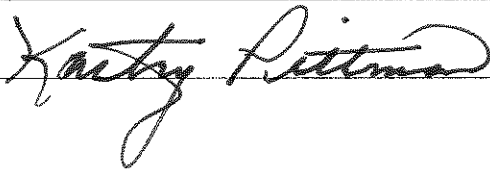


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: Protection from Harm Quality Assurance Program		Policy Number: 2
Number of Pages: 3		Section: IX
Attachments	Related Standards & References	
Review Monitoring Tools IX.2.A.1-7 Interview Tools IX.2.B.1-9 Corrective Action Plan IX.1.A	ACA Juvenile Performance Based Standards: ACA 4-JCF-1A-04	
Effective Date: 10/15/11 Revision Date:	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, for the Agency to develop and implement a system to review all services and programs. This systematic review shall be designed not only to monitor policies and procedures compliance, but also facilitate the provision of quality programs and services. In the area of Protection from Harm this shall include, but not be limited to the following activities:

- Reviewing, monitoring and analyzing of data on a regular basis pertaining to:
 - Incidents Reporting (Refer to MDYS Policy VII.2, Incident Reporting),
 - Use of Force (Refer to MDYS Policy VII.1 Use of Force),
 - Due Process Isolation (DPI) (Refer to MDYS Policy VII.11 Due Process Isolation),
 - Due Process Hearings (Due Process) (Refer to MDYS Policy VII.9 Due Process Hearings),
 - Behavior Management Isolation (BMI) (Refer to MDYS Policy VII.10 Behavior Management Isolation),
 - Intake and Orientation, (Refer to MDYS Policy VIII.1 Admission, Intake and Orientation
 - Grievances (Refer to MDYS Policy XV.2 Youth Grievances), and complaints,
 - Staffing Ratios
 - Staff Training (Refer to MDYS Policy IV.1 Training Management),
 - Logs, master file, direct observation and when applicable health records.
 - Completing monitoring (audit) tools,
 - Statistical reports,

- These shall be analyzed using the following
 - Reviewing Incident Reports
 - Unit Logs
 - Observation Forms

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- Direct Observation
- Youth Master Files
- Youth Health Records (only when absolutely necessary)
- Youth Educational Records (only when absolutely necessary)
- Youth Mental Health Forms Including Treatment Plans, Progress notes, and Group Notes.

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

- A. Administrative Review Team- A group of staff members designated by the Facility Administrator to review serious incidents (SIR) and other incidents, such as facility quality assurance audits, that require specific attention and or may be reviewed for training and/or to correction action.
- B. Audit- Evaluations to determine if the area being reviewed is in compliance with current Policy and Procedure and accepted standard practices.
- C. Audit report- A short narrative report completed after an audit is completed which outlines the areas of deficiency.
- D. Corrective Action Plan (CAP)- Shall be completed in cooperation with the department head (or supervisor) and Facility Administrator for the area/s that have deficiencies. CAP's shall be a standardized form that outlines;
 - State what the deficiency is
 - What actions will be taken to bring the deficiency up to established standards.
 - What staff will be responsible for making the corrections
 - The time line for corrections to be made

III. PROCEDURE

- A. The Agency's appointed Quality Assurance Coordinator/ designees shall be responsible for conducting ongoing monitoring.
 - 1. At least semiannually, completing the Review Monitoring Tools (IX.1.A.1-7).
 - a. The reviewer shall monitor at least fifteen (15) samples of the monitoring tool required items. (all auditing tools may not be completed at the same intervals). Results of the monitoring tools shall be communicated to the Quality Assurance Coordinator in a narrative and corrective actions plan format (Form IX.1.).
 - i. The exception to this rule may be when the sample pool is less than 15, or
 - ii. The requirement is/are staff and or student interviews,
 - iii. The method of review is direct observation.