

Quality Assurance

Division of Child and Family Services (DCFS)
Juvenile Justice Services (JJS)
Statewide Policy

POLICY NUMBER:	DCFS/JJS 100.11
EFFECTIVE DATE:	January 1, 2025
APPROVED BY:	Sharon Anderson, Deputy Administrator – DCFS 
DATE:	December 27, 2024
SUPERSEDES:	DCFS/JJS 100.11 effective September 27, 2021
REFERENCES:	NRS 62B.600-645, NRS 218G.570-595, NRS 233B.050; Data Collection and Documentation Standards, DCFS/JJS 100.13; Performance-based Standards, DCFS/JJS 100.14; Evaluation of Evidence-based Practices, DCFS/JJS 100.16; Escape Prevention and Response, DCFS/JJS 300.05; Prison Rape Elimination Act, DCFS/JJS 300.09; Emergency Planning and Response, DCFS/JJS 300.10; Suicide Prevention and Response, DCFS/JJS 400.01
ATTACHMENTS:	Attachment A: Improvement Plan Template
REVIEW DUE BY:	December 27, 2027

I. PURPOSE

To outline procedures for the Division of Child and Family Services (DCFS) to provide comprehensive quality assurance and continuous quality improvement for effective treatment and rehabilitation services, programs, and operations for youth committed to the State.

II. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Correctional Program Checklist (CPC): A tool for assessing correctional intervention programs designed to evaluate the extent to which programs adhere to evidence-based practices.

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- B. Improvement Plan: Written corrective action steps which address areas of deficiency identified in a review or audit, to include specific actions to be taken and dates the actions will be completed by.
- C. Juvenile Justice Oversight Commission (JJOC): As established by NRS 62B.600-.645, a Commission developed to establish procedures for determining the effectiveness of the juvenile justice system and outcomes of youth in the system.
- D. Juvenile Justice Partners: Service providers in areas including, but not limited to, medical, education, mental health, and substance abuse.
- E. Legislative Counsel Bureau (LCB), Audit Division: As established by and under the authority of the Nevada Legislature, the Audit Division performs audits of the Executive and Judicial Branches of state government (NRS 218G.570-.595).
- F. Performance-based Standards (PbS): A data-driven improvement model adopted by the Division of Child and Family Services, Juvenile Justice Services, grounded in research which holds juvenile justice agencies, facilities, and residential care providers to the highest standards for operations, programs, and services.
- G. Prison Rape Elimination Act (PREA): A federal law supporting the prevention, detection, and response to sexual abuse and sexual harassment within facilities. This law applies to all DCFS state facilities.
- H. Quality Assurance: A structured, internal monitoring, evaluation, and corrective action process designed to improve and ensure effective services and improved outcomes.

III. AGENCY ANNUAL QUALITY ASSURANCE REVIEW OVERVIEW

- A. Each state facility and the Youth Parole Bureau (YPB) shall receive an agency quality assurance (QA) review annually, using established review tools.
 - 1. The QA review shall be completed by a Quality Assurance Team (QA Team) to be led by the Quality Assurance Specialist 3 assigned to the Juvenile Justice Programs Office, supported by the Director of Nursing, and a mental health professional, at minimum.
 - 2. The Quality Assurance Specialist 3 shall coordinate with Superintendents and the Chief of Parole to develop a schedule of QA reviews by July 1 each year.
 - a. QA review dates shall, to the extent possible, avoid other established dates for activities such as PbS data collection months (April and October), CPC reviews, PREA audits, and other review or audit activities.

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- B. QA reviews shall be scheduled and completed as close as possible to the previous year's review date but not later than 30 business days after the review date from the previous year, unless approved by the Deputy Administrator.
- C. QA reviews shall include a three-day on-site visit, at minimum.
 - 1. The Deputy Administrator may approve completing some, or all, of the review virtually.
- D. The on-site review may not continue for more than five days unless justified by the Quality Assurance Specialist 3 and approved by the Deputy Administrator.

IV. CONTENT OF THE ANNUAL QUALITY ASSURANCE REVIEW

- A. The Quality Assurance Specialist 3 shall be responsible for developing the initial format of the QA Review to include the following elements, as applicable:
 - 1. Items identified in the previous annual review as areas in need of improvement.
 - 2. Items identified in other reviews or audits (e.g., LCB, PbS, PREA, CPC, Use of Force) as areas in need of improvement.
 - 3. Statutes, regulations, state policies, and standard operating procedures (SOPs).
 - 4. Human resources (e.g., vacancies, turnover, hiring, training, performance evaluations).
 - 5. Climate/Culture (e.g., surveys of staff, youth, family, juvenile justice partners).
 - 6. Youth records (e.g., compliance with required assessments, education, programming, visitation, and case planning).
 - 7. Youth medical and mental health records.
 - 8. DCFS web-based case management system QA reviews
 - 9. Training (e.g., staff records, training curricula).
 - 10. Cleanliness of the facility and working order of equipment.
- B. The Quality Assurance Specialist 3 shall provide the initial format of the review to the Deputy Administrator at least 25 business days before a QA Review.
- C. Upon approval by the Deputy Administrator, the Quality Assurance Specialist 3 shall provide the format of the review to the Superintendent/Chief of Parole at least 20 business days before the scheduled QA Review.

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1. With the notification, the Quality Assurance Specialist 3 shall also solicit recommendations for additional items to add to the review and shall modify the format as recommended.

V. ANNUAL QUALITY ASSURANCE REVIEW PROCESS

- A. The QA Team shall meet with the Deputy Administrator prior to the scheduled review to prepare for the review, designate responsibilities, determine approaches and timelines, establish a schedule for the review, debrief previous audit findings, and consider all such matters necessary for a successful review.
- B. The Quality Assurance Specialist 3 shall notify Superintendents and the Chief of Parole of an upcoming review, and any needed accommodations, information, or other requirements, at least 20 business days prior to the scheduled review.
 1. This notification shall include copies or a link to the review tools for reference.
- C. The QA Team shall check in with the Superintendent/Chief of Parole or designee in person or by phone when they arrive at the facility/YPB office.
- D. Any urgent issues identified during the review (e.g., safety, harassment, abuse) shall be immediately presented to the Superintendent/Chief of Parole and the Deputy Administrator.
- E. Any possible PREA violation identified during a facility review shall be immediately reported to the DCFS PREA Coordinator and the Deputy Administrator.
- F. Upon completion of the on-site review, the Quality Assurance Specialist 3 shall hold a debriefing with the Superintendent/Chief of Parole and provide an initial summary of the findings.
- G. The Quality Assurance Specialist 3 shall submit a comprehensive draft report to the Deputy Administrator within 15 business days of completing the review for feedback and approval.
 1. The Deputy Administrator shall have 10 business days to provide feedback to the Quality Assurance Specialist 3.
 2. Upon approval by the Deputy Administrator, the draft report shall be submitted to the Superintendent/Chief of Parole.

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3. Within 10 business days of receiving the report, the Superintendent/Chief of Parole shall submit any questions, identified errors, or additional information in writing to the Quality Assurance Specialist 3.
 4. The Quality Assurance Specialist 3 and Deputy Administrator shall consider any information received from the Superintendent/Chief of Parole and submit a final report within five business days to the Superintendent/Chief of Parole and the Deputy Administrator.
 5. The Quality Assurance Specialist 3 shall prepare a version of the report for distribution to all staff with any confidential information removed (e.g., individual answers on staff surveys).
- H. The Quality Assurance Specialist 3 shall maintain records of each review in the DCFS Quality Assurance Microsoft Teams Channel.
- I. The Superintendent/Chief of Parole shall share the QA Review results with staff within 30 days of receipt of the final review report.
- J. The Superintendent/Chief of Parole shall ensure the development of an Improvement Plan, if required.

VI. OTHER REVIEWS

- A. Other areas of review may include, but are not limited to:
1. PbS data collection periods two times a year (DCFS/JJS 100.14)
 2. LCB Reviews
 3. Annual facility CPC reviews (DCFS/JJS 100.16)
 4. PREA audits (DCFS/JJS 300.09)
 5. Health Department inspections
 6. U. S. Department of Agriculture audits
 7. Education reviews
- B. Facilities shall maintain records of emergency preparedness drills completed as required by Emergency Planning and Response, DCFS/JJS 300.10.
- C. All reviews shall receive the full cooperation of the agency, its units, programs, facilities, and the YPB.

VII. SPECIAL REVIEWS

- A. Other types of reviews may be requested by the Deputy Administrator or the Administrator (e.g., Root Cause Analysis, time study), or may be required by

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policy (e.g., following an escape attempt or successful escape, DCFS/JJS 300.05, following a suicide attempt or completion, DCFS/JJS 400.01).

- B. The Deputy Administrator will notify the Superintendent/Chief of Parole as soon as practicable when a special review is scheduled, to include the date and time of the review, the estimated duration of the review, and how to prepare for the review.
 - 1. When the review is completed, the report will be submitted to the Deputy Administrator.
 - 2. The Deputy Administrator will meet with the Superintendent/Chief of Parole to review results.
- C. The Superintendent/Chief of Parole shall develop an improvement plan, if required.

VIII. IMPROVEMENT PLANS

- A. The Superintendent/Chief of Parole shall be responsible for preparing an improvement plan (Attachment A) in response to any review if required.
 - 1. This task may be completed by facility/parole staff and overseen by the Superintendent/Chief of Parole.
- B. The QA Team shall provide support to the Superintendent/Chief of Parole in the preparation of any improvement plans, as requested by the Superintendent/Chief of Parole and the Deputy Administrator.
- C. The Superintendent/Chief of Parole shall have 15 business days, from receipt of the report to develop an improvement plan, to be submitted to the Deputy Administrator.
 - 1. The Superintendent/Chief of Parole shall work with the Deputy Administrator to select recommendations to add to their improvement plan.
 - 2. The improvement plan shall address each item, the specific actions which will be taken to address the item, identification of who will be responsible, intermediate steps to complete the item, and dates for review and completion.
- D. The Superintendent/Chief of Parole shall submit a progress report to the Deputy Administrator every 30 to 90 days, as determined by the Deputy Administrator, depending on the nature of the review and the urgency of the remedies.

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1. The progress reports shall be kept in the relevant file in the DCFS Quality Assurance Microsoft Teams Channel.

IX. STANDARD OPERATING PROCEDURES

- A. This policy shall serve as the standard operating procedure for each facility and the Youth Parole Bureau.
 1. Facilities and the YPB may establish standard operating procedures for this policy or elements of this policy.
- B. The DCFS Juvenile Justice Programs Office shall review this policy every three years, or sooner if deemed necessary (NRS 233B.050).