need that is addressed in a separate treatment or care plan, that treatment or care plan shall be coordinated with the youth's performance plan through the multi-disciplinary intervention and treatment team process to ensure compatibility of goals, services and service delivery. The youth's performance plan shall reference or incorporate the youth's treatment or care plan. When a youth in a residential commitment program has a current behavior support plan or case plan through the Agency for Persons with Disabilities, the program shall coordinate the youth's performance plan with the youth's APD plan for related issues.

(8) Academic Plan. A youth's performance plan and his or her academic plan as specified in paragraph 6A-6.05281(4)(a), F.A.C., if applicable, shall be coordinated through the multi-disciplinary intervention and treatment team process, and the performance plan shall reference or incorporate the academic plan.

(9) Performance Review and Reporting.

(a) Performance Reviews. A residential commitment program shall ensure that the intervention and treatment team reviews each youth's performance, including RPACT reassessment results, progress on individualized performance plan goals, positive and negative

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behavior, including behavior that resulted in physical interventions, and if the youth has a treatment plan, treatment progress. Performance reviews shall result in revisions to the youth's performance plan when determined necessary by the intervention and treatment team in accordance with paragraph 63E-7.010(6)(c), F.A.C., and reassessments when deemed necessary by the intervention and treatment team in accordance with paragraph 63E-7.010(5)(b), F.A.C.

1. Low-risk, moderate-risk, and high-risk programs shall conduct biweekly reviews of each youth's performance. A formal performance review, requiring, a meeting of the intervention and treatment team, shall be conducted at least every 30 days. However, one biweekly performance review per month may be informal, wherein the intervention and treatment team leader, including other team members' input when needed, meets with the youth.

2. In maximum-risk programs, the intervention and treatment team shall meet at least every 30 days to conduct a formal performance review of each youth.

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

(b) Performance Reporting. The intervention and treatment team shall prepare a Performance Summary at 90-day intervals, beginning 90 days from the signing of the youth's performance plan, or at shorter intervals when requested by the committing court. Additionally, the intervention and treatment team shall prepare a Performance Summary prior to the youth's release, discharge or transfer from the program.

1. Each Performance Summary shall address, at a minimum, the following areas:

a. The youth's status on each performance plan goal;

b. The youth's overall treatment progress if the youth has a treatment plan;

c. The youth's academic status, including performance and behavior in school;

d. The youth's behavior, including level of motivation and readiness for change, interactions with peers and staff, overall behavior adjustment, and, for any initial Performance Summary, the youth's initial adjustment to the program;

e. Significant positive and negative incidents or events; and

f. A justification for a request for release, discharge or transfer, if applicable.

2. The staff member who prepared the Performance Summary, the intervention and treatment team leader, the program director or designee, and the youth shall review, sign and date the document. Prior to the youth signing the document, program staff shall give the youth an opportunity to add comments, providing assistance to the youth, if requested. The program shall distribute the performance summary as specified below within 10 working days of its signing.

a. With the exception of a Performance Summary prepared in anticipation of a youth's release or discharge, the program shall send copies of the signed document to the committing court, the youth's JPO, and the parent or guardian and shall provide a copy to the youth.

b. As notification of its intent to release a youth pursuant to subsection 63E-7.012(2), F.A.C., or discharge a youth pursuant to subsection 63E-7.012(3), F.A.C., the program shall send the original, signed Performance Summary, together with the Pre-Release Notification and Acknowledgement form to the youth's JPO who is responsible for forwarding the documents to the committing court.

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

(10) Transition Planning. When developing each youth's performance plan and throughout its implementation during the youth's stay, a residential commitment program shall ensure that the



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intervention and treatment team is planning for the youth's successful transition to the community upon release from the program. The intervention and treatment team shall intensify its transition planning as the youth nears his or her targeted release date as follows:

(a) Transition Conference. In a program with a length of stay over 90 days, the intervention and treatment team shall conduct a transition conference at least 60 days prior to the youth's targeted release date. In any program with a length of stay of 90 days or less, the exit conference, addressed in paragraph 63E-7.010(10)(b), F.A.C., shall suffice to address all necessary pre-release transition activities.

1. The program director or designee, the intervention and treatment team leader, and the youth shall attend the transition conference. Although the program shall encourage other intervention and treatment team members to attend, those not attending shall provide written input to the team leader prior to the conference. If the youth's teacher is not an active intervention and treatment team member, the team leader shall invite the teacher to participate in the transition conference; however, if the teacher chooses not to attend, the team leader shall obtain the teacher's input prior to the conference. Additionally, the program shall invite the youth's JPO, post-residential services counselor, if different than the JPO, the youth's parent or guardian, the waiver support coordinator if the youth is an identified client of APD, a Division of Vocational Rehabilitation representative if the youth has a disability as evidenced on his or her Individual Education Plan (IEP), and if applicable, the DCF counselor. The program shall encourage invitees' participation through advanced notifications and reasonable accommodations. However, when arrangements cannot be made for their participation in the transition conference, the intervention and treatment team leader shall request their input and offer an opportunity for them to provide it prior to the conference.

2. During the transition conference, participants shall review transition activities on the youth's performance plan, revise them if necessary, and identify additional activities as needed. Target completion dates and persons responsible for their completion shall be identified during the conference. The intervention and treatment team leader shall obtain conference attendees' dated signatures, representing their acknowledgement of the transition activities and accountability for their completion pursuant to the youth's performance plan.

3. In follow-up to the conference, if anyone not in attendance is identified as having responsibility for completing a transition activity, the intervention and treatment team leader shall send him or her a copy of the plan and request its return with a dated signature. In this case, an original signature is not necessary. Electronic transmittal of the plan to the youth's JPO and, if applicable, the DCF counselor is acceptable. If transmitted electronically, a return email acknowledging receipt and review suffices and shall be printed and filed with the youth's plan.

(b) Exit Conference. Prior to a youth's release, the program shall conduct an exit conference to review the status of the transition activities established at the transition conference and finalize plans for the youth's release. The exit conference shall be conducted after the program has notified the JPO of the release, but not less than 14 days prior to the youth's targeted release date or, if the program has a length of stay of 45 days or less, it shall be conducted not less than one week prior to the youth's targeted release date.

1. The program shall arrange and prepare for the exit conference in accordance with the requirements for the transition conference stipulated in subparagraph 63E-7.010(10)(a)1., F.A.C.

2. The program shall document the exit conference in the official youth case record, including the date of the conference, attendees' signatures, names of persons participating via telephone or video conferencing, and a brief summary of the follow-up transition activities still pending. The program shall track and ensure completion of any pending actions necessary to expedite the youth's release and successful transition.

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(11) Coordination of Services for DJJ Youth Also Served by DCF and APD. In an effort to coordinate services for youth jointly served by the department and one or both of the agencies identified above, a residential commitment program shall provide information requested by the DCF counselor or APD representative, or the youth's JPO on behalf of these agency representatives, and shall, upon request, make reasonable accommodations for them to visit the youth. The program shall invite these representatives from other agencies to the youth's transition and exit conferences in accordance with subparagraphs 63E-7.010(10)(a)1. and 63E-7.010(10)(b)1., F.A.C., and, if necessary, make reasonable accommodations for telephone or video access to participate in the conference. Additionally, the program shall notify these representatives 30 days prior to a youth's release or, in the event that the program does not have 30 days notice of the youth's release, the program shall notify them immediately upon becoming aware of the release date.

(12) Management of Sexually Violent Predator (SVP) Eligible Cases. A residential commitment program shall establish and implement a tracking system to ensure that any case of a youth who is screened by the department as potentially eligible for involuntary commitment as an SVP is managed as follows:

(a) The program shall identify the youth's potential SVP eligibility as part of the initial assessment documentation and the youth's performance plan. The program shall include transition activities on the youth's performance plan that facilitate determination of the youth's SVP eligibility status.

(b) When planning the youth's release pursuant to paragraph 63E-7.012(2)(b), F.A.C., the program shall assist the DCF multidisciplinary team and the State Attorney by providing additional information requested or by accommodating their request to interview the youth.

*Rulemaking Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History—New 12-9-08, Amended 12-21-09, 5-4-10, Amended 7-20-10.*

### **63E-7.011 Delinquency Intervention and Treatment Services.**

A residential commitment program shall provide delinquency intervention and treatment services that are gender-specific pursuant to Section 985.02, F.S., and that focus on preparing youth to live responsibly in the community upon release from the program. The program shall design its services and service delivery system based on the common characteristics of its primary target population, including age, gender, and special needs, and their impact on youths' responsivity to intervention or treatment. However, in accordance with Rule 63E-7.010, F.A.C., the program shall individualize and coordinate the provision of delinquency intervention and treatment services based on each youth's prioritized risk and needs as identified through the RPACT and document services delivered in the youth's individual management record.

(1) Residential Community. A residential commitment program shall establish an environment that is conducive to the effective delivery of delinquency intervention and treatment services. This environment shall promote and reinforce community values by giving youth opportunities to assume the responsibilities and experience the benefits of being part of a community. Therefore, the program shall establish a residential community, as defined in Rule 63E-7.002, F.A.C., that promotes the following:

(a) Each youth's personal accountability for his or her actions and how they impact others;

(b) Community safety through peaceful conflict resolution and youth learning to manage their behavior;

(c) Competency development through opportunities for youth to practice skills needed for responsible community living;

(d) Youths' active participation through opportunities to make choices, assume meaningful roles, including team membership and leadership roles, and give input into the rules and operation

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of the residential community. The program shall establish a formal process to promote youths' constructive input, such as a youth advisory council, that gives them experience in identifying systemic issues impacting their residential community and making recommendations for resolution to improve conditions and enhance the quality of life for staff and youth in the program.

(2) Delinquency Intervention Services.

(a) For each youth in its care, a residential commitment program shall implement a delinquency intervention model or strategy that is an evidence-based practice, promising practice or a practice with demonstrated effectiveness as defined in Rule 63E-7.002, F.A.C., that addresses a priority need identified for that youth.

(b) Education and work experience shall be considered by the Director of Programming when determining staff delivery of delinquency intervention services.

(c) A staff person whose regularly assigned job duties include implementation of a specific delinquency intervention model, strategy or curriculum shall receive training in its effective implementation.

(d) A residential commitment program shall provide delinquency intervention services that include, at a minimum, the following:

1. Educational Services and Career and Vocational Programming. Educational services shall be provided pursuant to Section 1003.52, F.S., the cooperative agreement between the applicable school district and the department as referenced in Section 1003.52(13), F.S., and any applicable provisions of the residential provider's contract with the department. Career and vocational programming services shall be provided pursuant to Chapter 63B-1, F.A.C., and any applicable provisions of the residential provider's contract with the department. The program shall make relevant facility training available to the educational and vocational staff, including program orientation, facility safety and security procedures, the program's behavior management system, and other topics that the program deems necessary to promote coordination of services, as well as safety and security.

2. Life and Social Skill Competency Development. The program shall provide interventions or instruction that focus on developing life and social skill competencies in youth. For purposes of this rule chapter, life skills are those skills that help youth to function more responsibly and successfully in everyday life situations, including social skills that specifically address interpersonal relationships. Non-clinical staff may implement life and social skills interventions or instruction under the supervision of the Director of Programming except when the instructional materials are specifically designed for use by clinical staff or when the skill training is delivered in response to a youth's treatment plan, thereby requiring a clinician's implementation. In a DJJ facility or program designated for Medicaid behavioral health overlay services (BHOS) or Medicaid fee-for-service, individuals providing Medicaid funded life skills or social skills shall meet the specific education and training requirements established by the Agency for Health Care Administration (AHCA), as may be found in the Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook.

a. The program shall provide life and social skills intervention services that address, at a minimum, identification and avoidance of high-risk situations that could endanger self or others, communication, interpersonal relationships and interactions, non-violent conflict resolution, anger management, and critical thinking including problem-solving and decision-making.

b. Direct care staff shall model prosocial behaviors for youth throughout the course of each day in the program, reinforce delinquency interventions, and guide and re-direct youth toward prosocial behaviors and positive choices. Additionally, staff shall engage youth in constructive dialogue to peacefully resolve conflict when it occurs or, if imminent safety and security issues

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delay intervention to resolve the conflict, as a follow-up process after safety and security are restored.

3. Impact of Crime Awareness Activities. The program shall provide activities or instruction intended to increase youths' awareness of and empathy for crime victims and survivors and increase youths' personal accountability for their criminal actions and harm to others. These activities or instruction shall be planned or designed to:

a. Assist youth to accept responsibility for harm they have caused by their past criminal actions, challenging them to recognize and modify their irresponsible thinking, such as denying, minimizing, rationalizing, and blaming victims;

b. Teach youth about the impact of crime on victims, their families and their communities;

c. Expose youth to victims' perspectives through victim speakers, in person or on videotape or audiotape, or through victim impact statements, and engage youth in follow-up activities to process their reactions to each victim's accounting of how crime affected his or her life; and

d. Provide opportunities for youth to plan and participate in reparation activities intended to restore victims and communities, such as restitution activities and community service projects.

4. Community Service Projects. The program shall engage youth in community service projects as learning experiences that promote competency development in youth and provide opportunities for them to give back to the community, such as projects that benefit less fortunate or victimized persons. If youth are restricted to the confines of the residential facility grounds pursuant to subsection 63E-7.013(19), F.A.C., the program shall engage them in structured activities that can be accomplished on-site at the program while benefiting the community. Through collaborative community partnerships, the program shall identify service projects that are needed and valued by the community. Although program staff shall be responsible for the direct supervision of youth while engaged in a community service project, the program shall ensure that any community member identified to sponsor or oversee a project serves as a positive role model while providing guidance needed for youth to successfully complete the project. In order for youth to understand the value of community service, staff shall provide opportunities for youth to give input into the selection of a community service project, involve youth in planning for the project, and de-brief with youth after completion of the project to process what they learned and how the community was benefited.

5. Recreation and Leisure Activities. The program shall provide a range of supervised, structured indoor and outdoor recreation and leisure activities for youth. These activities shall be based on the developmental levels and needs of youth in the program, as well as youths' input about their preferences and interests in various activities. The program shall offer recreation and leisure activities requiring varying degrees of mental and physical exertion, such as board games, creative arts, sports, and physical fitness activities. Activities shall be planned for youths' exposure to a variety of leisure and recreation choices, exploration of interests, constructive use of leisure time, and social and cognitive skill development, as well as to promote creativity, teamwork, healthy competition, mental stimulation, and physical fitness.

a. When engaging youth in active recreation and physical fitness activities, the program shall take the precautionary measures necessary to prevent over-exertion, heat stress, dehydration, frostbite, hypothermia, and exacerbation of existing illness or physical injury.

b. When planning for and engaging youth in active recreation and physical fitness activities, the program shall accommodate youths' limitations due to physical disabilities.

c. The program shall provide each youth with the opportunity to engage in large muscle exercise at least one hour daily. However, a youth shall not engage in such exercise when prohibited by medical contraindications or restrictions documented by a licensed healthcare professional or when a youth is exhibiting signs and symptoms of illness or physical injury pending a licensed healthcare professional's determination as to the necessity for medical

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restrictions. Additionally, a youth shall be prohibited from large muscle exercise when he or she is temporarily separated from the general population, including when placed on controlled observation or room restriction status pursuant to Rule 63E-7.013, F.A.C. However, if a youth is restricted to a room, the program shall give the youth an opportunity for large muscle exercise as soon as is reasonably possible after the youth is reintegrated into the general population.

d. The program director shall ensure development and implementation of written procedures that establish the conditions, content, and supervision necessary for the use of books and other leisure reading materials, television programming, videos, movies, and video games in the program. Except for academic classroom materials approved by educational personnel, program staff shall screen or preview the content of books and other reading materials, television programming, videos, movies, and video games to prevent youth's access to content that promotes violence, criminal activity, sexual activity, or abuse. Program staff shall not allow youth to view any television program, video, or movie that is rated above PG-13 unless it is previewed and pre-approved by the program director or his or her designee.

6. Gang Prevention and Intervention Strategies. Consistent with subsection 63E-7.013(8), F.A.C., a residential commitment program shall implement gang prevention and intervention strategies when youth are identified as being a criminal street gang member, are affiliated with any criminal street gang, or are at high risk of gang involvement. Identification of youth to participate in gang prevention or intervention activities shall be based on information obtained through the program's screening, assessment and classification processes, as well as gang-associated behaviors exhibited or the youth's expressed interest or intent while in the program.

(e) Rehabilitative Planning and Follow-up Requirements for Off-Campus Activities. A residential commitment program shall ensure that off-campus activities addressed in this subsection are purposeful, deliberately planned, and related to the rehabilitation of the participating youth. Programs shall comply with eligibility, risk classification, notification and approval, supervision, and other security requirements related to off-campus activities specified in subsection 63E-7.013(19), F.A.C. Additionally, the program shall comply with the following rehabilitative planning and follow-up requirements for youth participating in supervised off-campus activities, such as community service projects, field excursions and other transition-related activities, and unsupervised temporary release activities, such as community employment, or day activities and home visits with youths' parents or guardians. However, the following requirements are not mandatory for supervised recreational off-campus activities earned by youth as incentives in accordance with the program's behavior management system.

1. A participating youth shall have specific, written goals or objectives, consistent with his or her performance plan and transition goals, to accomplish during the above-listed off-campus activities. For a home visit, the youth's home visit goals shall be included on the Home Visit Plan/Notification form. The program shall send the form to the youth's JPO, the youth's post-residential services counselor, if assigned, the youth's parent or guardian as an attachment to a transmittal letter explaining their responsibilities for providing supervision and support during their child's home visit, and the committing court as an attachment to the Home Visit Plan Approval form. When the program sends this form to the committing court, the program shall copy the youth's parent or guardian, the youth's JPO, and the youth's post-residential services counselor, if assigned.

2. After completion of an off-campus activity, program staff shall de-brief with participating youth to process what they learned from the experience, as well as how they performed during the activity, including successes, challenges, and if applicable, alternative behaviors or actions that could have resulted in more positive outcomes. The youth's treatment team shall use information about the youth's performance during off-campus activities when reviewing the youth's overall progress and when planning future off-site and transition activities for the youth. Therefore, the program shall solicit feedback on a youth's performance from the employer of a youth

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participating in community employment, the community member overseeing a community services project, and the parent or guardian after supervising their child during a day activity or home visit.

(3) Treatment Services. Treatment services shall be provided in accordance with the following provisions:

(a) Authority for Evaluation and Treatment.

1. For purposes of this rule section, routine physical and mental healthcare services are defined as those specified on the Authority for Evaluation and Treatment (AET) form.

2. Prior to admission to the program of a youth under 18 years of age or a youth 18 years of age or older who is incapacitated as defined in Section 744.102(12), F.S., the youth's JPO shall provide the residential commitment program with an original or a legible copy of the signed AET or a court order addressing the provision of routine physical and mental healthcare. However, when a youth is 18 years of age or older and not incapacitated, or otherwise emancipated as provided in Section 743.01 or 743.015, F.S., no AET or court order is required since the youth is responsible for authorizing his or her own physical and mental health care.

3. Unless revoked or modified by a youth's parent or guardian or superseded by a court order addressing the provision of routine physical and mental healthcare, an AET remains current and valid while the youth remains under the department's supervision or custody or for one year after it is signed, whichever comes later. However, if a youth reaches 18 years of age while in the program and is not incapacitated, or is otherwise emancipated as provided in Section 743.01 or 743.015, F.S., the youth is responsible for authorizing his or her own physical or mental health care.

4. When the person authorized to consent withholds, revokes or limits consent for any recommended treatment, the program's Designated Health Authority, based on his or her clinical judgment, shall determine whether failure to provide the treatment will potentially result in serious or significant health consequences for the youth or threaten his or her life or jeopardize the health of other youth and staff in the program. If the Designated Health Authority so determines, the program director shall explain the situation to the person withholding, revoking or limiting consent, encouraging him or her to consent to the needed treatment; however, if consent is still denied, the program director shall contact the department's regional general counsel to request that he or she obtain a court order authorizing the treatment.

5. If the program anticipates that a youth will reach 18 years of age while in the program and believes that he or she is an incapacitated person as defined in Section 744.102(12), F.S., the treatment team shall track the youth and, at least three months prior to his or her 18th birthday, shall contact the youth's parent or guardian to request that he or she initiate the process to determine incapacitation and guardianship in accordance with the procedures specified in Part V of Chapter 744, F.S. or, in the case of a youth in foster care, notify the DCF counselor of the situation. If the program has reason to believe that guardianship is not being pursued, the program shall notify the department's regional legal counsel.

6. Except in the case of an incapacitated youth for whom the court has appointed a parent as the guardian, the program shall not release any health or mental health information to a parent of a youth who is 18 years of age or older, or is otherwise emancipated as provided in Section 743.01 or 743.015, F.S., without the youth's written consent. The program shall request the youth to give consent for his or her parent to be contacted in the event of an emergency; however, if the youth does not consent, the program shall request the youth to designate in writing the person or persons he or she wants contacted in an emergency situation.

7. The program shall not, under any circumstances, withhold physical or mental health emergency services pending the signing of an AET or issuance of a court order.

8. The program shall ensure that the original or a legible copy of the AET or the court order is maintained in the youth's individual healthcare record. Additionally, any revocations or

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modifications to the aforementioned documents shall be documented in the youth's individual healthcare record.

9. The AET does not authorize or provide consent for substance abuse services. The youth's consent for substance abuse services must be obtained as specified in paragraph (b) below.

(b) Youth Consent for Substance Abuse Evaluation and Treatment.

1. A youth must consent to substance abuse evaluation and treatment unless such treatment is ordered by the court.

2. Youth consent for substance abuse services is addressed in Chapter 397, F.S.

3. If a youth refuses to provide consent for necessary substance abuse evaluation and treatment, the department shall determine the need for a court order for the provision of such services.

4. Substance abuse records of service providers pertaining to the identity, diagnosis, and prognosis of and service provision to a youth may not be disclosed without the written consent of the youth to whom they pertain. However, appropriate disclosure may be made without written consent as specified in Section 397.501(7), F.S.

5. Any written consent for disclosure may be given only by the youth. This restriction on disclosure includes any disclosure of youth identifying information to the parent, legal guardian or custodian for the purpose of obtaining financial reimbursement.

6. Youth consent for release of substance abuse information and records is addressed in Chapter 397, F.S., and 42 Code of Federal Regulations, Part 2.

(c) Physical Health Services. A residential commitment program shall employ or contract with an individual to be the Designated Health Authority. He or she shall be licensed pursuant to Chapter 458 or 459, F.S. The Designated Health Authority shall be responsible for ensuring the delivery of administrative, managerial and medical oversight of the program's health care system. The program shall promote the health and physical development of the youth in its custody by ensuring the provision of, at a minimum, the following healthcare components.

1. Intake Screenings and Assessments. Each youth shall be screened pursuant to Rule 63E-7.004, F.A.C., and assessed pursuant to Rule 63E-7.010, F.A.C. If a youth is identified as having a chronic condition or a communicable disease, is determined to be pregnant, or experiences a significant change in his or her healthcare status, or when a new medication or medical regimen is initiated, a physician or physician's designee shall conduct a follow-up assessment when deemed necessary based on his or her clinical judgment about the youth's condition.

2. Episodic Care. The program shall respond to any unexpected illness, accident or condition that requires immediate attention by ensuring 24-hour first aid and access to emergency care for youth when needed.

3. Sick Call Care. The program shall ensure implementation of an effective method for each youth to access sick call, as well as a system to respond to any youth's sick call complaint of illness or injury of a non-emergency nature with a nursing assessment and, when warranted, a nursing intervention or referral to an off-site health care provider for treatment. Sick call shall be conducted by a registered nurse, or by a licensed practical nurse who shall review the cases daily, telephonically or in person, with a healthcare professional who holds a license with a scope of practice at the level of an RN or higher, i.e. an RN, an ARNP, a PA, an MD, or a DO.

4. Medication Management. The program's medication management system shall provide for the safe, effective, and documented storage, administration, and inventory of over-the-counter and prescription medications, including controlled substances.

5. Infection Control. The program shall develop and implement a plan for surveillance, screening and management of illnesses or potential infectious conditions. The program's infection control plan shall be approved by the Designated Health Authority and shall address, at a

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minimum, universal precautions, blood borne pathogens, needlestick injuries with post-exposure evaluation and follow-up, and communicable diseases.

6. Health Education. Health education pertaining to issues of adolescence shall be provided to youth appropriate for their age, developmental level and gender. Additionally, as applicable, individualized health education shall be provided on specific health conditions, such as prenatal, postpartum and parenting education for pregnant youth.

7. Transitional Healthcare Planning. Consistent with transition planning required in Rule 63E-7.010, F.A.C., the program shall ensure a process to facilitate healthcare transitional planning and information exchange to maintain continuity of care for a youth who is released or discharged from the program or transferred to another facility.

(d) Mental Health and Substance Abuse Services.

1. Designated Mental Health Authority or Clinical Coordinator. A residential commitment program shall designate a Designated Mental Health Authority or a Clinical Coordinator as follows:

a. Any program with an operating capacity of 100 or more youth or any program providing DJJ specialized treatment services shall employ or contract with a single licensed mental health professional to be known as the Designated Mental Health Authority. If the program contracts with an agency or corporate entity, rather than a single mental health professional, then a single licensed mental health professional within the agency or corporate entity shall be identified as the Designated Mental Health Authority.

b. Any program with an operating capacity of less than 100 youth or that does not provide specialized DJJ treatment services, shall designate either a Designated Mental Health Authority or a Clinical Coordinator. A Clinical Coordinator is a designated licensed mental health professional or a designated non-licensed mental health clinical staff person who has received training specifically in mental health services coordination, and who is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services. Designating a non-licensed mental health clinical staff person as a Clinical Coordinator does not confer upon that person the authority to provide clinical supervision of clinical staff.

2. A residential commitment program shall ensure that youth in the program have access to, at a minimum, the following mental health and substance abuse services:

- a. Mental health and substance abuse screening;
- b. Comprehensive mental health and substance abuse evaluation;
- c. Individualized mental health and substance abuse treatment planning and discharge planning;
- d. Individual, group and family therapy;
- e. Behavioral therapy;
- f. Psychosocial skills training;
- g. Psychiatric services;
- h. Suicide prevention services;
- i. Mental health crisis intervention;
- j. Emergency mental health and substance abuse services; and
- k. Developmental disability services for youth with a developmental disability.

3. Screening. Mental health and substance abuse screening that addresses risk factors for suicide, mental disorder and substance abuse shall be conducted upon a youth's admission to a residential commitment program in accordance with Rule 63E-7.004, F.A.C.

4. Comprehensive Evaluation. Youth who demonstrate behaviors or symptoms indicative of mental disorder or substance abuse during the screening process or after admission to the program



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shall be referred for a comprehensive mental health or substance abuse evaluation or update to be conducted by a qualified person in accordance with Rule 63E-7.010, F.A.C.

5. **Suicide Prevention Services.** Youth who demonstrate suicide risk factors during the screening process or after admission to a program shall be referred for Assessment of Suicide Risk or emergency mental health services if the youth is in crisis. A youth identified with suicide risk factors shall be maintained on suicide precautions until he or she has received an Assessment of Suicide Risk conducted by a mental health clinical staff person who is a licensed mental health professional or works under the direct supervision of a licensed mental health professional. The Assessment of Suicide Risk form (MHSA 004, August 2006) is incorporated into this rule and is available electronically at [http://www.djj.fl.us/forms/mental\\_health\\_substance\\_abuse\\_services\\_forms\\_index.html](http://www.djj.fl.us/forms/mental_health_substance_abuse_services_forms_index.html).

6. **Treatment Plan Development and Implementation.** When a comprehensive mental health or substance abuse evaluation indicates the youth is in need of mental health and/or substance abuse treatment, an individualized mental health and/or substance abuse treatment plan shall be developed and timely treatment shall be provided based upon the youth's treatment plan. Pending development of an individualized mental health or substance abuse treatment plan, an initial plan is acceptable.

a. The individualized mental health treatment plan shall include the signatures of the youth, the mental health clinical staff person that prepared the plan, and any intervention and treatment team members who participated in its development. A licensed mental health professional shall review, sign and date the treatment plan within 10 days of completion.

b. The individualized substance abuse treatment plan shall include the signatures of the youth, the substance abuse clinical staff person that prepared the plan and any intervention and treatment team members who participated in its development. The plan shall be completed by a qualified professional who is licensed under Chapter 458, 459, 490 or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S. If the treatment plan is completed by a non-licensed substance abuse clinical staff person, it shall be reviewed as provided in Rule 65D-30.004, F.A.C.

7. **Mental Health and Substance Abuse Treatment.** The program shall ensure the delivery of individual, group and family therapy, behavioral therapy, or psychosocial skills training in accordance with a youth's treatment plan. Mental health treatment shall be provided by a licensed mental health professional or a mental health clinical staff person working under the direct supervision of a licensed mental health professional. Substance abuse treatment shall be delivered by a qualified professional who is licensed under Chapter 458, 459, 490 or 491, F.S., a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, F.S. Additionally, psychiatric treatment services delivered in accordance with a youth's treatment plan shall be provided by a licensed psychiatrist or a licensed and certified psychiatric advanced registered nurse practitioner working under the clinical supervision of a licensed psychiatrist. The psychiatrist shall be a physician licensed under Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination. A licensed psychiatrist who is board certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology or American Board of Forensic Psychiatry may also provide psychiatric treatment services if he or she has prior experience and training in psychiatric treatment with children or adolescents.

8. **Crisis Intervention and Emergency Mental Health Services.** Youth who demonstrate acute emotional or behavioral problems or acute psychological distress shall be referred for mental

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health crisis intervention services conducted by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional. When a youth exhibits behaviors that constitute an imminent danger to self or others because of mental illness, the youth shall be referred for emergency mental health services in accordance with the provisions of Section 394.463, F.S.

9. Discharge Planning. Prior to a youth being discharged from mental health or substance abuse treatment, either when completing treatment or when being transferred, released or discharged from the residential program before completing treatment, a mental health or substance abuse discharge plan shall be developed to facilitate continuity when the youth moves from one facility to another or returns to his or her community. Additionally, the youth's intervention and treatment team shall use the youth's treatment discharge plan when planning for the youth's transition to the community pursuant to Rule 63E-7.010, F.A.C.

*Rulemaking Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History—New 12-9-08, Amended 12-21-09, 5-4-10, 7-20-10.*

### **63E-7.012 Transfer, Release and Discharge.**

(1) Transfer.

(a) A residential commitment program may request to transfer a youth to a higher, lower, or same restrictiveness level program by submitting a Request for Transfer form and a transfer Performance Summary to a regional transfer administrator designated by the department. The transfer Performance Summary shall describe efforts by the program to meet the youth's treatment needs and to modify or manage non-compliant behavior. A program's request to transfer a youth shall be based on at least one of the following:

1. A youth's new law violations;
2. The youth's continued non-compliant behavior after the program has attempted to modify or manage it;
3. The program's incapacity to meet the youth's changing treatment needs;
4. The youth's gang affiliation;
5. Protection of the public; or
6. Impending program closure or reduction in the program's bed capacity.

(b) The transfer administrator shall conduct a transfer staffing if a youth is being considered for transfer to a higher restrictiveness program, and may conduct a transfer staffing in other cases when he or she deems necessary. If the transfer administrator schedules a transfer staffing, the program requesting the transfer shall:

1. Send the Notification of Transfer Staffing form letter and the transfer Performance Summary to the youth's parents or legal guardian, copying the youth, the youth's JPO, the Department of Children and Families foster care worker, if applicable, and any attorneys of record, including the defense attorney and state attorney;
2. Designate at least one member of the youth's treatment team to participate in the staffing; and
3. Provide any additional information and documentation requested by the transfer administrator.

(c) The transfer administrator shall approve or deny the transfer request based on review of information provided by the program, consideration of any transfer staffing recommendations, verification of the youth's eligibility for admission into a program at the recommended restrictiveness level, and availability of a program that can better meet the youth's needs while protecting the public. However, if the transfer administrator approves a request that recommends a transfer to a restrictiveness level other than that to which the court committed the youth, the transfer administrator shall submit the transfer request to the court.

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(d) The residential commitment program shall include any transfer request and notification documentation in the youth's individual management record.

(e) When a transfer is granted, the initiating residential commitment program shall prepare a transfer packet. The receiving program shall inspect the packet prior to the transferred youth's admission and, if any core documents are not included in the packet, shall contact the initiating program to request the missing documents be faxed or electronically transmitted. The core documents are as follows:

1. DJJ face sheet;
2. Current commitment order;
3. Predisposition report;
4. Commitment conference summary; and
5. Individual healthcare record that includes:
  - a. The current original Authority for Evaluation and Treatment or a current legible copy;
  - b. Comprehensive physical assessment;
  - c. Immunization records; and
  - d. Tuberculosis skin test (Mantoux) results, unless contraindicated.

(f) Within 24 hours of any transfer or on the first regular workday of the following week when the youth is transferred on a holiday, a weekend or a Friday afternoon, the program shall update the JJIS Bed Management System or, if a program does not have access to JJIS, shall notify the regional commitment manager. The only exception to this notification requirement is when the regional commitment manager served as the transfer administrator who granted the transfer request.

### (2) Release.

(a) When planning for the release of any youth who is clearly not subject to involuntary commitment as a Sexually Violent Predator (SVP), a residential commitment program shall comply with the following provisions.

1. A program with a designed or estimated length of stay of more than 45 days shall forward the Pre-Release Notification and Acknowledgment form, with the pre-release notification section completed, and the release Performance Summary to the youth's JPO at least 45 days, or in the case of a sex offender who is not SVP eligible, at least 90 days prior to the youth's planned release date. A residential commitment program with a designed or estimated length of stay of 45 days or less shall forward the Pre-Release Notification and Acknowledgment form, with the pre-release notification section completed, to the youth's JPO within 72 hours of the youth's admission to the program.

a. If the program does not receive the completed Pre-Release Notification and Acknowledgment form within 20 working days of the program sending it to the youth's JPO, the program shall contact the JPO or the JPO's supervisor to expedite return of the form.

b. In the event that the court directly contacts a residential commitment program to summon, subpoena, or request the youth appear at a hearing to address the release request, the program shall immediately notify the youth's JPO or, if unavailable, the JPO's supervisor.

c. If the court objects to the youth's release, the program shall resubmit the Pre-Release Notification and Acknowledgment form and Performance Summary to the JPO after the youth has made progress towards meeting the court's expectations.

d. The program shall not release any youth without written notification from the JPO or the JPO's supervisor that documents the court's approval or confirms the release is considered approved when the court does not respond within 10 days of the department's request. Upon notification that a release request has been approved or is considered approved, the program shall provide written notification to the youth's parents or legal guardian of the planned release and complete an RPACT exit assessment.

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2. If a youth's offense is homicide pursuant to Chapter 782, F.S., (lawful representatives or next of kin considered as the victims in homicide cases), a sexual offense pursuant to Chapter 794, F.S., attempted murder or a sexual offense pursuant to Chapter 777, F.S., stalking pursuant to Section 784.048, F.S., or domestic violence pursuant to Section 25.385, F.S., the program shall notify the youth's victims or their designees prior to releasing the youth unless the youth's JPO has provided the program with a waiver of notification rights signed by the victims or their designees.

a. The program shall track youth whose victims or designees require notification while maintaining confidentiality that protects the identity of victims.

b. The program shall mail the Victim Notification of Release form letter to the victims or their designees at least 10 working days prior to the youth's release or, if circumstances beyond the program's control prevent this, as soon thereafter as possible before the youth's release. The program shall document all notifications and attempted notifications and shall copy the youth's JPO and the youth's individual management record on the notification letter.

c. Under no circumstances shall the program notify a victim or designee if he or she waived notification rights in writing, nor shall the program notify the victim or designee until the youth's JPO notifies the program of approval to release the youth.

3. The program shall also ensure the following notifications prior to a youth's release:

a. Educational and vocational staff so required post-testing may be conducted, transcripts prepared, records transferred, and the receiving community school notified.

b. Parties or entities requiring notification if the youth is a juvenile sex offender pursuant Section 985.48, F.S.; and

c. JJIS or the department's regional commitment manager. Within 24 hours of any release or on the first regular workday of the following week when the youth is released on a holiday, a weekend or a Friday afternoon, the program shall update the JJIS Bed Management System or, if a program does not have access to JJIS, shall notify the regional commitment manager.

4. Prior to a youth's release, the program shall comply with the following departure procedures:

a. Arrange transportation as necessary; and

b. Conduct a property inventory of the youth's personal possessions in the presence of the youth, documenting the inventory and verifying its accuracy with signatures of the staff conducting the inventory, the youth, and a witness. The program shall reconcile any differences between the intake and release inventories. However, no release inventory is required if there is documentation that the program sent the youth's personal possessions home at the time of admission or intake.

(b) When planning the release of any youth who, based on the department's screening, may be eligible for involuntary commitment as an SVP, a residential commitment program shall comply with the following provisions:

1. Not less than 240 days prior to the anticipated release of a youth who is potentially SVP eligible, a program with a designed or estimated length of stay of 240 days or more shall notify the JPO of the anticipated release. A program with a designed or estimated length of stay of less than 240 days shall commence notification to the JPO within 30 days of the youth's admission to the program.

2. The program shall not release any youth who is potentially SVP eligible and subject to the provisions of Chapter 394, F.S., until the Sexual Predator Unit at the Department of Children and Families (DCF) has determined eligibility and the youth's JPO has advised the program how to proceed and has provided the program with written documentation to support such action. To facilitate this eligibility determination process, the residential commitment program shall provide to the youth's JPO the documentation required by DCF.

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a. A program with an estimated length of stay of 240 days or more shall provide the Jimmy Ryce Act For violent Sexual Offenders/Residential Program Notification Checklist, the performance plan, the Performance Summary, a physical health summary, a summary of the youth's institutional adjustment if not included in the Performance Summary, and any psychological or psychiatric report.

b. In the case of a program whose estimated length of stay is less than 240 days, wherein release notification commences 30 days or less after the admission of a potentially SVP eligible youth is admitted, the program shall initially provide the JPO with the Jimmy Ryce Act For Violent Sexual Offenders/Residential Program Notification Checklist, the performance plan, a physical health summary, a summary of the youth's institutional adjustment, and any psychological or psychiatric reports. Additionally, the program shall provide the JPO with the Performance Summary and the transition plan immediately subsequent to their completion. Although the program provides existing psychological or psychiatric reports at the time it commences release notification, the program shall provide the JPO with any subsequent psychological or psychiatric reports that may be generated while the youth is still in the program.

c. If DCF determines that a youth is not subject to civil commitment as a SVP pursuant to Chapter 394, F.S., the program shall comply with the provisions set forth in paragraph 63E-7.012(2)(a), F.A.C., of this rule chapter.

(c) In addition to complying with the provisions of paragraph (2)(a) or (2)(b) of this section of this rule chapter, when planning for the release of any sex offender who is identified on his or her commitment packet as being subject to registration requirements pursuant to Section 943.0435, F.S., a residential commitment program shall take a digitized photograph of the youth within 60 days prior to release. Prior to the youth's release, the program shall provide the digitized photograph to the youth's JPO or, if there is a web camera, the program shall download the youth's photograph into JJIS for inclusion in the youth's file.

(3) Discharge. When a youth is being directly discharged rather than released to post-commitment probation or conditional release supervision, a residential commitment program shall comply with the notification requirements for release pursuant to subparagraphs 63E-7.012(2)(a)1.a., and 2.-3., F.A.C., of this rule chapter and the departure requirements pursuant to subparagraph 63E-7.012(2)(a)4., F.A.C., of this rule chapter, with the following exceptions:

(a) The program shall send a discharge rather than release summary with the Pre-Release Notification and Acknowledgment form to the youth's JPO; and

(b) The program shall notify the youth's parent or legal guardian at least 30 days prior to the youth's discharge unless the youth is being discharged because he or she has reached the age of jurisdiction.

(4) If a youth in a residential commitment program is taken into custody by law enforcement as an adult for crimes that occurred prior to or during residential placement, the program shall:

(a) Complete the Request for Notification When Youth Is Ready for Release form, securing the signature of the law enforcement officer taking custody of the youth, and give him or her a copy of the form and a copy of the youth's commitment order;

(b) Contact the youth's JPO by telephone and in writing, immediately notifying him or her of the youth's status; and

(c) Document the event, notifications and attempted notifications.

(5) When a youth in a residential commitment program is arrested on a new charge or a pre-placement charge pending in juvenile court that results in the youth going to detention, the residential program shall facilitate a timely return of the youth unless the youth's continued placement in the program substantially jeopardizes safety or security.

*Rulemaking Authority 20.316, 985.64, 985.601(3)(a) FS. Law Implemented 985.601(3)(a), 985.03(44), 985.441(1)(b) FS. History—New 1-3-08, Amended 8-25-08, 12-21-09.*

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### 63E-7.013 Safety and Security.

(1) **Physical Security Features.** A residential commitment program shall provide physical security features as required pursuant to Chapter 985, F.S., the provider's contract with the department, if applicable, and the provisions listed below based on the restrictiveness level of the program. Unless specified otherwise in a provider's contract with the department, and contingent upon legislative appropriations, the department is responsible for providing the following physical security features in a program operated in a state-owned building.

(a) Although a low-risk program is not required to be physically secure, authorized features include delay-open door alarms, window alarms, electronic search devices, video surveillance equipment, radio or cellular phone communication devices for staff, and exterior lighting.

(b) A moderate-risk program shall be environmentally secure, staff secure, or hardware-secure with walls, fencing, or locking doors. Additionally, the following security features are authorized, but not required, for a moderate-risk program:

1. Security fencing with an inside overhang or razor wire;
2. Door locks on entry, exit, and passage doors, with a manual override capability if locks are electronic;
3. Secure windows of break-resistant or screened glass;
4. Delay open door and window alarms;
5. Camera surveillance system;
6. Secure sally port;
7. Secure pedestrian gate;
8. Exterior security lighting;
9. Electronic search equipment; and
10. Radio or cellular phone communication devices for staff.

(c) A high-risk program shall provide security features that include a minimum of 12-foot high perimeter fencing, with an inside overhang or razor wire; door locks on entry, exit and passage doors, with a manual override capability if locks are electric; secure windows of break-resistant or screened glass; and exterior security lighting. A high-risk program shall also provide radio or cellular phone communication devices for staff. Additionally, the following security features are authorized, but not required, for a high-risk program:

1. Camera surveillance system;
2. Secure sally port;
3. Secure pedestrian gate; and
4. Electronic search equipment.

(d) A maximum-risk program shall provide the following security features:

1. Perimeter security fencing of at least 12 feet in height, with an inside overhang or razor wire;
2. Door locks on entry, exit, and passage doors, with a manual override capability if locks are electronic;
3. Camera surveillance system, with inside and outside cameras and taping capability;
4. Sally port with intercom capability;
5. Secure pedestrian gate with intercom capability;
6. Secure windows that are break-resistant or screened glass;
7. Sleeping room doors that open out;
8. Exterior security lighting;
9. Electronic search equipment; and
10. Radio or cellular phone communication devices for staff.

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(2) **Staffing Ratios.** Any low-risk residential commitment program of more than five beds, and any moderate-risk, high-risk, and maximum-risk restrictiveness level program shall provide awake staff supervision 24 hours per day.

(a) Establishment of staff-to-youth ratios for each contracted or state-operated program shall be based on the following factors:

1. Restrictiveness level of the program;
2. Special needs of the targeted population; and
3. Facility layout or physical plant design.

(b) Staff-to-youth ratios in a privately operated residential commitment program shall be provided as specified in the provider's contract with the department and shall be monitored for compliance by the department.

(c) Staff-to-youth ratios in a state-operated program shall be specified in the department's monitoring plan for the program and shall be monitored for compliance by the residential monitor designated by the department.

(3) **Supervision of Youth.** All residential commitment program staff shall promote safety and security by maintaining active supervision of youth to include interacting positively with youth, engaging youth in a full schedule of constructive activities, closely observing behavior of youth and changes in behavior, and consistently applying the program's behavior management system.

(a) Program staff shall account for the whereabouts of youth under their supervision at all times.

1. Each program shall ensure that staff conduct and document resident counts minimally at the beginning of each shift, after each outdoor activity, and during any emergency situation, escape incident or riot.

2. Each program shall track daily census information to include, at a minimum, the total daily census count, new admissions, releases or direct discharges, transfers, and youth temporarily away from the program.

3. If, at any time, program staff cannot account for any youth's whereabouts or they find discrepancies between resident counts and the tracking of daily census information, the program shall reconcile immediately and take follow-up action as needed.

(b) A residential commitment program shall ensure that staff observe youth at least every ten minutes while they are in their sleeping quarters, either during sleep time or at other times, such as during an illness or room restriction. Staff shall conduct the observations in a manner to ensure the safety and security of each youth and shall document real time observations manually or electronically.

(4) **Procedures.** A residential commitment program shall develop and implement written facility operating procedures or protocols addressing safety and security.

(5) **Safe and Secure Facility.** A residential commitment program shall maintain a safe and secure physical plant, grounds and perimeter and shall:

(a) Conduct weekly security audits and safety inspections;

(b) Develop and implement corrective actions warranted as a result of safety and security deficiencies found during any internal or external review, audit, or inspection; and

(c) Verify that deficiencies are corrected as follows and existing systems are improved or new systems are instituted as needed to maintain compliance. In cases where no corrective action can be reasonably implemented without the department's response to a request for use of facility maintenance funds, the provider's request shall constitute initiation of corrective action.

1. Immediate initiation of corrective actions necessary to eliminate any imminent threat to life and safety or any impending security breach; and

2. Initiation of other corrective actions needed within 30 days;

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(6) Audio or Video Recordings. A residential commitment program that has any on-site video or audio system with recording capability shall maintain at least a 90-day history of recordings unless the equipment does not have the capacity to maintain a 90-day history, in which case the program shall maintain the recordings at least 30 days or longer if within the equipment's capacity.

(7) Classification of Youth. A residential commitment program shall establish a classification system that promotes safety and security, as well as effective delivery of treatment services, based on determination of each youth's individual needs and risk factors, that addresses, at a minimum, the following:

(a) Classification factors to include, at a minimum, the following:

1. Physical characteristics, including sex, height, weight, and general physical stature;
2. Age and maturity level;
3. Identified special needs, including mental, developmental or intellectual, and physical disabilities;
4. History of violence;
5. Gang affiliations;
6. Criminal behavior;
7. Sexual aggression or vulnerability to victimization, and
8. Identified or suspected risk factors, such as medical, suicide, and escape or security risks;

(b) Initial classification of each newly admitted youth for the purpose of assigning him or her to a living unit, sleeping room, and youth group or staff advisor;

(c) Reassessment of a youth's needs and risk factors and reclassification, if warranted, prior to considering:

1. An increase in the youth's privileges or freedom of movement;
2. The youth's participation in work projects or other activities that involve tools or instruments that may be used as potential weapons or means of escape; and
3. The youth's participation in any off-campus activity; and

(d) A continually updated, internal alert system that is easily accessible to program staff and keeps them alerted about youth who are security or safety risks, including escape risks, suicide or other mental health risks, medical risks, sexual predator risks, and other assaultive or violent behavior risks. The program shall design and implement this system to reduce risks by alerting program staff when there is a need for specific follow-up or precautionary measures or more vigilant or increased levels of observation or supervision, and by assisting staff when making treatment or safety and security decisions. Although a direct care, supervisory, or clinical staff may place a youth on alert status if he or she meets the criteria for inclusion in the program's alert system, only the following may recommend downgrading or discontinuing a youth's alert status:

1. A licensed mental health professional or mental health clinical staff person for suicide risks or other mental health alerts;
2. A medical staff person for medical alerts upon verification that the health condition or situation no longer exists; or
3. The program director, assistant program director, or on-site supervisor for security alerts.

(8) Gang Prevention and Intervention. A residential commitment program shall implement gang prevention and intervention strategies within the facility. Any indication of formal criminal gang activity, either observed or reported, shall be documented and the names of the youth identified as participating in formal criminal gang activity shall be entered in the alert system in JJIS and forwarded to local law enforcement for review. This information shall be shared with the education provider or local school district providing educational services at the facility, as well as with the youth's JPO and, if identified, his or her post residential services counselor. If local law enforcement certifies the youth as an associate or criminal gang member, the program shall



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document the information in the alert system in JJIS. For the purpose of this rule chapter, the definitions of criminal gang and criminal gang member are consistent with definitions in Chapter 874, F.S.

(9) Key Control. A residential commitment program shall establish a key control system that, at a minimum, addresses the following:

- (a) Key assignment and usage, including restrictions on usage;
- (b) Inventory and tracking of keys;
- (c) Secure storage of keys not in use;
- (d) Procedures addressing missing or lost keys; and
- (e) Reporting and replacement of damaged keys.

(10) Contraband. A residential commitment program shall delineate items and materials considered contraband when found in the possession of youth. The program shall provide youth with the list of contraband items and materials and inform the youth of the consequences if found with contraband. The program shall establish a system to prevent the introduction of contraband and identify contraband items and materials through searches of the physical plant, facility grounds, and its youth.

(a) Before program staff conduct any strip search of a youth and, at a minimum, before staff conduct a youth's initial frisk search, staff shall prepare the youth by explaining the purpose of the search and what it entails, while assuring the youth of his or her safety. Throughout the search, staff shall avoid using unnecessary force and shall treat the youth with dignity and respect to minimize the youth's stress and embarrassment.

(b) Frisk and Strip Searches. Staff conducting a frisk search, which is conducted through the youth's clothing, shall be of the same sex as the youth being searched. A strip search, a visual check of a youth without clothing, shall be conducted in a private area with two staff members present, both of the same sex as the youth being searched. As an alternative when two staff of the same sex are not available, one staff of the same sex as the youth may conduct the strip search while a staff of the opposite sex is positioned to observe the staff person conducting the search, but cannot view the youth. Use of electronic search equipment is authorized to supplement any frisk search authorized in this rule section. The provisions below stipulate the minimum requirements for use of frisk searches and strip searches based on a program's restrictiveness level. However, a program at any level is permitted to conduct frisk or strip searches when authorized by the program director, or in the director's absence, his or her designee, for purposes of controlling contraband or ensuring safety and security. When a frisk search is required based on the following provisions, yet the program director or designee authorizes a strip search for contraband control or safety and security purposes, the strip search shall be in lieu of the frisk search.

1. Programs at the Low-risk and Moderate-risk Restrictiveness Levels. In accordance with Rule 63E-7.013, F.A.C., a low-risk or moderate-risk program shall conduct a frisk search after a youth's participation in a vocational or work program or activity involving the use of tools or other implements that could be used as weapons or a means of escape. A frisk search shall also be conducted when a youth returns from a home visit. Consistent with Rule 63E-7.004, F.A.C., a low-risk or moderate-risk program shall conduct a strip search of every youth upon admission, except when a youth is admitted from secure detention, in which case a strip search is authorized rather than required.

2. Programs at the High-risk and Maximum-risk Restrictiveness Levels. In accordance with Rule 63E-7.013, F.A.C., a high-risk or maximum-risk program shall conduct a frisk search after a youth's participation in a vocational or work program or activity involving the use of tools or other implements that could be used as weapons or as a means of escape. Consistent with subsection 63E-7.013(11), F.A.C., a high-risk or maximum-risk program shall conduct a frisk

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search following a youth's involvement in a visitation activity. In the case of non-contact visitation, such as when the visitor and the youth are separated by an impenetrable barrier, the program director shall not authorize a strip search in lieu of a frisk search. A frisk search shall also be conducted when a youth returns from a supervised off-campus activity conducted away from the facility or its grounds. Although unsupervised off-campus activities, including home visits, are not permitted for youth in maximum-risk programs, a high-risk program shall strip search a youth returning from a home visit and shall frisk search a youth returning from any other unsupervised off-campus activity. Consistent with Rule 63E-7.004, F.A.C., a high-risk or maximum-risk program shall conduct a strip search of every youth upon admission, except when a youth is admitted from secure detention, in which case a strip search is authorized rather than required.

(c) A cavity search that involves the examination of the youth's body cavities, with the exception of visual inspection of ears, nose and mouth, may only be conducted by trained medical personnel in an emergency room setting when authorized by the program director because it is strongly suspected that a youth has concealed contraband in a body cavity.

(d) With the exception of privileged mail to or from a youth's attorney of record, JPO, clergy, or a state or federally authorized advocate or advocacy group representative, the program shall search youths' incoming and outgoing mail, including correspondence and packages, for contraband and for any information that may threaten the security or safety of the program, including escape plans or gang-related information. During the search of incoming or outgoing mail, the youth receiving or sending the mail shall be present or, if the program conducts mail searches at a central location, a youth representative shall be present to witness the process.

(e) The program shall confiscate any contraband item or material from a youth, documenting the reason for the confiscation and the manner of disposition. The program shall include a copy of the documentation in the youth's individual management record. If a confiscated item is not illegal, the program director or his or her designee has the discretion to discard the item, return it to its original owner, mail it to the youth's home, or return it to the youth upon his or her release from the program. In all instances involving the confiscation of contraband that is illegal, the program shall submit the item to local law enforcement and file a criminal report.

(11) Visitation. A residential commitment program shall provide for visitation of youth and, at a minimum, shall address the following:

(a) Program security and the safety of youth, staff and visitors;

(b) Designated visitation schedule that is provided to each youth's parents or legal guardian and is readily available to other authorized visitors, as well as reasonable accommodations in response to a parent's or legal guardian's request for alternate visitation arrangements;

(c) Designated visitation areas and staff supervision during visitation;

(d) Identification of authorized visitors, including the youth's parents or legal guardian, the youth's spouse, the youth's attorney of record, the youth's JPO, clergy, and others with a legitimate reason related to the youth's rehabilitation and treatment. The program shall not allow visitation by any co-defendant in the youth's current offense, anyone prohibited by court order to have contact with the youth, anyone the youth is unwilling to receive as a visitor, or anyone whose presence or behavior during a prior visitation posed a safety or security threat;

(e) Verification of the identity of visitors by requiring a form of picture identification except in the case of children or siblings of the youth who are accompanied by a parent or legal guardian;

(f) Documentation of all visitation to include:

1. The visitor's signature, the date, and the times of entry and exit;
2. The name of any visitor denied entry and the date, time, and reason for denial;

(g) Measures to prevent the introduction of contraband into the program to include:

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1. Written notification to visitors before their entry into the facility that their person and any packages may be subject to search and that possession of illegal contraband could be subject to legal action;

2. Mandatory electronic search of visitors entering high-risk and maximum-risk programs and optional electronic search of visitors entering low-risk and moderate-risk programs;

3. Frisk search of a visitor by a staff person of the same sex when reasonable belief exists that the visitor is attempting to introduce contraband or otherwise compromise the security of the facility;

4. Search of packages or other items for youth conducted in the presence of the visitor;

5. Prohibition of visitors bringing their personal possessions into the facility unless the program director or his or her designee makes an exception for a visitor needing a documented prescription medication or an adaptive device due to a disability;

6. Consistent with subsection 63E-7.013(10), F.A.C., frisk search of a youth in a high-risk or maximum-risk program prior to the youth's exit from the visitation area; and

7. Search of the visitation area by staff after all visits are concluded; and

(h) Termination of the visit if the youth or visitor violates the program rules, is loud or disorderly or visibly angry or upset, engages or attempts to engage in sexual contact or activity, is physically aggressive, or otherwise poses an unsafe situation.

(12) Tool Management. A residential commitment program shall provide a minimum ratio of one staff for every five youth (1:5) during activities involving the use of tools, except in the case of a disciplinary work project involving tools that requires a 1:3 ratio. However, when a program is designed to focus on vocational training, a provider's contract with the department or, in the case of a state-operated program, the department's monitoring plan may specify other staff-to-youth ratios when youth are using tools for vocational training purposes. Each residential commitment program shall institute a tool management system to prevent youth from using equipment and tools as weapons or means of escape. At a minimum, tool management shall address:

(a) Procedures for issuing tools to youth and staff, including an assessment to determine a youth's risk to the public, staff, other youth and self if allowed to participate in a project or activity involving the use of tools;

(b) A frisk search and, at the program's discretion, an electronic search of any youth at the completion of each work project or activity that involves the use of tools;

(c) Tool markings or identifiers that facilitate issuance of tools and timely identification of missing tools;

(d) Tool inventories as follows:

1. Tools shall be inventoried prior to being issued for work and at the conclusion of the work activity. Staff shall report any discrepancy to the program director or his or her designee for immediate follow-up action.

2. Any tool that, in its manufactured form or due to subsequent modifications, has sharp edges or points and has a high potential to be used as a weapon to inflict serious bodily harm, shall be inventoried daily, except on days when they are not used.

3. Any tool that, in its manufactured form or due to subsequent modifications, does not have sharp edges or points shall be inventoried at least monthly.

4. If the program consistently implements a system whereby tools are securely stored in a sealed container or closet, and if the seal has not been broken at the time an inventory is being conducted, the sealed tools may be exempt from inventory.

(e) Prohibited tools to include machetes, bowie knives, or other long blade knives;

(f) Procedures that address missing tools;

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(g) Internal reporting of incidents involving tools and reporting to the department's Central Communications Center as required;

(h) Secure storage of tools when not in use;

(i) Training for staff and youth on the intended and safe use of tools;

(j) Disposal and replacement of dysfunctional tools that are in an unsafe condition or disrepair; and

(k) Tool control and restrictions when a repairman or worker external to the program enters the facility or facility grounds to perform a work project that requires the use of tools. These restrictions shall limit tools to only those that are necessary, checking tools upon the worker's arrival to and exit from the program, restricting youths' access to the work area, immediate reporting of any tool the worker finds missing while on-site at the program, and follow-up action if any tool is found missing.

(13) Kitchen Utensils. A residential commitment program shall institute a system to control and inventory kitchen utensils used to prepare and serve food and eating utensils used by youth.

(14) Flammable, Poisonous and Toxic Items. A residential commitment program shall maintain strict control of flammable, poisonous, and toxic items and materials. At a minimum, the program shall:

(a) Maintain a complete inventory of all such items the program uses;

(b) Maintain a current list of facility positions, titles or functions that are authorized to handle these items;

(c) Prohibit youths' handling of these items and restrict their access to areas where the items are being used;

(d) Dispose of hazardous items and toxic substances or chemicals in accordance with Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 (amended 1-1-2004); and

(e) Maintain Material Safety Data Sheets (MSDS) on site in accordance with OSHA Standard 29 CFR 1910.1030 (amended 1-1-2004).

(15) Mechanical Restraints. When necessary and only as a last resort to maintain safety and security, the department authorizes the use of physical intervention techniques and mechanical restraints in residential commitment programs pursuant to Chapter 63H-1, F.A.C.

(16) Controlled Observation. A moderate-risk, high-risk, or maximum-risk residential commitment program may use controlled observation only when necessary and as a last resort. It is intended as an immediate, short-term, crisis management strategy for use during volatile situations in which one or more youths' sudden or unforeseen onset of behavior imminently and substantially threatens the physical safety of others and compromises security. Controlled observation is not authorized for use as punishment or discipline.

(a) The program is authorized to temporarily place a youth in a controlled observation room only in the following situations when non-physical interventions would not be effective:

1. Emergency safety situations where there is imminent risk of the youth physically harming himself or herself, staff, or others; or

2. When the youth is engaged in major property destruction that is likely to compromise the security of the program or jeopardize the youth's safety or the safety of others.

(b) A supervisor with delegated authority shall give prior authorization for each use of controlled observation unless the delay caused by seeking prior approval would further jeopardize the safety of others and the program's security. In this case, as soon as the youth is placed in the controlled observation room and order is re-established within the program, staff shall obtain authorization for continued placement from a supervisor with delegated authority or the youth shall be removed from the controlled observation room.

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(c) Staff shall not leave a youth alone in a controlled observation room until an inspection of the room is conducted and it is deemed safe, secure, and in compliance with the following room specifications:

1. Minimum of 35 unencumbered square feet;
2. Solid core hardwood or metal door with a shatter-resistant observation window that allows for sight and sound observation;
3. Vents that are out of the reach of youth and covered with small mesh or a metal plate, with holes no more than 3/16 inch and no exposed edges;
4. Recessed light fixtures that are covered with shatter-resistant material;
5. Windows that are shatter-resistant or, if not, covered with security-rated screens or another material that prevents access to the glass;
6. No electrical outlets;
7. No electrical switches unless covered and secured; and
8. A security-rated, fire retardant plastic mattress suitable for use on the floor or on a suicide-resistant bed.

(d) In order to determine if there are any observable injuries that would contraindicate a youth's placement in a controlled observation room, the program shall use the Health Status Checklist to conduct and document a visual check of the youth upon his or her placement. The Health Status Checklist (MHSA 008, August 2006) is incorporated into this rule and is available electronically at [http://www.djj.state.fl.us/forms/mental\\_health\\_substance\\_abuse\\_services\\_forms\\_index.html](http://www.djj.state.fl.us/forms/mental_health_substance_abuse_services_forms_index.html).

1. A healthcare professional or a staff person of the same sex as the youth shall conduct the visual check unless a same-sex staff person is unavailable in the vicinity, in which case a staff person of the opposite sex may conduct the visual check.

2. The visual check shall be conducted without the youth disrobing unless there is reason to suspect an injury that is hidden by clothing, in which case, a healthcare professional or a staff person of the same sex shall conduct the visual check.

3. If a physical injury is observed, the youth complains of injury or illness, or the youth experienced a fall, impact, or blow such that injury could reasonably be expected, a health care professional shall be immediately notified for timely assessment and treatment.

(e) Staff shall not place a youth in controlled observation when the youth is demonstrating acute psychological distress behaviors, such as panic, paranoia, hallucinations, and self-harming behaviors, or if the youth is a suicide risk, meaning a youth who demonstrates behaviors that indicate that he or she is thinking about or contemplating suicide or when the youth is identified as a suicide risk in the program's alert system. Additionally, if a youth in a controlled observation room begins demonstrating acute psychological distress or suicide risk behaviors, the youth shall immediately be removed from the room and follow-up mental health services shall be provided.

(f) A staff person of the same sex shall frisk search the youth and remove any potentially dangerous or injurious items before the youth is left alone in a controlled observation room. Staff shall remove all jewelry, pocket items, hair ties, hairpins, belts, or other clothing or items that the youth could use for self-injury or injury to others; however, the youth shall not be stripped.

(g) Staff shall discuss with the youth the reasons for his or her placement in controlled observation and the expected behavior for removal from placement. Later, when the youth's behavior has de-escalated and is conducive to constructive interaction, staff shall attempt to process with the youth what happened and explore alternative behaviors.

(h) To ensure the youth's safety while in the controlled observation room, staff shall conduct safety checks at least every fifteen minutes and shall observe the youth's behavior. However, continuous sight and sound supervision, defined as staff's provision of continuous, uninterrupted visual and sound monitoring of the youth, shall be provided when the youth is demonstrating

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physical behaviors that pose a high risk of self-injury. Staff shall document all safety checks and observations on the Controlled Observation Safety Checks form.

(i) The program director or a supervisor with delegated authority shall approve a youth's release from controlled observation when it is determined that, based on the youth's verbal and physical behaviors, he or she is no longer an imminent threat of harm to self or others.

1. The time limit for placement of a youth in the controlled observation room is two hours unless the program director or his or her designee grants an extension because release of the youth would imminently threaten his or her safety or the safety of others. No extension shall exceed two hours except when a youth is sleeping between the hours of 10:00 p.m. and 6:00 a.m. when the approving authority could not reasonably determine the youth's readiness for release. The total placement time for a youth in controlled observation, including all extensions, shall not exceed 24 hours.

2. When a youth is released from controlled observation, staff shall determine whether an in-house alert is warranted and, if so, take action as required pursuant to paragraph 63E-7.013(7)(d), F.A.C.

(j) The program director or assistant program director shall review the Controlled Observation Report within 14 days of the youth's release from controlled observation to determine if the placement was warranted and handled according to the provisions of this rule section. Any corrective actions deemed necessary to prevent potential misuse of controlled observation shall be immediately implemented.

(k) The program shall ensure completion of the Controlled Observation Report for each use of controlled observation, with the exception of the Extension of Controlled Observation section when a youth's placement is limited to the two-hour time period. Additionally, for each use of controlled observation, the program shall ensure completion of the Health Status Checklist and the Controlled Observation Safety Checks form. The program shall maintain these forms in an administrative file, as well as in the youth's individual management record.

(17) Escapes. For purposes of this rule, the definition of escape is consistent with Section 985.721, F.S.

(a) When a youth escapes from the facility or escapes from supervised activities away from the facility or while in transit to and from such activities, the program shall report the incident by telephone to law enforcement and the department's Central Communications Center immediately or within a timeframe not to exceed two hours of becoming aware of the escape. The program shall notify the youth's parent or guardian immediately or as soon as is practicable thereafter, with the first attempt at notification being made within a timeframe not to exceed two hours of becoming aware of the escape. Additionally, the program shall telefax the completed Notification of Escape form to the following persons or entities as soon as practicable or within a timeframe not to exceed four hours:

1. Local law enforcement agency having jurisdiction over the locale where the program is sited;
2. The state attorney in the jurisdiction where the delinquency petition was filed;
3. The sentencing judge;
4. The department's residential regional director or designee;
5. The youth's JPO or his or her supervisor; and
6. Detention screening.

(b) The program shall maintain a separate log that documents each notification, including each person contacted, the date and time of contact, and the program staff making the contact. In addition, all pertinent information relating to the escape shall be documented in the program's daily logbook and the youth's individual management record.

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(c) If law enforcement declines to accept a report alleging that a youth has committed the felony offense of escape, the program shall notify the youth's JPO or his or her supervisor who will request the court of jurisdiction to issue an order to take the youth into custody.

(d) If the youth is not apprehended within 48 hours of the escape, the program shall release the youth from the program in the department's JJIS Bed Management System or, if the program does not have direct access to JJIS, shall notify the department's regional commitment manager via telephone.

(e) As soon as possible after the program becomes aware of the youth's apprehension, the program shall advise all parties whom they previously notified of the escape.

(f) The program shall review circumstances pertinent to an escape within 48 hours, cooperate with the department in any review or investigatory activities following an escape, and implement corrective actions as needed to prevent future escapes.

(g) If a youth absconds while on temporary release status and does not return to the program as expected, the program shall contact:

1. The youth's family within four hours of becoming aware of the event to request their assistance in facilitating the youth's return to the program; and

2. The youth's JPO or his or her supervisor to request their assistance in facilitating the youth's return or to expedite issuance of a pick-up order. The program shall make this contact as soon as is practicable, but no later than the end of the same workday in which the program becomes aware of the event if it falls within the traditional workweek or, if not, before the end of the next traditional workday.

(18) Transportation. When transporting a youth, a residential commitment program shall maintain custody and control while ensuring the safety of youth, staff and the community.

(a) The program shall comply with the following provisions whether or not secure transportation is required:

1. The program shall ensure a current drivers license for any staff member operating a program vehicle.

2. Program staff shall not transport youth in any personal vehicle unless the program director approves such action based on extenuating circumstances wherein the life or safety of a youth is in imminent jeopardy without taking such action.

3. The program shall provide the minimum ratio of one staff for every five youth required for off-campus activities.

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

5. The program shall issue transporters a cellular phone or radio for use in the event of vehicle problems or other emergencies.

6. Staff shall not leave youth unsupervised in a vehicle.

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

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

(b) When transporting youth, a high-risk or maximum-risk program shall provide secure transportation. A low-risk or moderate-risk program shall provide secure transportation for any youth who has been assessed and determined to be a security risk or risk to self and others and has demonstrated that he or she cannot be transported by less restrictive methods. The program shall comply with the following when securely transporting youth:

1. The use of mechanical restraints is required and shall be provided pursuant to Chapter 63H-1, F.A.C.

2. In addition to the requirements specified in paragraph 63E-7.013(18)(a), F.A.C., the program shall comply with the following provisions when providing secure transportation:

- a. The vehicle shall have rear doors that cannot be opened from the inside.

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b. The vehicle shall be equipped with a safety screen separating the front seat or driver's compartment from the back seat or rear passengers' compartment, or a staff person shall occupy the back seat or rear passengers' compartment with the youth.

c. The program shall provide the minimum ratio of one staff for every five youth required for off-campus activities. However, if five or less youth are being transported, the program shall provide a minimum of two staff, with one being the same sex as the youth being transported.

(c) The program shall ensure that any vehicle used by the program to transport youth is properly maintained for safe operation.

1. Each vehicle being used for transport of youth shall pass an annual safety inspection.

2. The program shall maintain documentation on use of each vehicle and its maintenance.

3. Each vehicle used to transport youth shall be equipped with the appropriate number of seat belts, a seat belt cutter, a window punch, a fire extinguisher, and an approved first aid kit.

(19) A residential commitment program shall comply with the following provisions on youth's eligibility and participation in off-campus activities, defined as activities conducted away from the facility grounds:

(a) A residential commitment program shall provide supervision for youth who leave the facility grounds for necessary activities such as health and court-related events. The program shall determine a youth's eligibility for participation in other off-campus activities based on the program's restrictiveness level, the youth's performance and behavior in the program, and the assessed risk for the youth to re-offend during the off-site activity.

1. A low-risk or moderate-risk program shall allow a youth to participate in necessary, supervised off-campus activities such as health and court related activities. The program may also allow a youth to participate in other constructive supervised off-campus activities and, with court approval, may permit the youth to participate in specific temporary release activities, such as community employment and, during the final 90 days of his or her residential placement, home visits. If an extraordinary family emergency arises prior to the final 90 days of a youth's stay, the program director or designee may, with court approval, grant an emergency temporary release. In such a case, the program shall, with input from the youth's family, develop a specific itinerary and coordinate with the youth's JPO.

2. For most of a youth's placement in a high-risk program, the program shall restrict a youth's participation in off-campus activities to necessary, supervised activities such as health and court-related activities. However, during the final 60 days of a youth's residential stay and with court approval, the program may grant permission for the youth to leave facility grounds to engage in transitional activities such as enrollment in school or a vocational program, completion of a job interview, performance of community service, and home visits of no more than 72 hours. Additionally, if an extraordinary family emergency arises, such as the death or impending death of a youth's immediate family member, prior to the final 60 days of a youth's stay, the program director or designee may, with court approval and concurrence of the department's residential regional director, grant an emergency temporary release. In such a case, the program shall, with input from the youth's family, develop a specific itinerary and coordinate with the youth's JPO.

3. A maximum-risk program shall not allow a youth to participate in off-campus activities except for necessary, supervised activities such as health and court-related events and, under exceptional circumstances, a staff-supervised day trip to attend a family emergency event when approved by the court and the department's residential regional director.

(b) Prior to allowing a youth to participate in any off-campus activity that is not a supervised, necessary event, the program shall assess the youth's risk and determine that he or she is unlikely to re-offend while in the community. Additionally, the program shall require the youth to demonstrate progress and positive behavior in the program.



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(c) Except for supervised, necessary off-campus activities, the program shall plan and structure each off-campus activity, including any home visit, for youth to accomplish specific goals and objectives. The program shall involve the youth in the planning process.

(d) The program shall ensure a minimum ratio of one staff to every five youth during any supervised off-campus activity. The program shall provide a more intensive staffing if the activity or circumstances surrounding the activity dictate that closer supervision is necessary to ensure the safety of the community, staff and youth.

(e) Pursuant to subparagraph 63E-7.012(2)(a)2., F.A.C., the program shall notify the victim or his or her designee, unless these notification rights have been waived, when allowing a youth committed for specified offenses to participate in a temporary release.

(f) The program shall prohibit any youth from participating in trips or functions requiring travel out of the state of Florida unless approved in writing by the department's residential regional director and Assistant Secretary for Residential and Correctional Facilities. Approval shall be granted or denied based on the youth's eligibility to engage in off-campus activities pursuant to paragraphs 63E-7.013(19)(a), (b), F.A.C., and the purpose, objectives, travel plans and supervision arrangements pursuant to paragraphs 63E-7.013(19)(c), (d), F.A.C.

(20) Disaster and Continuity of Operations Planning. A residential commitment program shall develop a disaster plan and a continuity of operations plan (COOP) that are coordinated or one comprehensive plan that incorporates both. The plans shall provide for the continuation of basic care and custody of youth in the event of an emergency or disaster, while ensuring safety of staff, youth and the public. The program shall conduct practice events or drills and shall be prepared for immediate implementation or mobilization of the plans whenever an emergency or disaster situation necessitates.

(a) The program's disaster plan shall:

1. Address, at a minimum, fire and fire prevention and evacuation, severe weather, disturbances or riots, bomb threats, hostage situations, chemical spills, flooding or terrorist threats or acts;

2. Identify and define essential or key staffs' roles and specific responsibilities during emergency or disaster situations;

3. Specify and plan for the provision of any equipment and supplies required to maintain the continuous operation of services during an emergency or disaster. Equipment and supplies may include, but are not limited to, food, medications, pharmaceutical and first aid supplies, clothing and linens, vehicles, generators, cell phones, flashlights, batteries, fire safety equipment, and laptop computers;

4. Identify critical information about youth that may be needed during an emergency situation and plan for its access;

5. Address alternative housing plans;

6. Be compatible with the disaster plan and COOP for the department's residential region;

7. Be conspicuously posted in the facility, readily available to staff members, youth, and visitors, and disseminated to appropriate local authorities. If the plan is too voluminous to post, the program shall post a notice that identifies the various locations within the facility where staff can easily access the plan.

(b) The program's COOP shall:

1. Provide for the continuity of care and custody of its youth and the protection of the public in the event of an emergency that prevents occupancy of the program's primary facility or structure;

2. Be compatible with the COOP for the department's residential region;

3. Be readily available to staff;

4. Be reviewed and updated annually;

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5. Be submitted to the department's residential regional director, if requested; and
6. Be approved by the Division of Emergency Management, Department of Community Affairs.

(21) Internet Access. A residential commitment program shall ensure that youth only have access to the Internet for the purposes of obtaining educational material. While youth are on-line, program staff shall continually monitor the computer screens to ensure that youth are accessing only the approved material.

(a) Youth shall be prohibited from accessing material considered harmful to minors which includes any picture, image, graphic image file, or other visual depiction that, taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion.

(b) The program shall implement effective technology protection measures to limit youths' Internet access to only the approved educational material. The program shall conduct and document monthly checks on the protection system and, if problems are identified with the system, shall prohibit youths' access until repairs are completed and tested. The program shall not allow youth access to prohibited sites that may elude the technology protection measures.

(22) Water Safety.

(a) A residential commitment program that allows youth to participate in water-related activities shall establish a water safety plan that addresses, at a minimum, safety issues, emergency procedures, and the rules to be followed during a water-related activity, as follows:

1. Determination of the risk level for each youth to participate in water-related activities by identifying whether or not the youth can swim, assessing his or her swimming ability, and considering other factors to include, at a minimum, age and maturity, special needs such as physical and mental health issues, and physical stature and conditioning;

2. Type of water in which the activity is taking place, such as pool or open water;

3. Water conditions, such as clarity and turbulence, and bottom conditions;

4. Type of water activities such as swimming, boating, canoeing, rafting, snorkeling, scuba diving, and shoreline and offshore activities to include fishing from a bank or pier, fishing while wading, or picnicking close to a body of water:

5. Lifeguard-to-youth ratio and positioning of lifeguards;

6. Other staff supervision; and

7. Safety equipment needed for the activity, such as personal flotation devices when youth are in a boat, canoe or raft and availability of a lifeline during shoreline and offshore activities.

(b) The program shall provide sufficient supervision to continuously account for youth and ensure their safety.

1. The program shall ensure a sufficient number of lifeguards for maximum safety, and lifeguards shall be certified consistent with American Red Cross or other nationally accepted standards for the type of water in which the activity is taking place.

- a. If the water-related activity takes place in a pool, at least one staff person certified as a lifeguard shall be present.

- b. If the water-related activity takes place in open water, at least one staff person certified in waterfront lifeguarding shall be present.

- c. Shoreline and offshore activities do not require lifeguards present; however, the program shall provide supervision by staff trained in emergency procedures. Staffing shall be sufficient to continually account for youths' whereabouts and maintain safety.

- d. Scuba diving activities shall be conducted by a scuba diving instructor certified by the National Association of Underwater Instructors (NAUI) or the Professional Association of Diving Instructors (PADI). Snorkeling or skin diving activities shall be conducted by a scuba diving instructor or a snorkeling or skin diving instructor certified by NAUI or PADI.

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2. The program shall provide additional staff supervision to ensure youths' safety. If the activity is conducted away from the program or its grounds, a minimum ratio of one staff for every five youth is required.

3. The program shall conduct methods necessary to maintain an accounting of youth, including conducting head-counts at regular intervals.

*Rulemaking Authority 985.64 FS. Law Implemented 985.601(3)(a), 985.441(1)(b), 985.03(44) FS. History—New 4-13-08, Amended 8-25-08, 7-20-10.*

### **63E-7.014 Staff Training.**

A residential commitment program shall ensure that the provision and documentation of pre-service or certification training and in-service training for direct care staff is consistent with Chapters 63H-2 and 63H-1, F.A.C.

*Specific Authority 985.64, 985.601(3)(a), 985.601(8), 20.316 FS. Law Implemented 985.601(3)(a), 985.601(8) FS. History—New 1-3-08.*

### **63E-7.016 Program Administration.**

(1) A residential commitment program director shall be accountable for the daily operation of the program, as well as ongoing program planning and evaluation to ensure safety, security, and effectiveness of services provided to youth.

(2) A residential commitment program's mission statement shall be consistent with the department's mission and principles of the restorative justice philosophy.

(3) A residential commitment program's written description shall, at a minimum, address the following:

(a) The program's delinquency intervention strategy and, if specialized services are provided, the treatment model;

(b) Services the program provides; and

(c) The program's service delivery system.

(4) A residential commitment program director shall ensure provisions for staffing that, at a minimum, address the following:

(a) Level 2 pre-employment screening requirements pursuant to Chapter 435 and Section 985.644(5), F.S.;

(b) Staff retention planning that includes steps to minimize turnover and improve employee morale;

(c) Maintenance of an organizational chart that reflects spans of control and lines of authority and specifies the job title, and the primary function if not inherent in the job title, of each program staff and overlay service provider;

(d) Staffing schedules that ensure coverage across shifts and a system for accessing additional staff coverage as needed;

(e) Position descriptions that specify required qualifications, job functions or duties, and performance standards;

(f) A system for evaluating staff at least annually based on established performance standards;

(g) Systems of communication to keep staff informed and give them opportunities for providing input and feedback pertaining to operation of the program;

(h) A dress code for staff that promotes professionalism, safety, and positive role modeling for youth; and

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(i) A code of conduct for staff that clearly communicates expectations for ethical and professional behavior, including the expectation for staff to interact with youth in a manner that promotes their emotional and physical safety.

(5) A residential commitment program shall establish a system for fiscal management and control.

(6) A residential commitment program shall ensure that a system is in place to request payment by parents/legal guardians or private insurance, if available, for youth's necessary medical treatment prior to forwarding medical bills to the department for payment.

(7) A residential commitment program shall report as follows:

(a) Incident reporting to the department's Central Communications Center;

(b) Reporting of Protective Action Response (PAR) incidents or use of mechanical restraints pursuant to Chapter 63H-1, F.A.C.;

(c) Reporting required for state-operated programs and programs operated by nonprofit contracted providers to participate in the USDA National School Lunch and Breakfast Program; and

(d) Posting of abuse reporting phone numbers throughout the facility and unhindered access for staff and youth to report abuse to the Department of Children and Family Services central abuse hotline addressed in Chapter 39, F.S., or if the allegedly abused youth is 18 years or older, the department's Central Communication Center. For purposes of this rule, unhindered access means the program shall allow youth and staff to make the decision to report allegations of abuse without obtaining permission. The program shall provide youth with timely telephone access to report allegations of abuse without intimidation or reprisal. However, if the youth requests telephone access during a scheduled structured activity, the program shall provide access as soon as that activity concludes.

(8) A residential program director shall establish a system to monitor the program's bed capacity and the length of stay of youth in placement to ensure all youth are progressing through the program and to target potential problems with any youth's planned release.

(9) A residential commitment program shall update information in the department's Juvenile Justice Information System (JJIS) as follows:

(a) Updates to the Bed Management System to include:

1. Any youth admission, transfer, release or discharge within 24 hours of the event; and

2. Placement of any youth on inactive status within 48 hours of an escape or admission to a juvenile detention center or jail; and

(b) Updates in the Residential Services Monitoring System (RSMS).

(10) A residential program shall notify the department's designated regional commitment manager if a youth is placed in a medical or mental health facility for longer than five days.

(11) A residential program shall be reviewed, audited, or investigated as follows:

(a) The department shall conduct performance reviews of each residential commitment program at least annually. These reviews shall determine the program's compliance with the provisions of this rule chapter and, if applicable, the terms and conditions of the provider's contract with the department.

(b) Pursuant to Section 985.632, F.S., the department shall conduct quality assurance reviews of residential commitment programs. Standards and indicators used for this purpose shall be based on provisions of this rule chapter.

(c) The program shall cooperate with any review or investigation coordinated or conducted by the department's Office of the Inspector General pursuant to Section 20.055, F.S.

(d) In cases where federal funds are involved, audits may be conducted according to federal requirements.

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(12) A residential commitment program director shall build partnerships and collaborate with juvenile justice stakeholders in the community.

(a) The program shall establish a community support group or advisory board that meets at least quarterly. The program director shall solicit active involvement of interested community partners including, but not limited to representatives from law enforcement, the judiciary, the school board or district, the business community, and the faith community. In addition, the program director shall recruit a victim, victim advocate, or other victim services community representative and a parent whose child was previously, rather than currently, involved in the juvenile justice system.

(b) The program shall collaborate with the school district to ensure the delivery of quality educational services consistent with the cooperative agreement between the school district and the department pursuant to Section 1003.52, F.S.

(c) The program shall develop a facility operating procedure that identifies criteria for law enforcement involvement at the facility.

(d) A residential commitment program may involve community volunteers, including mentors for youth, consistent with background screening requirements pursuant to Section 985.644, F.S. The program shall provide supervision as deemed necessary to ensure the volunteer is providing services in a manner that meets the expectations of the program and ensures the emotional and physical safety of its youth.

(13) A residential commitment program shall include information obtained from youth and parent surveys as well as reports published annually by the department in their program planning and assessment process.

(14) A residential commitment program shall maintain a chronological record of events as they occur or, if an event disrupts the safety and security of the program, as soon as is practicable after order has been restored.

(a) The program shall document the following events, incidents and activities in a central logbook maintained at master control, living unit logbooks, or both.

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

(b) Each logbook shall be a bound book with numbered pages. Every entry in a logbook shall be considered a permanent record; therefore, under no circumstances shall any logbook entry be obliterated or removed. An error in an entry shall be struck through with a single line and initialed by the person correcting the error.

(c) At a minimum, each logbook entry shall include the date and time of the event, the names of staff and youth involved, a brief description of the event, the name and signature of the person making the entry, and the date and time of the entry.

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(d) The program shall use one of the following methods to ensure that each direct care staff person, including each supervisor, is briefed when coming on duty:

1. Living Unit Logbook Review. If the program maintains a logbook at each living unit, each incoming staff shall review entries made during the previous two shifts in the logbook maintained in the living unit to which he or she is assigned. The staff shall document his or her review in the logbook, including the date, time and signature.

2. Shift Report Review. If the program does not maintain a logbook at each living unit, the program shall summarize in a shift report the events, incidents, and activities documented in the program's central logbook as required pursuant to subparagraphs 63E-7.016(12)(a)1.-10., F.A.C. A program supervisor shall verbally brief incoming staff about the contents of the shift report or incoming staff shall review the shift report. Each incoming staff shall sign and date the shift report for the previous shift to document that he or she has reviewed or been verbally briefed about its contents. A copy of the shift report shall be maintained at each living unit for at least 48 hours.

(15) A residential commitment program shall establish a records management system that addresses all records maintained by the program including, but not limited to, administrative files, personnel records, fiscal and accounting records, property inventories, and records pertaining to youth.

(a) The program shall maintain an official youth case record for each youth that is comprised of two separate files as follows:

1. An individual healthcare record that contains the youth's medical, mental health, and substance abuse related information; and

2. An individual management record that contains other pertinent information about the youth. The record's file tab shall provide the youth's legal name, DJJ identification number, date of birth, county of residence, and committing offense. The youth's JJIS face sheet and any JJIS special alerts shall be attached or filed in close proximity to the file tab. An individual management record shall be organized in the following separate sections:

- a. Legal Information;
- b. Demographic and Chronological Information;
- c. Correspondence;
- d. Case Management and Treatment Team Activities; and
- e. Miscellaneous.

(b) The program shall clearly label each official youth case record, individual management record, and individual healthcare record as confidential. All official youth case records shall be secured in a locked file cabinet or a locked room. The program shall clearly identify any file cabinet used to store official youth case records as confidential.

(c) Each residential commitment program shall comply with the records and confidential information provisions pursuant to Section 985.04, F.S.

(d) The program shall transfer youth records when a youth is released, discharged, transferred to another residential commitment program, or placed in a juvenile detention center. Transfer of youth records shall be handled as follows:

1. Within five working days of a youth's release or discharge, the program shall transfer the complete official youth case record to the departmental staff or contracted provider assigned to provide the youth's post-residential services. The program shall transfer the original record unless, due to federal auditing requirements, the program is required to retain any original documents. In this case, the program shall replace the originals required on site with complete copies.

2. The program shall ensure that the complete official youth case record accompanies a youth transferred to another residential commitment program. The transferring program shall send the

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original record unless, due to federal auditing requirements, the program is required to retain any original documents. In this case, the program shall replace the originals required on site with complete copies.

3. If a youth residing in a residential commitment program is placed in a juvenile detention center, the program shall ensure that the youth's complete individual healthcare record, either the original record or a copy, accompanies the youth when transported. If the youth is subsequently returned to the residential program, the detention center shall return the complete record at the time the youth is transported back to the program.

(16) A residential commitment program director shall immediately contact the department's regional residential director or designee to report the death of any youth residing in the program. The program director shall provide information as needed to enable the department to notify the youth's parents or legal guardian.

*Rulemaking Authority 985.64 FS. Law Implemented 985.601(3)(a) FS. History—New 4-13-08, Amended 8-25-08, 12-21-09, 5-4-10, 7-20-10.*