|  |  |
| --- | --- |
| **Health and Wellness Program Compliance Assessment TOOL**  ***Medical Assessor Packet*** | |
| Project Manager: |  |
| Center Director: |  |
| Size of Center: | Contract OBS (#):  Current OBS (#): |
| Type of Center: | Residential  Non-residential |
| Current Contractor: |  |
| Contract Start Date (current): |  |
| Student Health Records Reviewed (#): | Assessor 1:  Assessor 2:  MSWR:  Total: |
| Focus Group Students (#): |  |
| Individual Student Interviews (#): |  |
| Brief Out Parties:  ***\*note PM or RO must attend*** |  |

***\*Keep copy of tool for at least a year following PCA***

| **6.10, R1. Health and Wellness Program** | |
| --- | --- |
| Health and Wellness Center (HWC) hours:[[1]](#footnote-1) |  |
| HWC open hours: |  |
| CP/NP/PA participation in Applicant File Review (AFR): | Yes  No |
| Valid CLIA certificate: | Yes  No |
| Staff on-call coverage schedule: |  |
| Emergency providers and distance from center\*[[2]](#footnote-2): |  |
| Physical exams completed w/in 14 days (%): |  |
| Non-CP/NP/PA visits (% of daily OBS): |  |
| Average length of time to receive glasses: |  |
| High quality documentation observed in SHRs for: | Acute care management  Chronic care  Follow up  Separations  Reports from off-center referrals  Medication management  HIPAA; copy sent to guardians |
| Grab and Go Kits in Security and HWC  (PIN 16-10): | Narcan  Airways, Ambu bag, Automated External Defibrillator (AED), Ammonia inhalant ampules, Albuterol HFA inhaler, Adult aspirin, Bandages, dressings, eye patches, Eye irrigation bottle, Gloves, Injectable epinephrine (EpiPen and/or injectable Adrenaline), Injectable diphenhydramine (Benadryl), Needles/syringes, Tape, Tourniquet, Tweezers |
| Staff training records for CPR, SMGs, & Narcan (%): |  |
| Center-specific health challenges or Best practices: |  |

| **6.10, R1. Health and Wellness Program** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. The cursory health evaluation and medical history (JC Health History Form) are conducted within 48 hours of arrival on center by a qualified health professional designated by the Center Physician (CP). | Yes  No |  |
| 1. The complete entrance (PE) is completed within 14 days.  * The JC Health History Form is reviewed and signed by the CP or designee. * The JC Physical Examination Form is complete[[3]](#footnote-3), dated, and signed by the CP or other qualified provider. * Near, distance, and color vision screening is completed as part of PE. * The hearing screening is completed as part of PE. * Vital signs are recorded as part of PE. * Breast examinations and testicular/hernia exams are completed as part of PE and documented on the JC Physical Examination Form. * “Qualified for sports/trade” is recorded on the JC Physical Examination From. | Yes  No |  |
| 1. The center furnishes one pair of glasses that meet ANSI standards, when indicated. | Yes  No |  |
| 1. Contact lenses are provided when clinically indicated. Students who lose or damage their glasses provided by JC replace them at their own expense. | Yes  No |  |
| 1. Students who are identified as having chronic health problems are monitored by the CP or other appropriate center health-care provider. | Yes  No |  |
| 1. The following laboratory tests are conducted within 48 hours (unless otherwise specified):  * HIV Antibody test * Syphilis Serology (CP’s option) * Hemoglobin or Hematocrit * Sickle cell screening (must offer to at-risk) * Urinalysis (dipstick) for glucose/protein * Urine drug screens   ***Males Only –*** The following laboratory tests are conducted within 48 hours:   * Urinalysis (dipstick) for leukocyte esterase * Chlamydia testing (urine) * Gonorrhea testing (if leukocyte esterase is positive)   ***Females Only* –** The following laboratory tests are conducted within 48 hours (unless otherwise specified):   * Pregnancy test (urine) * Chlamydia testing (urine or vaginal swabs) * Gonorrhea testing (urine or vaginal swabs) * Pap smears done on females age ≥ 21 years within 14 days after arrival | Yes  No |  |
| 1. All new students have a current copy of their immunization records which is reviewed on entry by health and wellness staff. Centers immunize or provide boosters to students if the following immunization series are incomplete:  * Td or Tdap * IPV for < 18 years * MMR * Hep B (for health personnel and Health Occupations Training (HOT) students) | Yes  No |  |
| 1. TB testing is conducted on all new students who do not have documentation of negative TB test within last 12 months. HOT students and at-risk students are tested annually for TB. HOT students receive a TB test prior to clinical work experience in accordance with state or local health department requirements. | Yes  No |  |
| 1. The HWC has a daily walk-in clinic outside of training hours for students to receive routine health care[[4]](#footnote-4). | Yes  No |  |
| 1. The HWC has an infirmary/inpatient unit open during office hours for minor conditions. | Yes  No |  |
| 1. The HWC has an appointment system for follow-up during the training day for treatment of chronic, urgent, and other conditions within the capabilities of center health professionals. Treatment Guidelines are used to manage common acute and chronic conditions. | Yes  No |  |
| 1. Students have access to prescription medications, including psychotropic medications and controlled substances. | Yes  No |  |
| 1. The HWC has an off-center referral system, which includes a mechanism for referral and feedback. | Yes  No |  |
| 1. The center maintains a 24-hour emergency care system[[5]](#footnote-5), to include on-center CPR, first aid and written arrangements for off-center medical, dental, mental health, and inpatient care. | Yes  No |  |
| 1. On the first visit to the HWC, health and wellness staff explain and have the students sign the HIPAA Notice. For minors, a copy is sent to the parents/guardians which is documented in the SHR. | Yes  No |  |
| **6.10, R1. Additional Notes:** | | |

| **6.10, R2. Oral Health and Wellness Program** | |
| --- | --- |
| Dental subcontractor: |  |
| OHWP hours: |  |
| OHWP open hours: |  |
| Dental facility location: | On-Center  Off-Center: |
| Emergency provider and distance from center: |  |
| Staff authorized to conduct DRI (list all personnel): |  |
| Average length of time from student giving consent and actually receiving an oral examination: |  |
| Describe system for monitoring priority classification: |  |
| Number of students classified as Priority 1 or 2 at PCA (#): |  |
| Approximate % of students receiving dental hygiene services: |  |
| Average no-show rate (%): | \_\_\_\_\_\_\_ exams \_\_\_\_\_ basic oral care \_\_\_\_\_\_\_ dental hygiene |
| Autoclave spore testing frequency: | Weekly  Other: |
| Method for documenting consent for exams and treatment: |  |
| High quality documentation observed in SHRs for: | Consent for exams  Informed Consent for treatment  Treatment plans  Follow up  Reports from off-center referrals  Separations |
| Need for new equipment/supplies or repair:[[6]](#footnote-6) |  |
| Center-specific health challenges or Best practices: |  |

| 6.10, R2. Oral Health and Wellness Program | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. The general emphasis of the OHWP is on early detection, diagnosis of oral health problems, basic oral health care, dental hygiene, and prevention education[[7]](#footnote-7). | Yes  No |  |
| 1. The DRI is completed within 14 days after arrival by center dentist or designee. The DRI is documented in the appropriate section on the JC Physical Examination Form. | Yes  No |  |
| 1. An elective oral examination, including bitewing x-rays, priority classification, and treatment plan, is completed and recorded on the JC approved oral examination form by the center dentist upon student request as a follow up to the DRI. X-ray images are securely stored as part of the SHR. | Yes  No |  |
| 1. Dental procedures include restorations, extraction of pathological teeth, root canal therapy on anterior/other strategic teeth, replacement of missing upper anterior teeth with a removable prosthesis, and dental hygiene treatment for periodontal disease. | Yes  No |  |
| 1. There is a written referral plan or agreement with community facilities for emergent or urgent conditions treatable beyond the expertise of a general dentist. | Yes  No |  |
| 1. JC does not pay for student orthodontics. | Yes  No |  |
| **6.10, R2. Additional Notes:** | | |

| **6.11, R2. Health Aspects of Sports** | |
| --- | --- |
| Recreation Staff training for First Aid/CPR (%): |  |

|  |  |  |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. All students participating in organized contact or rigorous sports shall be medically cleared by a health professional prior to participating. PEs performed by center health personnel within 1 year of the organized sports activity can fulfill this requirement, at the discretion of the CP. **After 1 year, a current PE is required**. | Yes  No |  |
| 1. A staff member trained in CPR/First Aid, with specific authorization in the center’s standing orders, must be present at all organized contact rigorous sports activities, including practice sessions and sports events. | Yes  No |  |
| 1. At a minimum, staff certified in CPR/First Aid must be present at all student boxing events and contact football. | Yes  No |  |
| 1. In case of possible emergency, adequate transportation must be on the scene of all center-sponsored organized sports. | Yes  No |  |
| **6.11, R2. Additional Notes:** | | |

| **6.11, R4. Family Planning Program** | |
| --- | --- |
| Family Planning coordinator: |  |
| Contraception products available on-center: | Oral Contraceptive Pills  DepoProvera  Condoms  Patch  Ring  Implant  IUD |
| Community services available for long-acting reversible contraception (LARCs): | Yes  No |
| Health promotion activities in the last year: |  |
| Community partners: |  |
| Pregnancy rate ***after arrival*** on center (%) of female OBS  (# pregnancies / average female OBS): |  |
| Center-specific challenges *if applicable:* |  |
| Center-specific health challenges or Best practices: |  |

| **6.11, R4. Family Planning Program** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. A Family Planning Program shall be provided to all students on a voluntary basis. At a minimum, this program shall include counseling, health promotion activities, and medical services, including birth control. The CD shall appoint a staff member to implement and monitor this program. | Yes  No |  |
| 1. Students who are pregnant and/or experiencing pregnancy-related medical conditions shall be afforded the same access to medical services, leave and medical separation as any other student experiencing a medical condition, unless otherwise provided by law. | Yes  No |  |
| 1. Once a center learns that a student is pregnant, pregnancy-related services shall include:   c(1). Prenatal services on center and/or in the community until separation, to include a comprehensive gestational record; | Yes  No |  |
| c(2). The CP, in conjunction with an ob/gyn provider and the student, will agree upon a care-management and separation plan that takes into account the health and safety of the pregnant student before and after childbirth; | Yes  No |  |
| c(3). The center shall identify available community health/social resources and services, and will make arrangements for transportation for the purpose of obtaining such resources and services consistent with PRH 6.6, R4(d). In lieu of the center providing transportation, the center may approve a student’s request to be transported by a friend, partner or family member; | Yes  No |  |
| c(4). The center shall not pay for an abortion unless the pregnancy is the result of rape or incest or unless a physician has certified that the student suffers from a physical disorder, injury, illness, or condition that places her in danger of death unless an abortion is performed; | Yes  No |  |
| c(5). A student that is experiencing a pregnancy-related medical condition may be placed on paid administrative leave in accordance with PRH Exhibit 6-1. | Yes  No |  |
| 1. Pregnancy-related services shall include info on the options of continuing or terminating the pregnancy. | Yes  No |  |
| 1. If required by applicable state laws in which the center is located, the center shall notify the student’s parent/ guardian of her pregnancy if she is a minor, and is required by applicable state law, inform the student of this requirement prior to the disclosure. | Yes  No |  |
| **6.11, R4. Additional Notes:** | | |

| **6.11, R5. HIV/AIDS** | |
| --- | --- |
| HIV/AIDS coordinator/case manager:: |  |
| Number of students with HIV infection on center (#): |  |
| Community partners and services available: |  |
| Center-specific health challenges or Best practices: |  |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| Centers shall:   1. Test students for HIV infection under the following circumstances:   a(1). As part of the cursory medical examination;  a(2). If a student exhibits signs and/or symptoms of a possible AIDS-related condition;  a(3). Upon reasonable suspicion of exposure;  a(4). When student is diagnosed with a newly contracted STI;  a(5). Upon student request and after physician consultation. | Yes  No |  |
| 1. Submit specimens for HIV testing to the nationally contracted laboratory. | Yes  No |  |
| 1. Provide pre-test counseling, in accordance with state laws, to all students regarding the HIV test.   c(1). Counsel each student about the test and its implications and document in the SHR that the student received the HIV pre-test counseling and signed the “HIV Testing Information Sheet” in Exhibit 6-12;  c(2). Student refusal;  c(3). Testing waiver. | Yes  No |  |
| 1. Provide post-test counseling, in accordance with state laws, to all students regarding HIV test results. | Yes  No |  |
| d(1). HIV Negative Students.Individually inform and counsel all students with a negative HIV test result within 14 calendar days after receipt of test results. | Yes  No |  |
| d(2). HIV Indeterminate Students. Individually inform and counsel all students with an indeterminate HIV test result within 5 calendar days after receipt of test results. A student who has an indeterminate test result shall be retested at 3-month intervals until a conclusive test result (i.e., negative or positive) is obtained. If a conclusive result is not obtained within 6 months, no further testing is required. | Yes  No |  |
| d(3). HIV Positive Students.  (a). Inform and Counsel. Individually inform and counsel all students with a positive HIV test result, preferably within 24 hours, but not later than 5 calendar days, after receipt of the written positive result. The CMHC must be in attendance to assist in informing and counseling.  (b). Contact Notification. HIV positive students must be instructed in how to notify their sexual contacts and intravenous drug contacts that they may have been exposed to HIV infection and to refer them for counseling and testing.  The CP or designee shall report the student’s HIV infection to the state and/or local health department, which will be responsible for contact notification both on and off center. | Yes  No |  |
| d(4). Students off Center. If a student is not on center when his or her positive or indeterminate test result is received by the center, the CD or designee must make every attempt to contact and inform the student of his or her result. The health department at the student’s location shall be used to assist with the task of informing students who are no longer on center. | Yes  No |  |
| d(5). Document post-test informing and counseling activities in the SHR, including attempts to contact students not on center. | Yes  No |  |
| e. Ensure that students who test positive for HIV infection are engaged in an interactive process to determine if an accommodation plan is needed. | Yes  No |  |
| f. Ensure that students who test positive for HIV infection are engaged in case management for chronic illness on center. | Yes  No |  |
| g. Provide all students with information on HIV infection; including transmission and prevention.[[8]](#footnote-8) | Yes  No |  |
| **6.11, R5. Additional Notes:** | | |

The table below summarizes HWC staffing at the center based upon a contracted onboard strength of \_\_\_\_\_\_ students.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Total**  **Hours/Week** | **PRH Staffing**  **Hours/Week** | **Variance** |  |
| Nursing Staff |  |  |  | **6.12, Section Shared by Both Assessors Staffing** | | |
| Center Physician/NP/PA |  |  |  | Waiver information *if applicable*: |  |
| Center Dentist |  |  |  | Date of HWC Staffing SOP approval by RO[[9]](#footnote-9): |  |
| Dental Hygienist |  |  |  |
| Dental Assistant |  |  |  |
| CMHC |  |  |  |
| TEAP Specialist |  |  |  |
| Clerical Support |  |  |  |

| **6.12, R1. Staffing** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall:   1. Ensure that health services staffing is in compliance with the staffing levels presented in Exhibit 6-5 and the minimum staff qualifications identified in Exhibit 5-3.[[10]](#footnote-10) | Yes  No |  |
| 1. For contract centers, employ or subcontract with medical, dental, TEAP, and mental health professionals who are subject to the prior approval of the RO, in consultation with the RHS. | Yes  No |  |
| 1. For civilian conservation centers, employ or subcontract with medical, dental, TEAP, and mental health professionals that are subject to the prior approval of the NO, in consultation with the RHS. | Yes  No |  |
| 1. Ensure that a health professional cannot serve as a consultant to, or an employee of, two or more JC-related entities concurrently, when one entity has review and/or oversight responsibilities over the other(s). | Yes  No |  |
| **6.12, R1. Additional Notes:** | | |

| **6.12, R2. Authorizations** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall ensure that proper authorizations are obtained prior to delivery of health services to students.[[11]](#footnote-11) | Yes  No |  |
| 1. The signed consent form (ETA 653) serves as authorization for basic routine health care and shall be placed in the SHR by the time a student arrives on center. Additionally, each student shall have a signed Informed Consent to Receive Mental Health and Wellness Treatment form in the SHR by the time the student arrives on center. | Yes  No |  |
| 1. Each time a student requires services other than those covered under the blanket consent signed on admission, written consent shall be obtained from the student or parent/legal guardian. | Yes  No |  |
| 1. In emergency situations, the CD may make an exception to the requirement for consent when a student who has reached the age of maturity cannot give consent or a parent/guardian of a student under the age of maturity cannot be contacted. This shall be documented in SHR. | Yes  No |  |
| **6.12, R2. Additional Notes:** | | |

| **6.12, R3. Basic Health Services Provided by Job Corps Centers** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. Center operators are responsible for providing and paying for basic health care as detailed in Exhibit 6-4 | Yes  No |  |
| 1. JC shall not pay for any health-related costs incurred by a student while on leave or pass unless previously authorized by the CD upon recommendation of a center health professional. | Yes  No |  |
| **6.12, R3. Additional Notes:** | | |

| **6.12, R4. Health and Medical Costs Exceeding Basic Health ServicesProvided by Job Corps Centers** | |
| --- | --- |
| Insurance or ACA navigators available on center: | Yes  No |
| PIN 13-09 followed regarding insurance info: | Entry script + document  Exit script + document  Not completed |

| **6.12, R4. Health and Medical Costs Exceeding Basic Health Services Provided by Job Corps Centers** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. Centers should assist students in seeking third-party health insurance coverage that will be available should the student have medical needs or costs beyond the basic health services provided by the center. | Yes  No |  |
| 1. If a student is determined to have a pre-existing or acquired health condition that significantly interferes with or precludes further training in JC, or if a student is determined to have a health problem that is complicated to manage or for which necessary treatment will be unusually costly, the center must follow medical separation procedures and determine whether referral to OWCP is required | Yes  No |  |
| **6.12, R4. Additional Notes:** | | |

**Section Shared by Both Assessors**

| **6.12, R5. Professional Standards of Care** | |
| --- | --- |
| State Practice Acts in HWC: | Nurse  Pharmacy  Other(s):  None kept on center |
| Documentation Issues Observed: | All providers on SF-600  Chronic care management  Follow up  Problem List  Reports from off-center referrals  Pre-signed release form (PIN 14-33)  Dental Consent |
| Confidentially Issues Observed: | Student Working in HWC  Sign in sheets in Wellness that indicate provider  Other: |
| Other Issues Observed: |  |

| **6.12, R5. Professional Standards of Care** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| All center health staff and providers shall follow accepted professional standards of care and are subject to prevailing state laws, including but not limited to: | Yes  No |  |
| 1. Maintaining a copy of current provider’s license, DEA registration, and proof of liability insurance, if applicable, in center health facility[[12]](#footnote-12); | Yes  No |  |
| 1. Documenting all prescribed medications and treatment in SHR; | Yes  No |  |
| 1. Documenting all laboratory procedures ordered and recording the results in SHR; | Yes  No |  |
| 1. Following current standards of care when providing health services and treating illnesses and injuries. | Yes  No |  |
| **6.12, R5. Additional Notes:** | | |

**,**

| **6.12, R6. Medication Management** | |
| --- | --- |
| Number of students on daily prescription medication (#): |  |
| Number of students on controlled substances (#): |  |
| Number of students on psychotropic medication (#)[[13]](#footnote-13): |  |
| Pharmacy used for prescription medications: |  |
| CP willing to prescribe psychotropic medications: | Initiate all  Initiate some: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescribe “bridges”  Does No Prescribe. Students referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are the lockboxes installed and where? |  |
| Are lockboxes being used? | Yes  No |
| Is water immediately available for students to visibly take their meds by lockboxes? | Yes  No |
| Is a security camera in place in the lockbox room? | Yes  No |
| Are the lockboxes in a secured room? | Yes  No |
| Who provides access to the lockbox room? |  |
| Who has the key to the lockbox panel? |  |
| How many days of non-controlled stock is stored in the lockbox (#)? |  |
| How many days of controlled stock is stored in the lockbox (#)? |  |
| Are MORs and CMORs completed by the observer? | Yes  No |
| Are MORs and CMORs returned to the HWC? | Yes  No |
| Are short-term medications handled through lockboxes? | Yes  No |
| Are accommodations made for students who need special confidentiality? | Yes  No |
| Copy of state pharmacy act available in HWC: | Yes  No |
| Documentation observed in SHRs for: | MONTHLY case management  OTC Sign-Out Sheets/Info  MORs  MARs |
| Documented providers consulted monthly: | CP  CMHC (for psychotropics)  HWM/Designee  Off-center prescriber (if applicable) |
| What is the center’s identifiable means in the SHR to identify case management? |  |
| Accurate controlled substances count during PCA: | Yes  No |

| **Appendix 611 Checklist – OTC Meds** | |
| --- | --- |
| Date of approval for OTC SOP (Month Year): |  |
| OTCs in HWC? | Yes  No |
| Train/authorize non-health staff to access OTC meds in lockboxes for students? | Yes  No |
| Outside HWC, store in first aid lockboxes & available to students in single does packaging? | Yes  No |
| Document on sign-out sheet in box with student’s name, med name, and student/staff signature and return to HWC weekly for restocking and recording in SHR? | Yes  No |
| Report abuse by student to HWC ASAP? | Yes  No |

| **Appendix 611 Checklist – Prescribed Non-controlled Medications** | |
| --- | --- |
| Date of approval for prescribed non-controlled SOP (Month Year) **with lockboxes**: |  |
| Determine who can prescribe, dispense and administer |  |
| Case conference monthly between HWM (designee) and the prescriber to determine adherence, side effects and efficacy? | Yes  No |
| Document prescription and administration. File monthly MARs in SHR. MAR must match prescription. CP/NP/PA must review & approve outside prescriptions? | Yes  No |
| Ensure correct student, right dose & proper route. Any errors notify prescriber, HWM, CD and document in SHR. Report to RO and regional nurse specialist? | Yes  No |
| Provide student with consumer information required by state? | Yes  No |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. Document on MOR and file in SHR weekly. Center specific policies in SOP? | Yes  No |
| Four self-managed meds are asthma inhalers, insulin, Epi Pens and BCPs? | Yes  No |
| Dispose of meds in compliance of laws? | Yes  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | Yes  No |

| **Appendix 611 Checklist – Prescribed Controlled Substances** | |
| --- | --- |
| Date of approval for controlled substances SOP (Month Year) **with lockboxes**: |  |
| Purchase, store & administer per 21CFR Part 1300. Have a med LOG and own or CP’s DEA registration? | Yes  No |
| Limit use and stock only small supply of meds that are prescribed by CP, DDS/DMD or psychiatrist? | Yes  No |
| No routine stocking of Schedule II, except for specific student and only one month supply? |  |
| Case conference monthly between HWM (designee) and the prescriber to determine adherence, side effects and efficacy? |  |
| CP/NP/PA must review & approve outside prescriptions? | Yes  No |
| Schedule II, III & IV under double lock in secured area of HWC. Limit access to dispensers/administers? | Yes  No |
| Two staff receive/sign for meds, noting med name, dosage, amount and date on LOG? | Yes  No |
| Maintain LOG for Schedule II, III & IV meds. When dispense/administer, note date, time, med & dose and nurse signs. Maintain in locked area for meds? |  |
| Document prescription and administration. File monthly CMARs in SHR. CMAR must match prescription? |  |
| Provide student with consumer information required by state? |  |
| Ensure correct student, right dose & proper route. Any errors notify prescriber, HWM, CD and document in SHR. Report to RO and regional nurse specialist? |  |
| Inventory/reconcile meds weekly by two staff. Report miscounts to RO and regional nurse specialist? |  |
| Handling, packaging and administration observation must be in accord with state requirements for after-hours observation of self-administration for trained/authorized non-health staff. Document on CMOR and file in SHR weekly. Center specific policies in SOP? | Yes  No |
| Dispose of meds in compliance of law. Dispose documented on LOG and signed by two staff? | Yes  No |
| Send meds home with students upon leaving. If HWC closed, promptly mail as permitted by state(s)? | Yes  No |

| **6.12, R6. Medication Management** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. Centers shall comply with all state and federal regulations regarding prescribed non-controlled medications, prescribed controlled substances, and OTC medications. | Yes  No |  |
| 1. Centers shall follow medication management guidelines as specified in Appendix 611. | Yes  No |  |
| **6.12, R6. Additional Notes:** | | |

| **6.12, R7. Waivers of Medical Care** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. The CP/NP/PA may waive any portion of the medical exam and lab testing except for the entrance drug testing if in his/her opinion there is sufficient justification or if a student refuses. Such a waiver shall be clearly documented by the CP/NP/PA in the student’s health record and include an explanation as to why the decision was made. | Yes  No |  |
| 1. The CP/NP/PA may grant waivers of immunization requirements for valid **medical and/or religious reasons**. Such a waiver shall be clearly documented by the center physician in the student’s health record and include an explanation as to why the decision was made. | Yes  No |  |
| **6.12, R7. Additional Notes:** | | |

| **6.12, R8. FECA/OWCP** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. Students are considered federal employees for purposes of the OWCP. OWCP benefits do not begin to accrue until the day following a student’s separation from the program. | Yes  No |  |
| 1. The center shall complete the appropriate OWCP form(s) whenever a student is injured, develops an occupationally related illness, or dies while in the performance of duty. The center shall immediately comply with the procedures set out in the Employment Standards Administration regulations at 20 CFR Chapter 1. The CA form portion of the SHIMS form and a copy of the ETA Form 6-61 shall be filed with the OWCP district office only when the injury or illness results in separation and consent is received from the Office of JC. When separation does not occur, such forms shall be maintained in the SHR. | Yes  No |  |
| 1. If the student dies while in JC, the center shall:   c(1). Inform the next of kin of any possible FECA benefits if death occurred during the performance of duty. If the student did not die during the performance of duty, the government shall pay only for expenses involved in the preparation and transportation of the remains to a mortuary in the area selected by the next of kin, within the United States and its possessions.  c(2). Arrange for burial at a site close to the center and at a cost not to exceed the amount authorized in Section 8134(a) of the Federal Employees’ Compensation Act in the event that the next of kin refuses to accept the remains.  c(3). Provide the Office of JC with documentation authorizing OWCP eligibility. | Yes  No |  |
| **Staff member who enters ECOMP information for students:**  **6.12, R8. Additional Notes:** | | |

**Section is done by Lead Assessor**

| **6.12, R11. Medical Separations** | |
| --- | --- |
| Center-specific challenges *if applicable:* |  |
| Best practices *if applicable*: |  |

The table below summarizes medical separations that occurred between DATE and DATE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MSWRs/Medical Separations** | | | | |
| Reason | No. of Students Medically Separated | Status | | |
| No. Pending | No. Returned | No. Final Close |
| Pregnancy |  |  |  |  |
| Medical Illness |  |  |  |  |
| Mental Health |  |  |  |  |
| Drugs and/or ETOH |  |  |  |  |
| Injuries |  |  |  |  |
| Oral Health |  |  |  |  |
| Other[[14]](#footnote-14) (Z codes) |  |  |  |  |
| **Total** |  |  |  |  |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| Centers shall ensure that:   1. Medical separations are initiated by health services staff; | Yes  No |  |
| 1. Students are medically separated when they are determined to have a pre-existing or acquired health condition that significantly interferes with or precludes further training in JC, or the health problem is complicated to manage, or the necessary treatment will be unusually costly; | Yes  No |  |
| 1. If the CP estimates that the student will be able to return to the center within 180 days, a MSWR will be given. If the student’s condition cannot be stabilized in 180 days, a regular medical separation will be given and the student may reapply in 1 year, unless the MSWR is extended pursuant to PRH 6.12, R11(g); | Yes  No |  |
| 1. Health and social service referrals are provided for all separated students; | Yes  No |  |
| 1. For MSWR, students are contacted monthly by the HWM to assess progress and plan their return to JC within the 180 days allowed; | Yes  No |  |
| 1. Health and wellness staff approve a student’s transportation plan for medical separation; | Yes  No |  |
| 1. Center staff must submit a request to the RO to extend an MSWR beyond 180 days for extenuating circumstances. | Yes  No |  |
| **6.12, R11. Additional Notes:** | | |

| **6.12, R12. Death** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| In the event of a student’s death, the center shall follow SIR reporting requirements and send the entire student personnel record (including sealed SHR) to the Office of JC by signature-required delivery within 10 days. The sealed SHR shall include OWCP forms and written notification of death, plus the death certificate and autopsy and toxicology reports if available. | Yes  No |  |
| **6.12, R12. Additional Notes:**  Number of student deaths in the prior year (#): | | |

| **6.12, R13. Communicable Disease and Infection Control** | |
| --- | --- |
| Bloodborne pathogen policy current: | Yes  No |
| Sharps injury log kept: | Yes  No |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| The center shall:   1. Report cases of disease to state and local health departments in accordance with state and local laws; | Yes  No |  |
| 1. Manage all cases of communicable disease and use protective measures as recommended by the CDC; | Yes  No |  |
| 1. Biologically monitor the function of autoclaves and maintain a log of spore test results; | Yes  No |  |
| 1. Follow infection control measures as mandated by state and federal law. | Yes  No |  |
| **6.12, R13. Additional Notes:** | | |

| **6.12, R14. Equipment and Supplies** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| The center shall:   1. Provide necessary equipment and supplies for routine and emergency delivery of basic medical, dental, and mental health services. All such equipment shall comply with federal and state requirements; | Yes  No |  |
| 1. Purchase major dental equipment according to the current dental equipment list published periodically by the Office of JC; | Yes  No |  |
| 1. Maintain records on the dispensing, inventory, and disposal of medical and dental supplies and pharmaceuticals; | Yes  No |  |
| 1. Purchase from government supply service centers whenever possible. | Yes  No |  |
| **6.12, R14. Additional Notes:** | | |

|  |  |
| --- | --- |
| **Health and Wellness Program Compliance Assessment TOOL**  ***Behavioral Health Assessor Packet*** | |
| Project Manager: |  |
| Center Director: |  |
| Size of Center: | Contract OBS (#):  Current OBS (#): |
| Type of Center: | Residential  Non-residential |
| Current Contractor: |  |
| Contract Start Date (current): |  |
| Student Health Records Reviewed (#): | Assessor 1:  Assessor 2:  MSWR:  Total: |
| Focus Group Students (#): |  |
| Individual Student Interviews (#): |  |
| Brief Out Parties:  ***\*note PM or RO must attend*** |  |

***\*Keep copy of tool for at least a year following PCA***

| **6.10, R3. Mental Health and Wellness Program** | |
| --- | --- |
| CMHC credentials/professional licensure: |  |
| CMHC schedule: |  |
| Length of time with JC (start date): |  |
| Approved waiver from national office: | Yes  No  Not Applicable |
| Average caseload per week of CMHC (and interns *if applicable*): |  |
| Average no-show rate (%): |  |
| Process for addressing and documenting “no-shows” in SHR: |  |
| Staff trained for SafetyNet (%): |  |
| Staff trained for Adolescent Growth and Development (%): |  |
| Topics of mental health promotion events + dates: |  |
| Number of students on psychotropic medications[[15]](#footnote-15): |  |
| CP willing to prescribe psychotropic medications: | Initiate all  Initiate some: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescribe “bridges”  Does Not Prescribe. Students referred to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Frequency of case management meetings with counselors (*note below if documented in SHRs*): | Weekly  Every 2 weeks  Monthly  Do No Meet |
| Case management meetings description – e.g. what staff attend and what is covered |  |
| Group topics lead by counselors and/or CMHC (list): |  |
| High quality documentation observed in SHRs for[[16]](#footnote-16): | Mental health assessments  Mental health progress notes  Follow up  Separations  Case conferences with counselors  Collaboration with TEAP spec.  Referrals  Feedback with behavioral recommendations  Medication management (monthly per Appendix 611) |
| Names of community providers/agencies for students who need long-term treatment: |  |
| Evidence of mental health treatment updates from off center providers/services in the SHR | Yes  No |
| Center policy for how students who are danger to self and others are handled: |  |
| CMHC on-call coverage for mental health emergencies (24-7): | Yes  No |
| Emergency psychiatric services provider and distance from center: |  |
| Center-specific health challenges or Best practices: |  |

| **6.10, R3. Mental Health and Wellness Program** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. The general emphasis of the MHWP[[17]](#footnote-17) is on early identification and diagnosis of mental health problems, basic mental health care, and mental health promotion, prevention, and education **designed to help students overcome barriers to employability**. The program uses an **EAP approach** that includes short-term counseling with an employability focus, referral to center support groups, and crisis intervention. | Yes  No |  |
| 1. The center provides assessment and possible diagnosis, to include:   b(1). Assessments[[18]](#footnote-18) and recommendations for JC applicants; | Yes  No |  |
| b(2). Review of SIF within 1 week of arrival; | Yes  No |  |
| b(3). Mental health assessments and recommendations for referred students; | Yes  No |  |
| b(4). Determination when an MSWR or medical separation is appropriate. | Yes  No |  |
| 1. The center provides mental health promotion and education, to include:   c(1). Minimum of a 1-hour presentation on mental-health promotion for all new students during CPP with an emphasis on employability;  (a) Presentations shall explain the MHWP , what services are available, and how to make a self-referral;  (b) **Students will learn basic skills in identifying and responding to a mental health crisis**. | Yes  No |  |
| c(2). At least one annual center-wide mental health promotion and education activity.[[19]](#footnote-19) | Yes  No |  |
| c(3). Clinical consultation with the Center Director (CD), management staff, and Health and Wellness Manager (HWM) regarding mental health-related promotion and education efforts for students and staff;[[20]](#footnote-20) | Yes  No |  |
| c(4). Coordination with other departments/programs on center.[[21]](#footnote-21) | Yes  No |  |
| 1. The center provides treatment, to include:   d(1). Short-term counseling with mental health checks as needed; | Yes  No |  |
| d(2). Collaboration with TEAP specialist for short-term counseling of students with co-occurring conditions; | Yes  No |  |
| d(3). Collaboration with CP and wellness staff on psychotropic medication monitoring[[22]](#footnote-22); | Yes  No |  |
| d(4). Collaboration with counseling staff in developing and/or leading psycho-educational skill-building groups to promote wellness; | Yes  No |  |
| d(5). Information exchange through regular case conferences; | Yes  No |  |
| d(6). Crisis intervention; | Yes  No |  |
| d(7). Referral to off-center mental health professional or agencies for on-going treatment and/or specialized services; | Yes  No |  |
| d(8). A written-referral/feedback system. | Yes  No |  |
| **6.10, R3. Additional Notes:** | | |

|  |  |
| --- | --- |
| **6.11, R1. TEAP** | |
| TEAP specialist **substance abuse** credentials/licensure:[[23]](#footnote-23) |  |
| TEAP specialist schedule and length of employment: |  |
| Approved waiver from national office: | Yes Date expires:  No  Not Applicable |
| Participation in AFR (and familiar with Appendix 610): | Yes  No |
| Center-wide prevention and education activities (include activity description and approximate date): |  |
| Use of formal assessment measures used **after** score the CRAFFT (in SIF): | Yes  No Names of Measures: |
| Who conducts UDS:  Does chain of custody include asking what are their current prescribed medications: | Nurses  TEAP specialist  Other:  Yes  No |
| Who notifies students of UDS results:  Lab slip signed: | TEAP specialist  Nurses  Other:  Yes  No |
| TEAP intervention services: | Intervention group sessions #:\_\_\_\_\_\_  Individual sessions#:\_\_\_\_\_\_  Recreation involved  Peer mentoring  Restricted to center  Other: |
| How is relapse prevention *integrated* into program: | RP groups  Individual sessions  Recreation  Peer mentoring  AA/NA  Other: |
| Off-center support services: | AA/NA  Other: |
| Bag search policy for students, staff, and visitors: |  |
| Alcoblow breathalyzers (from NO) in use and staff trained: | Yes  No |
| Medical (safety) breathalyzer type **&** date of last calibration: |  |
| Description of center policy for monitoring impaired students: |  |
| Form used for suspicious screenings in line with PRH and **includes opoid-related symptoms** (PIN 16-10): | Yes  No |
| Narcan available on center (do front line staff have access) and staff trained: | Yes  No |
| Quality of documentation (including content of group, process and student’s involvement): | Formalized assessments  Individual sessions  Group topics/discussions  Group sessions participation Level  Relapse prevention  Suspicious screening (incl. breathalyzer results) |
| Focus group reports that the ZT policy is consistently enforced: | Yes  No |
| Center-specific TEAP challenges or Best Practices *if applicable:* |  |

|  |  |  |
| --- | --- | --- |
| **PY2015** | **Positive on Entry (%)** | **45-Day Positives (%)** |
| CENTER NAME |  |  |
| Regional |  |  |
| National |  |  |

| **6.11, R1. TEAP** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| 1. The general emphasis of the TEAP[[24]](#footnote-24) on prevention, education, identification of substance abuse problems, relapse prevention[[25]](#footnote-25), and helping students to overcome barriers to employability. | Yes  No |  |
| 1. Substance use prevention and education, to include:   b(1). Minimum of a 1-hour presentation on substance use prevention for all new students during CPP. This presentation shall explain (1) TEAP prevention, education, and intervention services, (2) JC drug and alcohol testing requirements and procedures, and (3) the consequences of testing positive for drug or alcohol use while in JC; | Yes  No |  |
| b(2). Presentations on managing substance misuse, abuse, and dependency symptoms and issues in the workplace for students during CDP and CTP; | Yes  No |  |
| b(3). At least three annual center-wide substance use prevention and education activities; | Yes  No |  |
| b(4). Clinical consultation with CD, management staff, CMHC, and HWM regarding substance use prevention and education efforts for students and staff; | Yes  No |  |
| b(5). Coordination with other departments/programs on center, to include, but not be limited to, residential, recreation, SGA, and HEALs, to develop integrated prevention and education services. | Yes  No |  |
| 1. Assessment for identification of students at risk for substance use problems to include:   c(1). Review/sign of SIF or intake assessment of all students performed by counseling staff within 1 week of arrival; | Yes  No |  |
| c(2). Formalized assessment measures and clinical judgment to determine students’ level of risk for substance use; | Yes  No |  |
| c(3). Collaboration with the CMHC to determine when a MSWR or medical separation is appropriate and should be recommended for a student with substance use conditions. | Yes  No |  |
| 1. Intervention services for students identified at increased risk for problematic substance use to include:   d(1). Individual and group intervention services with a focus on behaviors that represent employability barriers[[26]](#footnote-26); | Yes  No |  |
| d(2). Collaboration with the CMHC for students with co-occurring conditions of mental health issues and substance use; | Yes  No |  |
| d(3). Referral to off-center substance abuse professionals or agencies for ongoing treatment and/or specialized services. Any student separating from JC who has a substance use condition shall be provided with a referral for support services in his or her home community. | Yes  No |  |
| 1. Drug and alcohol testing   e(1). Drug testing procedures:  (a). Students in the following categories shall be tested for drug use:  (1) New and readmitted students shall be tested within 48 hours of arrival on center;  (2) Students who tested positive on entrance shall be retested between the 37th and 40th day after arrival on center.;  (3) Students who are suspected[[27]](#footnote-27) of using drugs at any point after arrival on center shall be tested; this testing shall take place as soon as possible after staff suspects use. | Yes  No |  |
| (b). Biochemical testing is never permissible on a random basis, with the exception of designated licensed student drivers who are subject to 49 CFR Part 391 DOT Federal Motor Carriers Safety Administration. In addition, biochemical testing requested by work experience sites, union trades, or potential employers may only be performed by the requesting entity. | Yes  No |  |
| (c). If a student refuses to provide a specimen or has an unexcused absence from his or her follow-up drug test, he or she shall be referred to the center’s behavior management system for appropriate disciplinary action. Students who state they are unable to produce a specimen shall be referred to the CP or designee for follow up. | Yes  No |  |
| (d). Collection of urine for drug testing shall be in accord with chain-of-custody principles and conducted by health and wellness staff or a staff member trained in urine collection procedures. | Yes  No |  |
| (e). The JC nationally contracted laboratory shall be used for all required drug testing. On-center urine drug testing is prohibited. | Yes  No |  |
| (f). Reinstated students shall not be subject to entry drug testing upon return to the center. Transfer students shall not be subject to drug testing upon arrival at receiving center. Both reinstated and transfer students shall be subject to testing for drugs upon suspicion of use only. | Yes  No |  |
| e(2). Alcohol testing procedures:  (a). Students who are suspected[[28]](#footnote-28) of using alcohol at any point after arrival on center shall be tested; this testing shall take place immediately after staff suspects use. | Yes  No |  |
| (b). Centers shall use devices that measure alcohol in the breath or saliva. Alcohol testing shall only be administered by a staff member trained in the use of these testing devices. All testing shall be documented and the results sent to the HWC. | Yes  No |  |
| e(3). Students testing positive for drug or alcohol use[[29]](#footnote-29):  (a). New students and readmitted students (not previously separated for drug use) who test positive on entry receiving intervention services and a follow-up drug test; | Yes  No |  |
| (b). Reinstated students previously separated for drug use who test positive on entry or anytime during their second enrollment at JC separated immediately without a 45-day intervention period; | Yes  No |  |
| (c). Students who test positive for drug use by an off-center facility shall be retested on center using the JC nationally contracted laboratory as soon as possible; | Yes  No |  |
| (d). The same procedures (outlined in (b) above) followed for student drivers who test positive for drug use under 49 CFR Part 391 DOT Federal Motor Carriers Safety Administration; | Yes  No |  |
| (e). Students who test positive for alcohol use on suspicion shall be referred to the TEAP specialist for assistance and the center’s student conduct system for disciplinary action. | Yes  No |  |
| e(4). Student notification of drug or alcohol test results:  (a). Students who test positive for drug use shall be informed of their results by the TEAP specialist, CP, or designee within 24 hours of receipt of positive result, or as soon as possible, given staff and student availability. Minor student’s parent/guardian shall be notified of positive test results as required by applicable state laws;[[30]](#footnote-30) | Yes  No |  |
| (b). Alcohol test results shall be provided to the student by the person administering the test; | Yes  No |  |
| (c). Drug and alcohol test results shall be shared only with center personnel who have a need to know for purposes of discipline, counseling, administration, and delivery of services; | Yes  No |  |
| (d). If a student questions the validity of a confirmed positive drug test, s/he shall be referred to the CP or designee for counseling.. | Yes  No |  |
| e(5). MSWR for substance use conditions:  (a). Students may be given a MSWR for a diagnosed substance use condition, allowing the student to return to JC within 180 days. To return, proof of treatment completion from a qualified provider must be received. | Yes  No |  |
| (b). A MSWR for substance use conditions can only be given if the following conditions are met:  (1) The TEAP specialist and CD agree that the student has a diagnosed substance use condition.  (2) There is a documented assessment of the student’s diagnosed substance use condition by the TEAP specialist in collaboration with the CMHC. | Yes  No |  |
| (c). A MSWR cannot be granted in lieu of ZT separation when a positive follow-up test is reported during the intervention period. | Yes  No |  |
| (d). If a student is placed on MSWR during the intervention period, the intervention period is suspended and resumes the day the student is scheduled to return to center. | Yes  No |  |
| **6.11, R1. Additional Notes:** | | |

| **6.11, R3. TUPP** | |
| --- | --- |
| TUPP coordinator: |  |
| TUPP committee, *if applicable*: |  |
| **Age-appropriate** educational materials posted: | HWC  Other areas on center  Not observed |
| Tobacco-free center: | Yes, since:\_\_\_\_\_\_\_\_  No |
| Number of tobacco use areas (#): |  |
| Separate staff tobacco use area location: | Yes  No |
| Vaping, e-cigarettes, chewing (or other tobacco products) allowed on center?: |  |
| Tobacco cessation services components: | TUPP Group Sessions  Individual sessions  Referral to off-center services  Use of state sponsored quit lines |
| Description of TUPP cessation services (do they use a particular program or evidence-based materials): |  |
| NRT offered: | Yes  No |
| Number of students who participated in the TUPP in the last year (#): |  |
| Number of students who ceased tobacco use in the last year (#): |  |
| TUPP events observed: | Great American Smoke-Out  Others: |
| Community partners: |  |

| **6.11, R3. TUPP** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Implement a program to prevent the onset of tobacco use and to promote tobacco-free environments and individuals. To support this program, a TUPP Coordinator shall be appointed. At a minimum this program shall include: | Yes  No |  |
| 1. Educational materials and activities that support delay and/or cessation of tobacco use; | Yes  No |  |
| 1. A smoke-free, tobacco-free environment that prohibits the use of all tobacco products in center buildings and center-operated vehicles; | Yes  No |  |
| 1. Designated outdoor tobacco use areas located a minimum of 25 feet, or as required by state law, away from the building entrance; | Yes  No |  |
| 1. Prohibition of the sale of tobacco products on center; | Yes  No |  |
| 1. Adherence to federal and state laws regarding the use of tobacco products by minors; | Yes  No |  |
| 1. Minors who use tobacco products shall be referred to the TUPP; | Yes  No |  |
| 1. All services provided should be documented in the SHR. |  |  |
| **6.11, R3. Additional Notes:** | | |

| **6.11, R6. Sexual Assault Prevention and Response** | |
| --- | --- |
| SART coordinator: |  |
| SART team members (*select those the center has selected to be part of the team – no ePRH required composition*): | HMW  Security Manager  Center Director  Administrative  CMHC  Residential Manager  Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SART meetings held with minutes available: | Monthly  Quarterly  None  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Description of SART prevention activities: |  |
| Number of sexual assaults reported in the last year (#):[[31]](#footnote-31) |  |
| Number of inappropriate sexual behavior reported in the last year (#): |  |
| SART SOP date (not required): |  |
| Do SART procedures actually follow SOP? | Yes  No |
| SART procedures include + documented: | Immediate support  SART activated  Law enforcement called  Student referred to hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIR created  HWM and CMHC follow up  SART debrief following incident |
| Community partners and services available: |  |
| Center-specific challenges or best practices *if applicable:* |  |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| Centers shall:   1. Establish a program for sexual assault prevention, counseling, treatment, and follow-up care. | Yes  No |  |
| 1. Develop a team response[[32]](#footnote-32) to sexual assault and involve center staff and outside resources. | Yes  No |  |
| 1. Report sexual assaults:   c(1). To law enforcement authorities as required by state and local law; | Yes  No |  |
| c(2). As significant incidents | Yes  No |  |
| **6.11, R6. Additional Notes:** | | |

|  |  |
| --- | --- |
| **6.11, R7. Healthy Eating and Active Lifestyles** | |
| HEALs coordinator: |  |
| HEALs group members: | HMW  Food Services Manager  Recreation Supervisor  TEAP Specialist  Residential Manager  Student(s) #:\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HEALs meetings held with minutes available: | Monthly  Quarterly  None  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fitness activities available on center: | Weight room  Zumba/Dance  Yoga  Basketball  Bootcamp/HIIT classes  Walking/Run Club  Team Sports:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Healthy eating selections available: | Salad Bar  Vegetarian option  No sugar drinks/sodas  No fried foods  Nutritional Info posted  Fruit available  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Making the Grade* assessment date completed: |  |
| *Making the Grade* assessment score: |  |
| Center-specific challenges or best practices *if applicable:* |  |

|  | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall provide students with an environment that supports healthy eating and active lifestyles, and provide students with education and experiences that promote life-long health and physical well-being. At a minimum, this program shall include the following components: | Yes  No |  |
| a. Planning  a(1). Establish a HEALs Committee to oversee and coordinate this program. At a minimum, this committee shall include the HMW, Food Services Manager/ Supervisor, Recreation Supervisor or Specialist, TEAP Specialist, Residential Manager, and student representative. | Yes  No |  |
| a(2). Incorporate student interests and preferences when planning activities. | Yes  No |  |
| a(3). Demonstrate collaboration between various departments on center. | Yes  No |  |
| b. Environment  b(1). Provide a variety of fitness activities open to all students. | Yes  No |  |
| b(2). Provide healthy eating selections and limit non-nutritious eating selections. | Yes  No |  |
| 1. Education and counseling   c(1). Provide educational activities and materials to all students that support regular physical activity, nutrition, and achieving a healthy weight. | Yes  No |  |
| c(2). Provide individualized weight management programming and/or counseling. Student participation in this program is highly recommended. | Yes  No |  |
| c(3). Incorporate motivational interviewing and goal setting at student’s level of readiness for change. | Yes  No |  |
| 1. Assessment   d(1). Document, monitor, and assess program. | Yes  No |  |
| **6.11, R7. Additional Notes:** | | |

The table below summarizes HWC staffing at the center based upon a contracted onboard strength of \_\_\_\_\_\_ students.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Total**  **Hours/Week** | **PRH Staffing**  **Hours/Week** | **Variance** |  |
| Nursing Staff |  |  |  | **6.12, Section Shared by Both Assessors Staffing** | | |
| Center Physician/NP/PA |  |  |  | Waiver information *if applicable*: |  |
| Center Dentist |  |  |  | Date of HWC Staffing SOP approval by RO[[33]](#footnote-33): |  |
| Dental Hygienist |  |  |  |
| Dental Assistant |  |  |  |
| CMHC |  |  |  |
| TEAP Specialist |  |  |  |
| Clerical Support |  |  |  |

| **6.12, R1. Staffing** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall:   1. Ensure that health services staffing is in compliance with the staffing levels presented in Exhibit 6-5 and the minimum staff qualifications identified in Exhibit 5-3.[[34]](#footnote-34) | Yes  No |  |
| 1. For contract centers, employ or subcontract with medical, dental, TEAP, and mental health professionals who are subject to the prior approval of the RO, in consultation with the RHS. | Yes  No |  |
| 1. For civilian conservation centers, employ or subcontract with medical, dental, TEAP, and mental health professionals that are subject to the prior approval of the NO, in consultation with the RHS. | Yes  No |  |
| 1. Ensure that a health professional cannot serve as a consultant to, or an employee of, two or more JC-related entities concurrently, when one entity has review and/or oversight responsibilities over the other(s). | Yes  No |  |
| **6.12, R1. Additional Notes:** | | |

**Section Shared by Both Assessors**

| **6.12, R5. Professional Standards of Care** | |
| --- | --- |
| State Practice Acts in HWC: | Nurse  Pharmacy  Other(s):  None kept on center |
| Documentation Issues Observed: | All providers on SF-600  Chronic care management  Follow up  Problem List  Reports from off-center referrals  Pre-signed release form (PIN 14-33)  Dental Consent |
| Confidentially Issues Observed: | Student Working in HWC  Sign in sheets in Wellness that indicate provider  Other: |
| Other Issues Observed: |  |

| **6.12, R5. Professional Standards of Care** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| All center health staff and providers shall follow accepted professional standards of care and are subject to prevailing state laws, including but not limited to: | Yes  No |  |
| 1. Maintaining a copy of current provider’s license, DEA registration, and proof of liability insurance, if applicable, in center health facility[[35]](#footnote-35); | Yes  No |  |
| 1. Documenting all prescribed medications and treatment in SHR; | Yes  No |  |
| 1. Documenting all laboratory procedures ordered and recording the results in SHR; | Yes  No |  |
| 1. Following current standards of care when providing health services and treating illnesses and injuries. | Yes  No |  |
| **6.12, R5. Additional Notes:** | | |

**,**

| **6.12, R9. Health Care Guidelines** | |
| --- | --- |
| Updated HCGs in use:[[36]](#footnote-36) | Yes  No |
| Updated SMGs in use: | Yes  No |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| 1. All health-care guidelines[[37]](#footnote-37) (HCG) shall be approved and signed annually by the CP, CMHC, or center dentist, as appropriate | Yes  No |  |
| 1. Current signed and dated HCGs shall be kept in the HWC. | Yes  No |  |
| 1. Annually, each center shall submit a memorandum to the RO indicating which HCGs have been modified. Copies of any individual health staff authorizations and HCGs that have changed shall be sent to the RO for approval.[[38]](#footnote-38) | Yes  No |  |
| **6.12, R9 Additional Notes:** | | |

| **6.12, R10. Student Introduction to Health Services** | |
| --- | --- |
| Student handbook correct regarding HWC services and hours: | Yes  No |
| Week day(s) HWC orientation is held: | Monday  Tuesday  Wednesday  Thursday  Friday |
| Staff responsible for orientation: |  |
| Best practices *if applicable*: |  |

|  |  |  |
| --- | --- | --- |
| **6.12, R10. Student Introduction to Health Services** | | |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall provide an overview of health services to new students by a member of the health services staff during the CPP. This shall include an explanation of procedures/tests that are performed as part of the medical and oral exam, information on HIV and other sexually transmitted diseases safe sex practices, family planning services, TEAP services, mental health services, the importance of good health to obtain/maintain employment, and the Notice describing how medical information about students may be used, disclosed, and how students can get access to this information. | Yes  No |  |
| **6.12, R10. Additional Notes:** | | |

**Section is done by Lead Assessor**

| **6.12, R11. Medical Separations** | |
| --- | --- |
| Center-specific challenges *if applicable:* |  |
| Best practices *if applicable*: |  |

The table below summarizes medical separations that occurred between DATE and DATE.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MSWRs/Medical Separations** | | | | |
| Reason | No. of Students Medically Separated | Status | | |
| No. Pending | No. Returned | No. Final Close |
| Pregnancy |  |  |  |  |
| Medical Illness |  |  |  |  |
| Mental Health |  |  |  |  |
| Drugs and/or ETOH |  |  |  |  |
| Injuries |  |  |  |  |
| Oral Health |  |  |  |  |
| Other[[39]](#footnote-39) (Z codes) |  |  |  |  |
| **Total** |  |  |  |  |

| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| --- | --- | --- |
| Centers shall ensure that:   1. Medical separations are initiated by health services staff; | Yes  No |  |
| 1. Students are medically separated when they are determined to have a pre-existing or acquired health condition that significantly interferes with or precludes further training in JC, or the health problem is complicated to manage, or the necessary treatment will be unusually costly; | Yes  No |  |
| 1. If the CP estimates that the student will be able to return to the center within 180 days, a MSWR will be given. If the student’s condition cannot be stabilized in 180 days, a regular medical separation will be given and the student may reapply in 1 year, unless the MSWR is extended pursuant to PRH 6.12, R11(g); | Yes  No |  |
| 1. Health and social service referrals are provided for all separated students; | Yes  No |  |
| 1. For MSWR, students are contacted monthly by the HWM to assess progress and plan their return to JC within the 180 days allowed; | Yes  No |  |
| 1. Health and wellness staff approve a student’s transportation plan for medical separation; | Yes  No |  |
| 1. Center staff must submit a request to the RO to extend an MSWR beyond 180 days for extenuating circumstances. | Yes  No |  |
| **6.12, R11. Additional Notes:** | | |

| **6.12, R15. Continuous Quality Improvement** | | |
| --- | --- | --- |
| Occurrence of surveys (timeframe): | Quarterly  Bi-annually  None |
| Occurrence of regular chart audits (timeframe): | Quarterly  Bi-annually  Initial Only[[40]](#footnote-40)  None |
| Summary of CQI activity |  |
| National Survey (March or September): | The recent national student satisfaction survey in MONTH YEAR results indicated that X percent of students felt that they are treated with care and respect by HWC staff versus the nationwide mean of Y percent for all other centers. |

| **6.12, R15. Continuous Quality Improvement** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Center health staff shall seek feedback from students, employ mechanisms to document quality of care provided, and document quality improvement activities. | Yes  No |  |
| **6.12, R15. Additional Notes:** | | |

| **6.12, R15. Monthly Meetings with Center Director** | | |
| --- | --- | --- |
| If no regular monthly meetings are held, how many documented meetings occurred in the last year? |  |

| **6.12, R15. Monthly Meetings with Center Director** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| The CD shall meet monthly with the CP and CMHC to discuss clinical and organizational issues. | Yes  No |  |
| **6.12, R16. Additional Notes:** | | |

| **6.12, R17. Reporting** | | |
| --- | --- | --- |
| **Areas Reviewed** | **PRH Requirement Met (Yes or No)** | **Notes** |
| Centers shall ensure that the following reports are submitted:  a. Health and Wellness Center Annual Program Description[[41]](#footnote-41) | Yes  No |  |
| b. Health Services Utilization Report[[42]](#footnote-42) | Yes  No |  |
| c. Alcohol Test Reports[[43]](#footnote-43) | Yes  No |  |
| **6.12, R17. Additional Notes:** | | |

1. Remember to note nurse, clerk, and CP/NP/PA hours and waivers on separate HWC staffing document [↑](#footnote-ref-1)
2. Emergency Department, hospitalization, psychiatric hospitalization providers [↑](#footnote-ref-2)
3. Weight, height, BMI, waist circumference recorded [↑](#footnote-ref-3)
4. If there appears to be an overutilization of health services (or increased number of walk-in visits), reference 6.12, Q1 and include % of OBS utilizing health services (should be less than 10% of OBS daily). [↑](#footnote-ref-4)
5. This includes staff first aid/CPR training percentages & the 2 grab and go kit (PIN 16-10). [↑](#footnote-ref-5)
6. Concern will be placed in 6.12 R14 [↑](#footnote-ref-6)
7. Prevention education = oral hygiene instructions, caries risk assessments, relationship between oral health and employability, oral health and wellness plans. [↑](#footnote-ref-7)
8. PRH Exhibit 6-12 [↑](#footnote-ref-8)
9. Required by PRH Exhibit 5-1. This factors into the score for 6.12, R1 [↑](#footnote-ref-9)
10. This includes any waiver violations in accordance with **PRH-5: 5.2, R4(e1)** [↑](#footnote-ref-10)
11. Program Instruction 15-08 there is a Consent for Pre-Enrollment Form that should be signed by all students. Include this in the Yes/No response. [↑](#footnote-ref-11)
12. See credentials checklist [↑](#footnote-ref-12)
13. Confirm # with assessor reviewing MHWP [↑](#footnote-ref-13)
14. PIN 08-30, medical separations should be based on the diagnosis of an on-center medical professional. [↑](#footnote-ref-14)
15. Note: Confirm number matches with 6.12, R6 [↑](#footnote-ref-15)
16. Includes: SHR notes, mental health assessments, written and referral feedback [↑](#footnote-ref-16)
17. All services, referrals, collaborations, case conferences, feedback, separations, medication monitoring must be documented in the SHR. If it is not documented then the PRH requirement is not met. [↑](#footnote-ref-17)
18. Appendices 609 and 610 and participation in the reasonable accommodation committee [↑](#footnote-ref-18)
19. Give description and date of activity. [↑](#footnote-ref-19)
20. Staff training is included in narrative for this bullet [↑](#footnote-ref-20)
21. This can include training for staff in other departments, working with HEALs or SART on an activity. Individual consultations with academic, career tech, and/or residential staff. [↑](#footnote-ref-21)
22. This can be met with the monthly medication meeting requirement if it is happening in Wellness and the CMHC is involved. [↑](#footnote-ref-22)
23. This must be a **state-issued** credential/license. [↑](#footnote-ref-23)
24. All services, referrals, collaborations, case conferences, feedback, separations must be documented in the SHR. If it is not documented then the PRH requirement is not met. [↑](#footnote-ref-24)
25. Relapse Prevention programing is not just a group or self-help meeting attendance but also part of career transition presentations as well as prevention/education [↑](#footnote-ref-25)
26. Documentation must include attendance, topic discussed, and participation level [↑](#footnote-ref-26)
27. Reasonable suspicion includes (1) direct observation of drug use or behavioral signs or symptoms suggestive of drug use, or (2) reliable information that a student recently used drugs. [↑](#footnote-ref-27)
28. Reasonable suspicion includes (1) direct observation of alcohol use or behavioral signs or symptoms suggestive of alcohol use, or (2) reliable information that a student recently used alcohol. [↑](#footnote-ref-28)
29. See PRH for full description of requirements for 6.11, R1, e(c) sections a-e [↑](#footnote-ref-29)
30. Ask TEAP to explain state law. You may need to confirm this BUT MOST states have placed the decision making authority with the minor. Especially check if the center’s practice is to automatically notify parents/guardian. Ensure this is all documented in SHR. [↑](#footnote-ref-30)
31. Review all SIRs and debrief minutes for last 12 months [↑](#footnote-ref-31)
32. This includes meeting to debrief after each case of sexual assault reported. Minutes should be available from the debrief. [↑](#footnote-ref-32)
33. Required by PRH Exhibit 5-1. This factors into the score for 6.12, R1 [↑](#footnote-ref-33)
34. This includes any waiver violations in accordance with **PRH-5: 5.2, R4(e1)** [↑](#footnote-ref-34)
35. See credentials checklist [↑](#footnote-ref-35)
36. Recent Updates:

    * [Intranasal Narcan for Suspected Opioid Overdose](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_opioid_overdose.docx) - May 2017
    * [Otitis Externa](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_otitis_externa.docx) - May 2017
    * [Pneumonia and Bronchitis](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_pneumonia.docx)*-*May 2017
    * [Sexual Assault](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_sexual_assault.docx) - June 2017
    * [Uri, Pharyngitis, Sinusitis](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_uri.docx) - May 2017
    * [Urinary Tract Infection (UTI)](https://supportservices.jobcorps.gov/health/Documents/TGs/TG_uti.docx) - May 2017
    * [Anxiety Disorders (Including Panic and Phobic Disorders)](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_anxiety.docx) - June 2017
    * [Attention-Deficit/Hyperactivity Disorder (ADHD)](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_add.docx) - June 2017
    * [Depression/Bipolar Disorder](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_depression_bipolar.docx) - June 2017
    * [Post-Traumatic Stress Disorder (PTSD) or Acute Stress Disorder](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_ptsd.docx) - June 2017
    * [Psychotic Disorders](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_psychotic_disorders.docx) - June 2017
    * [Suicidal Threats and Behavior](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_suicide.docx) - June 2017
    * [Alcohol or Drug Use Behavior](https://supportservices.jobcorps.gov/health/Documents/TGs/tg_alcohol_drug.docx) – November 2018

    [↑](#footnote-ref-36)
37. This includes TGs, SMGs, and personnel authorizations [↑](#footnote-ref-37)
38. The annual memo still has to submitted to the RO when there are no changes to HCGs [↑](#footnote-ref-38)
39. PIN 08-30, medical separations should be based on the diagnosis of an on-center medical professional. [↑](#footnote-ref-39)
40. This is a concern if there is no follow up and monitoring to ensure services are provided and followed up on [↑](#footnote-ref-40)
41. Due August 15th [↑](#footnote-ref-41)
42. Held on center for review during PCA [↑](#footnote-ref-42)
43. Submitted quarterly via survey monkey [↑](#footnote-ref-43)