



Successful Youth • Strong Leaders • Safer Communities

POLICY

SUBJECT: Quality Assurance – Facility Audit Team Policy
NUMBER: MGT-617-15
APPLICABLE TO: Quality Assurance Employees
EFFECTIVE: April 9, 2015

APPROVED: _____ /signature on original/
Sam Abed, Secretary

I. POLICY

The Department of Juvenile Services' (DJS) Quality Assurance Facility Audit Team shall conduct comprehensive audits of DJS owned or operated detention facilities and committed treatment programs to ensure that the programs are being operated in accordance with established Maryland statutes and regulations and DJS policies and procedures.

II. AUTHORITY

- A. MD. CODE ANN., HUM. SERVS. §§ 9-203, -204, -226, -227, -229, and -237.
- B. MD. CODE REGS. 16.05 and 16.18.

III. DIRECTIVES/POLICIES RESCINDED

- A. Quality Assurance – Facility Audit Team Policy, MGT-617-13.
- B. Program/Contract Monitoring Policy, MGMT-1-05 (rescinded 9/28/2012).

IV. FAILURE TO COMPLY

Failure to comply with the Department's Policy and Procedures shall be grounds for disciplinary action up to and including termination of employment.

V. STANDARD OPERATING PROCEDURES

Standard operating procedures have been developed and are attached.

VI. REVISION HISTORY

DESCRIPTION OF REVISION	DATE OF REVISION
Revised procedures issued – includes audit dispute procedures.	April 2015



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DJS POLICY AND STANDARD OPERATING PROCEDURES

Statement of Receipt and Acknowledgment of Review

SUBJECT: Quality Assurance – Facility Audit Team Policy
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I have received and reviewed a copy (electronic or paper) of the above titled policy.

I understand that failure to sign this acknowledgment form within five working days of receipt of the policy shall be grounds for disciplinary action up to and including termination of employment.

I understand that I will be held accountable for implementing this policy even if I fail to sign this acknowledgment form.

SIGNATURE

PRINTED NAME

DATE

***THE ORIGINAL COPY MUST BE PLACED IN THE EMPLOYEE'S PERSONNEL FILE.
PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES.***



Office of the Inspector General (OIG)

Quality Assurance (QA)

Facility Audit Team

Standard Operating Procedures (SOP)

Manual

April 2015

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2. Facility Audit Tool
3. CAP Request Form

VISION AND MISSION STATEMENT

DJS Vision Statement

Successful youth, strong leaders, safer communities.

DJS Mission Statement

By law, DJS is a child-serving agency responsible for assessing the individual needs of referred youth and providing intake, detention, probation, commitment, and after-care services.

DJS collaborates with youth, families, schools, community partners, law enforcement, and other public agencies to coordinate services and resources to contribute to safer communities.

Quality Assurance Facility Audit Team Mission Statement

The mission of the Quality Assurance (QA) Facility Audit Team is to assess the quality and sufficiency of services that are provided to youth placed in the care and custody of the Maryland Department of Juvenile Services' (DJS) owned or operated detention facilities and committed treatment programs. The Facility Audit Team shall regularly audit the detention facilities and committed treatment programs to ensure that they are operating in compliance with DJS standards promulgated by the Secretary of DJS and adhering to applicable state and federal laws and regulations, and DJS policies.

INTRODUCTION

The purpose of this Standard Operating Procedure (SOP) Manual is to provide employees assigned to the QA Facility Audit Team with written procedures for auditing DJS owned or operated detention facilities and committed treatment programs. Each employee shall be trained in and be familiar with the manual's procedures. Each employee shall receive a copy of the SOP Manual and a copy shall be kept for reference in the Master File of the QA Unit.

This SOP Manual is subject to periodic changes, as needed. All employees shall be notified by the QA Facility Audit Team of any changes or additional information concerning this SOP manual.

OVERVIEW

The Quality Assurance (QA) Facility Audit Team is comprised of QA Specialists. The QA Specialists are responsible for carrying out the duties, responsibilities and activities related to the auditing of all DJS owned or operated detention facilities and committed treatment programs. In addition, a member of the audit team is selected by the Director of QA to carry out the additional duty of an Audit Team Leader (ATL), who is responsible for overseeing the Team's auditing process. The ATL's responsibilities include, but are not limited to, maintaining a yearly calendar to coordinate the team's auditing activities, submitting reports as requested to the Director of QA, assisting the Director of QA with tasks, as needed, and serving as the designated contact person for the Team.

The QA Facility Audit Team conducts announced and unannounced audits of all DJS owned or operated detention facilities and committed treatment programs to determine the level of compliance with DJS policies and standards promulgated by the Secretary of DJS and adherence to applicable state and federal laws and regulations.

DEFINITIONS

1. *Audit* means the examination or observation of an item, process, or operation to determine its compliance with applicable standards or law.
2. *Compliant* means an observation or result that meets or exceeds a standard.
3. *Corrective Action Plan (CAP)* means a detailed remedy to correct deficiencies, within a prescribed period of time.
4. *Non-compliant* means an observation or result that fails to meet a standard.
5. *Standard* means guidelines to measure comparison for quantitative or qualitative value according to established practices.
6. *Quality Assurance (QA) Specialist* means the DJS employee who is assigned to carry out the duties, responsibilities and activities related to auditing detention or committed treatment programs.
7. *Business day* means a day other than Saturday, Sunday, or a legal holiday.

QA FACILITY AUDIT GUIDELINES

1. The Facility Audit process consists of the following steps:
 - 1.1 Preparation for an audit includes, but is not limited to, reviewing standards, policies and procedures, obtaining and reviewing relevant information from databases, scheduling on-site audits, assembling audit team members, and disseminating audit related information to the appropriate personnel.
 - 1.2 The audit should take place in an area within the facility that provides adequate space and privacy.
 - 1.3 Entrance Conference conducted to describe the audit process, procedures and audit documents to the Facility Administrator, or designee.
 - 1.4 Site audits conducted to observe facility operations, interview youth and staff, collect data, perform analysis, review records and examine the services delivered to DJS youth.
 - 1.5 Exit Conference conducted to report the preliminary findings of the audit to the Facility Administrator or designee.
 - 1.6 QA Facility Audit report is provided to the DJS Executive Director of Residential Operations, Deputy Secretary of Operation and the Chief of Staff. The detailed report identifies each standard or applicable law or regulation that requires corrective action.
 - 1.7 A Corrective Action Plan (CAP) is required by the facility for any standard or applicable law or regulation that is rated non-compliant based on the evidence obtained during the audit. The Facility Administrator, or designee, shall use the CAP to construct working plans, which describe strategies to ensure that the facility will become compliant and maintain compliance.
 - 1.8 CAP Follow-Up Audit conducted to assess the facility's resolution of problems and the implementation of strategies identified in the CAP.

- 1.9 Technical Assistance may be provided upon request. This may include training, consultation and other strategies provided to facility staff as they refine operational and programmatic practices to fully meet standards, policies or applicable laws.

The QA Facility Audit is measured by the requirements set forth in the DJS Detention Standards, DJS policies and state and federal laws and regulations.

1.0 PRE-AUDIT ACTIVITES

1.1 Director of QA shall:

Notify the DJS Executive Director of Residential Operations and Deputy Secretary of Operations and the Facility Administrator, in writing, of a scheduled annual audit and the time of the Entrance Conference at least five (5) business days prior to the audit. The Director shall also provide the *Facility Document Checklist and Facility Audit Tool (Appendices 1 and 2)* and request that the facility centralize the documentation in a structured fashion to facilitate the timely completion of the audit process.

1.2 The Audit Team Leader (ATL) shall:

If applicable, request the assistance of DJS staff from Somatic Health, Dietary, Substance Abuse, Behavioral Health Care, and other disciplines who will serve as content expert(s) during the audit process.

1.3 The Facility Audit Team shall:

Obtain and review information relative to the audit process (i.e. incident report database, guard tour information, previous audit reports, etc.).

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2.0 ON-SITE ACTIVITIES

2.1 The QA Facility Audit Team shall complete the following:

- 2.1.1 Arrive at the facility for announced site visits within the specified time indicated in the notification.
- 2.1.2 Present official State of Maryland identification upon arrival and sign the facility visitors' log.
- 2.1.3 Conduct an Entrance Conference with the Facility Administrator or designee to clearly explain the purpose, objectives, and specific agenda for the audit.
- 2.1.4 Assess the facility and grounds to determine the general conditions of the facility.
- 2.1.5 Observe facility operations, interview youth and staff, collect data, review youth records, and examine services.

- 2.1.6 Maintain copies of supporting documentation, worksheets and notes used to substantiate findings.
- 2.1.7 Meet as necessary with other Facility Audit Team members to share any significant information obtained during the audit process. *(Note: If any team member detects or is notified of a life-threatening or health-endangering practice or condition, the ATL shall be notified and he/she shall notify the Director of QA and the Facility Administrator of the situation).*
- 2.1.8 Meet with Facility Audit Team members to discuss preliminary findings in preparation for the Exit Conference.
- 2.1.9 Conduct an Exit Conference at the conclusion of the audit with the Facility Administrator, or designee, to discuss the preliminary results of the audit. *(Note: The QA Facility Audit Team will afford those present the opportunity to ask questions, request clarification and inquire about the preliminary findings and provide any additional information that may resolve a non-compliant rating.)*
- 2.2 Youth and staff interviews may be conducted to determine their perspectives regarding a facility's practices. The QA Facility Audit Team will select youth and staff to be interviewed.
- 2.3 The ATL will meet with the Facility Administrator, or designee, daily during the audit to keep him/her informed of the status of the audit process.
- 2.4 During the course of the audit, the QA Facility Audit Team will be responsible for providing standard interpretation and clarify requirements for compliance to the facility personnel as needed.

3.0 POST-AUDIT ACTIVITIES

- 3.1 Within five (5) business days of the conclusion of the on-site audit, team members shall provide the ATL with a completed copy of the *Facility Audit Tool (Appendix 2)* containing the findings of their audit.
- 3.2 The ATL will be responsible for drafting a report and completing the *CAP Request Form (Appendix 5)*, if applicable, based on the team's findings. The *CAP Request Form* shall list the standard(s) found non-compliant along with the evidence. Each member of the team who participated in the audit shall review the draft *Facility Audit Tool*, draft Audit Report and *CAP Request Form*, if applicable, for accuracy and to offer any additional information relative to the findings of the audit.
- 3.3 Within ten (10) business days of the conclusion of the on-site audit the ATL shall submit the draft *Facility Audit Tool*, draft Audit Report and draft *CAP Request Form*, if applicable, to the Director of QA for review and approval.
- 3.4 Upon the review and approval of the Facility Audit Tool, Audit Report and CAP Request Form, if applicable, the Director of QA within fifteen (15) business days of the conclusion of the on-site audit shall forward the Audit Report with *CAP Request Form*, if applicable, to the appropriate Facility Administrator. The

Director of QA also shall forward a copy to the assigned Executive Director of Residential Operations and the Deputy Secretary for Operations.

- 3.5** The Facility Administrator and appropriate Executive Director of Residential Operations have thirty (30) business days from receipt of the Audit Report and *CAP Request Form*, if applicable, to complete the CAP Response and return it to the Director of QA.

4.0 FOLLOW-UP AUDIT ACTIVITIES

- 4.1** The QA Facility Audit Team will monitor the implementation of CAP Responses during CAP Audits.
- 4.2** If an audit is requested by Executive staff to confirm implementation of a CAP, the Director of QA or ATL shall arrange for a mutually agreed upon date and time for the CAP follow-up audit.
- 4.3** If a Facility Administrator disputes an audit finding(s), the Director of QA will review the dispute with the Facility Audit Team. The Director or designee will provide a written QA response to the Facility on the QA Response Form within ten (10) business days.