

**MDHS/DYS  
Quality Assurance Audit Report Template**

<i>Policy Number</i>	<i>DYS Standard</i>	
<i>Status</i>	<i>Enter compliance rating** (Current)</i>	<i>Enter compliance rating** (previous)</i>
<i>Discussion</i>	<i>Discuss the facility's performance relative to all aspects of the standard.  Describe what the DYS standard requires and what you read, observed or heard that suggests they are either meeting the standard or not meeting the standard. In other words, what you expected to see and then describe what you actually saw. Use a few specific examples when possible. Give some sense of proportion, meaning XX of 30 files did not have adequate documentation of... Feel free to use descriptive such as "sorely lacking" or "nearly perfect"</i>	
<i>Corrective Action Required</i>	<i>Discuss the problems found which will require a Corrective Action Plan in order to achieve substantial compliance with this standard</i>	
<i>Areas in Need of Remediation</i>	<i>Items that can be corrected immediately</i>	
<i>Evidentiary Basis</i>	<ul style="list-style-type: none"> <li>• <i>List sources: e.g.</i></li> <li>• <i>30 youth files, randomly selected from youth in custody on January 28, 2008</i></li> <li>• <i>DYS policy "Suicide Prevention"</i></li> <li>• <i>Interviews with lead nurse and 3 members of nursing staff</i></li> </ul>	

\*\* Choose among these 4 compliance ratings (developed by DYS and DOJ):

- **Non-Compliance:** Little or no evidence of expected level of performance; implementation is minimal; documentation could not be produced to substantiate practice.
- **Beginning Compliance:** Expected level of performance is observed but not facility-wide or on a consistent basis; implementation is approaching routine levels but frequent gaps remain; documentation was difficult to produce in some areas.
- **Partial Compliance:** Expected level of performance is consistently met across the facility; gaps are temporary and/or isolated and minor; documentation is organized and readily available.
- **Substantial Compliance:** Strong evidence that all areas of practice consistently exceed the standard across the facility.