

# YOUTH CARE FACILITIES COMPLIANCE REVIEW INTERPRETATION GUIDE

<b>PROVIDER:</b>					
<b>FACILITY NAME:</b>					
<b>FACILITY ADDRESS:</b>					
<b>DATE:</b>					
<b>RESIDENT CASE RECORDS: A minimum of 25% or 2 (whichever is greater) resident records must be reviewed</b>					
		R.1	R.2	R.3	R.4
37.97.127	Name				
	Gender				
	Date of Birth				
	Contact Info on Parents				
	Date of Admission				
	Placing Agency				
	Previous Placements				
	Date of D/C, Reason, Contact Info				
	Referral Documents				
	Custody Documents				
	Youth Court Status				
	Birth Certificate				
	Signed Consents				
	Immunization Records				
	Health Records				
	Report Cards/Education Records: <ul style="list-style-type: none"> <li>• YCF must provide access to an educational program appropriate to the needs of each youth.</li> <li>• YCF must comply with state school attendance laws.</li> <li>• SCF must assure that each youth is offered an appropriate educational program and make a reasonable effort to comply with state school attendance laws.</li> <li>• SCF shall provide a day program plan for youth who will not be enrolled in the school system.</li> </ul>				
	Treatment/Clinical Records/Reports				

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	Incident Reports				
	Case Plans/Treatment plans				
	An Immediate Needs Assessment				
	Social Assessment				
<p><b>Interpretation:</b> Does the facility have documentation in the resident records to verify compliance with this rule? If documentation of custody documents, court records, birth certificates, immunizations or other records providing by the guardian or placing agency was not in file does provider have verification they have requested the information from guardian/placing agency?</p>					
<p><b>Notes:</b></p>					
37.97.146	<p><b>Placement Agreement:</b> Terms of the youth's placement</p>				
	The responsibilities of the YCF				
	The placing agency's responsibilities				
	When appropriate, the parent's or guardian's responsibility				
	<p>ICPC, if applicable: No youth from out of state shall be accepted into the YCF without an approved ICPC</p>				
<p><b>Interpretation:</b> Does the facility have a signed placement agreement in the resident records to verify compliance with this rule? If the youth is from out of state does the facility have an approved ICPC in the resident record?</p>					
<p><b>Notes:</b></p>					
37.97.147	<p><b>Youth Orientation (over the age 5):</b> Completed within 24 hours of admission into the YCF</p>				
	Inventory				
	Behavioral expectations				
	Information on privilege system				
	Discipline policy				
	Health and safety procedures				
	YCF rules				

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	Information on search policies				
	Emergency evacuation procedures including facility's fire evacuation procedure				
	Date and signature of youth and staff person(s) conducting the orientation				
<p><b>Interpretation:</b>          Does the facility have a form specifically for Youth Orientation? Does the form list all requirements of rule?          Was the orientation completed within 24 hours of admission?          Did staff and youth sign and date form verifying orientation was completed as required by rule?</p>					
<p><b>Notes:</b></p>					
37.97.148	<b>Case Plan</b>				
37.97.906	<b>Treatment Plan:</b> Youths Physical and medical needs				
	Behavior management issues				
	Mental health services when appropriate				
	Service goals with corresponding time frames and placement goals				
	Discharge goal with estimated discharge date				
	Follow up services needed				
	Education plans				
	Measurable goals/objectives				
	The responsibilities of the youth, staff, and custodial parent or guardian for meeting the goals and objective				
	Initial case plan developed within 7 business days of admission				
	YGH/SC updated every 90 days				
	Documentation that the placing agency, parent or guardian, and the youth were involved in developing the case plan				
	Documentation a copy of the signed case plan was provided to the				

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	placing agency and parent or guardian within 7 days of developing or updating				
37.97.907(2)	TGH updated every 30 days ( Initial within first 7 business days)				
37.97.907(4)	Copies to treatment team members within 10 days of treatment plan development				
37.97907(3)	TGH: Signatures of all direct care staff and treatment team members, including the lead clinical staff involved in the care of the youth, within seven days of it development or update				
<p><b>Interpretation:</b>  Does each youth have a case plan/treatment plan in file?  Was the plan initiated within 7 days of placement?  Was the plan updated every 30 days for TGH youth and every 90 days for YGH and YSC youth?  Does the plan address the youth’s physical, educational and mental health needs?  Does the plan have measureable goals and objectives?  Does the plan have discharge goal and estimated discharge date?  Are responsibilities of youth, staff and guardians outlined?  Does the plan have documentation of involvement from youth, guardians, placing agency?  Signatures of all staff involved with the youth documenting they have read the treatment plan?  Interview youth for verification of involvement with case/treatment plan development.  Is the youth aware of what his or her goals and objective are?</p>					
<p><b>Notes:</b></p>					
37.97.152	<p><b>Physical Care:</b>  If the youth has not received a complete physical examination within a year prior to placement, within 30 days after admission to the facility, the YCF will arrange for the youth to have a complete physical examination and annually thereafter.</p> <p><b>Initial physical:</b>  <b>Date of annual physical:</b></p>				
	If the youth has not had a dental or eye examination within a year prior				

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	<p>to placement, the facility will arrange for an examination within 90 days of placement and annually thereafter.</p> <p><b>Initial Dental:</b> <b>Date of annual dental exam:</b></p>				
	<p>If the youth has not had an eye examination within a year prior to placement, the facility will arrange for an examination within 90 days of placement and annually thereafter.</p> <p><b>Initial Eye:</b> <b>Date of annual eye examination:</b></p>				
	<p>Does the youth have access to dental, psychiatric, psychological care and counseling services as needed?</p>				
<p><b>Interpretation:</b> Does the file contain documentation of medical, dental and eye examinations within the required timeframe to verify compliance with this rule? Have youth had annual check-ups if residing in home for over a year? Interview youth and staff for verification youth has received all medical and psychological care needed.</p>					
<p><b>Notes:</b></p>					
37.97.153	<p><b>Medication Administration Record:</b> The youth's name</p>				
	<p>The name and dosage of the medication</p>				
	<p>The date and time the medication was taken or was refused by the youth</p>				
	<p>The name of the staff member who assisted in the self-administration of the medication</p>				
	<p>Documentation of any medication errors, results of errors, and any effect observed</p>				
	<p>Documentation of all unused or discontinued medication if applicable</p>				

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<p><b>Interpretation:</b>          Does the youth take medications, prescribed or over the counter?          When administering medication, does the facility follow labeling instructions?          Does the facility have documentation of all medications administered to the youth verifying compliance with this rule?          Interview staff to verify they are knowledgeable regarding assisting with self-administration of medication.</p>					
<p><b>Notes:</b></p>					
37.97.159	<p><b>Youth Rights Statement:</b>          Completed at admission, signed and dated by youth and staff who reviewed the statement with the youth. Statement includes:</p> <ul style="list-style-type: none"> <li>• freedom from abuse, neglect and unnecessary physical restraint;</li> <li>• educational services in accordance with Montana state law, if the YCF operates during the school year;</li> <li>• recognition and respect in the delivery of services;</li> <li>• receive care according to individual needs;</li> <li>• personal privacy, when it is not contrary to the treatment and safety of the youth;</li> <li>• family contact by mail and phone, as long as the contact is not contrary to the treatment and safety needs of the youth; and</li> <li>• Consideration of the youth’s opinions and recommendations when developing the youth’s case plan with documentation of the youth’s input.</li> </ul>				
<p><b>Interpretation:</b>          Does the facility have a youth rights statement that is reviewed with the youth at the time of admission?          Is this statement signed by both the youth and the staff who reviewed the statement with the youth at the time of admission?          Is this signed statement in the youth’s file?</p>					

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<b>Notes:</b>					
37.97.160	<b>Religion/Culture:</b> Documentation that the youth has been offered a reasonable opportunity to practice their religious and cultural beliefs.				
<b>Interpretation:</b> Does the facility have documentation in the file verifying compliance with this rule? At the time of admission is the facility discussing with the youth the opportunity to practice their own religious and cultural beliefs? Is the facility documenting in the youth file his or her response? If the youth has requested the opportunity to practice his or her own religion/culture what accommodations have been made?					
<b>Notes:</b>					
37.97.170	<b>Time Out:</b> Staff completed documentation for each time out per facility policy.				
<b>Interpretation:</b> Review the facilities policy and procedures for time-outs. Does the youth's case record include documentation of staff directed time-outs? Was the length of time the youth remained in time-out age appropriate? Was the youth reintroduced to the group in a sensitive and nonpunitive manner as soon as control was regained?					
<b>Notes:</b>					
37.97.172	<b>Documentation on restraints:</b> The behavior which required the physical restraint				
	The specific attempts to de-escalate the situation before using physical restraint				
	The length of time the physical restraint was applied including documentation of the time started and completed				
	The identity of the specific staff member(s) involved in administering the physical restraint				

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	The type of restraint used				
	Any injuries to the youth resulting from the physical restraint.				
	Debriefing completed with staff and youth involved in the physical restraint				
	Restraints lasting more than 15 minutes must be documented in the resident's case record. The documentation must include what efforts were made to release the youth from the restraint and the reasons that continuation of the restraint was necessary				
<p><b>Interpretation:</b>          What is the facilities physical restraint policy?          Do they utilize physical restraints?          Review documentation of a minimum of 4 physical restraints if available for compliance with this rule.          Interview with staff and residents to verify compliance with this rule.</p>					
<p><b>Notes:</b></p>					
37.97.175	<p><b>Searches:</b> If a search occurred, the youth's case record must document:          The facts and circumstances supporting a determination of reasonable cause for the search</p>				
	The person who conducted the search				
	The results of the search				
	If a pat down search was conducted was it conducted by a staff person of the same sex?				
<p><b>Interpretation:</b>          Includes pat down searches, personal property searches, room searches and personal correspondence, urinalysis testing, and breathalyzer testing.          If a search was conducted, does the facility have documentation in the file verifying compliance with this rule?</p>					
<p><b>Notes:</b></p>					



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37.97.176	<b>Contraband:</b> If illegal contraband was found did the facility notify law enforcement?				
	Was contraband found, that was not illegal, returned to the youth's parents or destroyed? When contraband is disposed of were at least two staff members present and was it documented?				
<b>Interpretation:</b> If contraband was found, does the facility have documentation in the file verifying compliance with this rule?					
<b>Notes:</b>					
37.97.216	<b>Child Care Agency:</b> Quarterly progress report on youth's reaction to the placement and services				
	Quarterly report from any parties providing services to the youth outside the CCA				
	Copy of the youth's most recent physical examination				
<b>Interpretation:</b> Does the facility have documentation of a quarterly progress report in the youth's file? Does the facility have quarterly reports from any parties providing services to the youth outside the CCA in the file? Does the facility have a copy of the youth's most recent physical examination in the file?					
<b>Notes:</b>					
37.97.905	<b>Therapeutic Youth Group Home:</b> Clinical Assessment was developed within 10 days of admission into the YCF or the current clinical assessment was developed within the last 12 months				
<b>Interpretation:</b> All youth placed in a Therapeutic Youth Group Home must have a Clinical Assessment in the resident record. Was the Clinical Assessment completed prior to placement? If so, was it developed within the last 12 months?					

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Was the Clinical Assessment completed within 10 days of admission by the LCS?					
<b>Notes:</b>					
37.97.906	<b>TYGH Therapeutic Services:</b> 75 minutes of therapy per week (Sunday through Saturday) Completed by the LCS				
	75 minutes of therapeutic intervention services per week (Sunday through Saturday) Completed by the LCS or PM				
	One 50 minute session of individual therapy by the LCS. If two 25 minute sessions provided, LCS must document specific reasons why a 50-minute session cannot be provided.				
	Family Therapy: Must be provided, unless it is not appropriate based on particular situation of the youth; if family therapy is not provided the LCS must document specific reasons why family therapy cannot be provided.				
	If LCS or PM was unable to provide therapy or therapeutic services, did they document specific reasons why?				
	Therapy sessions and therapeutic interventions must address the youth's treatment goals and objectives in the treatment plan, and each session must be documented in the case record by the lead clinical staff. Documentation must include the signature of the person who provided the therapy and the date, start and end times of sessions.				
	Documentation of internal staff meetings to address the needs of each youth must be conducted				

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	<p>weekly and must include the program manager, lead clinical staff, and direct care staff. Staff meeting time spent addressing the needs of the youth may not be included as therapy or therapeutic intervention time. ( Review weekly notes for the same review period of therapy notes)</p>				
<p><b>Interpretation:</b>  Review the clinical record for the youth to verify compliance with this rule.  Does the LCS document 75 minutes of therapy each week?  Does the LCS complete one 50 minute individual session? If 50 minutes of individual therapy was not provided did LCS provide two 25 minute sessions? Did LCS document why individual therapy was not provided or why two 25 minute sessions were provided?  Does the LCS provide weekly family therapy? If family therapy is not provided weekly does the LCS document specific reason why it cannot be provided? Documentation may be in treatment plan if specific reason is documented, clinical notes or case notes.  Does the facility have documentation of 75 minutes of therapeutic interventions by either the Program Manager or LCS? (therapeutic interventions are in addition to therapy required by LCS)  Does the facility have documentation of weekly staffing for each youth?  Does the therapy and therapeutic interventions address the youth’s treatment goals and objectives identified in the treatment plan?  Is every session or intervention documented in the youth record and have signature of person who provided the therapy and start and stop times?  Are LCS and PM aware of all therapy and therapeutic requirements?  Discuss any questions or concerns directly with the LCS and/or Program Manager at the time of the survey.  Additional verification of compliance can be obtained through staff and youth interviews.</p>					
<p><b>Notes:</b></p>					
<p><b>Emergency information on youth</b></p>					
37.97.177	<p><b>Emergency information on youth must include:</b>  Name, address, phone and relationship to youth</p>				
	<p>Name, address, phone of health care provider</p>				

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	Name, address, phone of person able to give consent				
	Documentation of any medical condition				
	Signed release for medical treatment by parent				
	Copy of youth's current medication insurance card				
<b>Interpretation:</b>					
Emergency information must be easily accessible at the facility for staff.					
Where is the information located?					
Does staff know where to find the information in case of an emergency?					
Does the emergency information contain all the information required above?					
<b>Notes:</b>					
<b>DISCHARGE SUMMARIES</b>		<b>DR.1</b>	<b>DR.2</b>		
37.97.126	Name				
	Date of Birth				
	Date of Admission				
	Date of Discharge				
	Date of Discharge Summary: Must be written within 10 days				
	Reason for Placement				
	Placing agency/Parent				
	Services provided				
	Youth's participation/progress				
	Contact info for person conducting evaluations				
	Condition of the youth, compliance with YCF and recommendations.				
	Education Status				
	Medical, dental, and psych received				
	Follow up health care required				
	Current meds and how prescribed				
	Youths reaction to discharge				
	Recommendations for follow up services				

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	Up to date inventory list		
	Signature of person completing the form		
	Copies given to placing agency (10 days)		
<p><b>Interpretation:</b> Review two discharge summaries. Does the facility have documentation in the file verifying compliance with this rule?</p>			
<p><b>Notes:</b></p>			
<b>Youth/Staff Ratio</b>		YES	NO
37.97.141	<p><b>Youth Group Homes and Youth Shelter Care Homes :</b> Awake staff ratio must be no more than 8:1 at all times.</p> <p>A minimum of one direct care staff must be present and awake nine hours each night at or between 10:00 p.m. and 7:00 a.m., or no earlier than 15 hours from the time daytime staffing start working. In addition</p> <p>One on-call staff must be available each night and report to work within 30 minutes of notification that they are needed.</p> <p>Exceptions to youth to direct care staff ratio:</p> <ul style="list-style-type: none"> <li>• During regular school hours when youth are not normally present, at least one on-call staff must be available only if there are no other staff in the facility. Staff must report to work at the TGH within 30 minutes of notification that they are needed.</li> <li>• If no more than two youths do not attend school and remain in the</li> </ul>		

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	<p>TGH, the program manager may be counted in the direct care staff ratio.</p>		
<p>37.97.903</p>	<p><b>Therapeutic Group Homes:</b></p> <ul style="list-style-type: none"> <li>• A TGH with four or fewer youth shall have a ratio of youth to direct care staff of no more than 2:1 present for 15 hours each day between 7:00 a.m. and 7:30 a.m., or beginning at some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the youth.</li> <li>• A TGH with five or more youth shall have a minimum of two direct care staff present for 15 hours each day between 7:00 a.m. and 7:30 a.m., or beginning at some other reasonable morning half hour which is approximately 15 hours prior to the bedtime of the youth.</li> </ul> <p>-----</p> <p>A minimum of one direct care staff must be present and awake nine hours each night at or between 10:00 p.m. and 7:00 a.m., or no earlier than 15 hours from the time daytime staffing start working. In addition</p> <ul style="list-style-type: none"> <li>• one on-call staff must be available each night and report to work within 30 minutes of notification that they are needed.</li> </ul> <p>-----</p> <p>Exceptions to youth to direct care staff ratio:</p> <ul style="list-style-type: none"> <li>• During regular school hours when youth are not normally present, at least one on-call staff must be available only if there are no other staff in the facility. Staff must report to work at the TGH within 30 minutes of notification that they are needed.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• If no more than two youths do not attend school and remain in the TGH, the program manager may be counted in the direct care staff ratio.</li> </ul>		
37.97.207	<p><b>Child Care Agency:</b> must maintain the minimum youth to awake staff ratios:</p> <ul style="list-style-type: none"> <li>• from 7:00 a.m. to 11:00 p.m., 8 youth to 1 staff; and</li> <li>• from 11:00 p.m. to 7:00 a.m., or any other reasonable eight-hour period of time when residents are generally sleeping, 10 youth to 1 staff.</li> <li>• Child care agencies must use the actual number of children in care each day to compute the youth to awake staff ratio.</li> </ul>		
	<p><b>Maternity Homes:</b> must maintain a minimum youth to awake staff ratio of 8 youth to 1 staff.</p> <ul style="list-style-type: none"> <li>• The youth to staff ratio in a maternity home includes any child who is not being properly cared for by the youth parent who is a resident of the maternity home.</li> <li>• Additional staff must be available for duty within 30 minutes of contact</li> </ul>		
<p><b>Interpretation:</b>            What is the number of youth the facility is licensed for?            What is the staff/youth ratio required for facility type?            Review staff supplement with provider to verify list is current.            Review 2 months of staff schedules to determine ratio on all shifts.            Verify PM and LCS are not providing direct care.            What is the night time staffing ratio? Night time safety protocol? TYGH-on-call night staff?            Surveyor can determine compliance by observation, interviews with staff and youth and review of staff schedules.            Review PM and LCS staff file for verification of qualifications.            Review CCA Administrator and professional staff files for compliance with this rule.</p>			
<p><b>Notes:</b></p>			

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<b>EMPLOYEE FILE REVIEW: A minimum of 25% or 2 (whichever is greater) staff records must be reviewed</b>					
		E.1	E.2	E.3	E.4
37.97.132	Position				
	Original Date of Hire				
	Application for Employment				
	Periodic Performance Evaluations				
	Written Results of 2 References				
	21 years of age				
	Education HS or GED				
	Valid Driver's License • If staff provides transportation to youth				
	Date of Original Criminal Background Check				
37.97.140	Date of Original CPS check				
	If the date of hire is prior to the CPS or Criminal check inquire about the date working with youth				
	Statement of Health				
37.97.136	CAN reporting w/in 24 hrs.				
	CAN agency signed statement				
	Serious Incident reports include: • date and time of incident • list all youth and staff involved • description of incident & circumstances • reported in writing the next business day to person or agency that placed youth and to licensure bureau.				
37.97.102 37.97.903	LCS means an employee of the therapeutic group home (TGH) provider. The LCS is responsible for the supervision and overall provision of treatment services to youth in the TGH. The LCS must be a licensed clinical psychologist, licensed				



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	<p>master level social worker (MSW), or licensed clinical professional counselor (LCPC). The LCS can be an in-training mental health professional.</p> <p>If LCS is in-training mental health professional:</p> <ul style="list-style-type: none"> <li>• Supervision agreement in file with licensed mental health professional</li> <li>• Transcript in file verifying documentation of completion of all academic requirements for licensure as a psychologist, clinical social worker, or licensed professional counselor. (Master's Degree)</li> </ul>				
<p>37.97.102 37.97.903</p>	<p>Program manager means an employee of a therapeutic group home provider who trains and supervises direct care staff.</p> <p>A program manager shall have a bachelor's degree in human services, or the experience and education, equivalent to a bachelor's degree. Human services experience equivalent to a bachelor's degree for a nondegree program manager is six years. Each year of post-secondary education in human services for a nondegree program manager equals one year of experience.</p>				
<p><b>Interpretation:</b></p> <p>Review the application staff supplement with provider to determine if information is current. Does the provider maintain a record for all staff that includes all of the above?</p> <p>Review the record to determine staffs are at least 21 years of age and meet educational requirements. Did provider submit all background checks with application?</p> <p>Are the results of the all background checks satisfactory? Determine if any staff member has lived outside of MT in the past 5 years. If so did provider complete a background check in every state they lived?</p> <p>How does the provider know if a potential employee has lived out of state within last 5 years? Is this listed on the application or ROI?</p> <p>Were criminal and CPS background checks conducted prior to hire or prior to working with youth?</p> <p>Review PM and LCS staff file for verification of qualifications.</p>					

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Are they employees of the provider?				
<b>Notes:</b>				
<b>Staff Training</b>				
37.97.142	24 Hours of orientation training prior to being counted in ratio to include: <ul style="list-style-type: none"> <li>• an overview of the YCF's policy, procedures, organization, and services;</li> <li>• mandatory child abuse reporting laws;</li> <li>• behavioral management techniques;</li> <li>• fire safety, including emergency evacuation routes;</li> <li>• confidentiality;</li> <li>• suicide prevention;</li> <li>• emergency medical procedures;</li> <li>• report writing including the development and maintenance of logs and journals;</li> <li>• youth rights as outlined in ARM <a href="#">37.97.159</a>; and</li> <li>• hours required for on the job training.</li> </ul>			
37.97.142	20 Hours of on-going training			
37.97.170	Date of CPR/first aid certification			
37.97.191	<i>(This must be within the first six months of hire date and the employee cannot work alone without this certification).</i>			

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	TGH: Date of Physical Restraint training <i>(This must be within the first six months of hire date and the employee cannot work alone without this certification).</i>				
	Date of De-escalation training <i>(This must be within the first six months of hire date and the employee cannot work alone without this certification).</i>				
	The staff must be trained in the proper use of facility fire extinguishers and documentation of the training must be maintained at the facility at the time of hire				
	Staff training pertaining to the use of time-out				
<p><b>Interpretation:</b>  Review the application staff supplement with provider to determine all information is current and up to date.  Review application supplement training, does all training listed meet requirements of rule.  If staff supplement is incorrect or documentation indicates training has not been provided, review staff files for verification.  Did staff have 24 hours of orientation per rule?  Was CPR/First Aid, Physical Restraint and/or De-escalation training provided within 6 months of hire?  Did any staff work alone prior to receiving CPR/First Aid, Physical Restraint and/or De-escalation training?  Does the provider maintain a training record for each employee?  Is there verification all staff training has been provided?  Was orientation training provided before staff was counted in ratio?  Review orientation records for staff hired within the last year.  After the first year of hire has staff received 20 hours of annual training?  Verification of training can be determined through file review and interview with staff.  Review of staff schedules can be used to determine compliance with staff completing CPR/first aid/de-escalation/physical restraint prior to working alone.</p>					
<p><b>Notes:</b></p>					
<b>Volunteers and Interns:</b>		<b>V.1</b>	<b>V.2</b>	<b>V.3</b>	<b>V.4</b>

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37.97.132	Does the facility utilize volunteers or interns? If yes, Are they providing direct care and included in the youth to staff ration?  Are they under staff supervision? Review file for:				
	Criminal background check				
	CPS background check				
	Orientation training				
<b>Interpretation:</b> Verify compliance with the above rule by file review and interview with staff, residents, volunteers and/or interns.					
<b>Notes:</b>					
<b>Facility Quality Assessment:</b>		<b>YES</b>	<b>NO</b>		
37.97.135	Documentation that the facility maintained records of physical restraints the occurrence, duration, and frequency of use				
	Documentation of annual youth satisfaction surveys				
	Reviewing on an on-going basis, serious incident reports, grievances, complaints, medication errors, and the use of physical restraints with special attention given to identifying patterns and making necessary changes in how services are provided				
	Annual Quality Assessment report including improvements made as a result of the Quality Assessment specified above				
	Annual Quality Assessment report including improvements made as a result of the Quality Assessment specified above				
<b>Interpretation:</b> Does the provider have an annual youth satisfaction survey? Ask to see documentation. Request a copy of the annual QA report and review for compliance with rule.					
<b>Notes:</b>					

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