



Supervision Agreement

Juvenile Diversion Alternative Program (JDAP)

Name: _____ DJJ ID#: _____ COURT DOCKET NUMBER: _____

Please read carefully. Your JDAP obligations are as follows:

The Supervision Agreement is designed to be tailored to the specific and individual needs that have been assessed and identified by BAYS Florida. The below is not a list of mandated sanctions but rather a tool to assist in sanctions that may apply. Choose the specific sanction to the individual. If the sanction does not apply to the individual then populate with N/A

- Youth must obey all laws and receive no new law violations.
- The average length of time in civil citation program is two (2) to four (4) months. During this time Youth must be seen at a minimum of once (1) per month by Case Manager. Parent/Guardian must be seen at a minimum of once (1) per month.
- Youth will obey all lawful demands of Parent/Guardian.
- Youth must make whereabouts known at all times to Case Manager and to Parent/Guardian.
- Youth will be assigned to complete community service hours for a non-profit organization as necessary.
- Youth must attend all assigned groups and education classes or complete curriculum materials.
- Youth must attend _____ on a daily basis and maintain acceptable grades and behavior.
- Youth must abide by a curfew as necessary.
- Youth must have no contact with Victim and/or the Victim's property.
- Youth must write a letter of Apology to the Victim(s) and give it to the Case Manager by the assigned due date. Instructions will be provided. An apology is also required to be written to parent/guardian.
- Youth must remain drug free and submit to random drug screens at the discretion of the BAYS Staff.
- Youth must pay \$ _____ to the Victim by completion of the program. All payments must be paid by money order or cashiers check made payable to the Victim. A Restitution Payment Agreement will be issued and a payment schedule set. The Case Manager will forward all payments to the victim.
- Youth is not allowed to associate with co-defendant (s) if any.
- Youth must abide by the individual plan developed in conjunction with parent/guardian and youth. Throughout the program this individualized plan includes: Supervision Agreement, Individual Service Plan, CAT Goal(s), and BAYS Intake Assessment. The individualized service plan will be modified as the needs and strengths of the Youth and Family change.
- If recommended, Youth MAY be required to complete a Drug and Alcohol Evaluation, Mental Health/Psychiatric/Psychological Evaluation and participate in counseling. Youth and Parent/Guardian must follow any recommendations and/or referral made in these areas.
- Non-compliance with the above agreement may result in, but is not limited to additional community service hours, essays, pre-closure meeting, or reduction in curfew.
- Compliance with the above agreement may be rewarded with but is not limited to extended curfew, contact reduction, or rewards donated by community resources.

All conditions of this contract have been explained to me in full. I realize that failure to complete the Civil Citation program, as instructed, will result in my case being sent back to the State Attorney's Office for formal prosecution. I understand that the Civil Citation Program staff will be available to assist me, if I have any difficulty meeting these conditions. I understand that it is MY RESPONSIBILITY to successfully complete my obligation.

 Youth's Signature Date

 JDAP Case Manager's Signature Date

 Parent/Guardian Signature Date

 JDAP Circuit Supervisor's Signature Date



Youth & Family Grievance Process

If a youth or parent has experienced a circumstance or action on the part of the BAYS Program or a BAYS Staff which they deem to be a violation of their rights and the grounds for formal grievance, he or she may file a grievance by the following process outlined below:

STEP 1: The youth or parent should discuss the situation with the BAYS Staff or the appropriate Supervisor to see if it can be resolved without a formal grievance.

STEP 2: If the situation continues to be unresolved, the Supervisor shall ensure that youth or parent wishing to file the grievance are provided with the proper forms, assistance, and instructions on the preparation and submission of the grievance. The Supervisor must forward a copy of the grievance to the Chief Operating Officer. The Supervisor should indicate that he or she is investigating the grievance. No reprisals may be taken against the youth or the family filing a grievance.

STEP 3: Within 14 working days, the Supervisor must discuss the grievance with the youth and parent(s) and try to resolve the matter without further action. A letter of resolution must be sent to the youth and parents summarizing the findings and decision of the grievance. The letter must state if the decision was acceptable or unacceptable to the youth and parent. Copies of the letter must be sent to the Chief Operating Officer. The Supervisor is required to keep a copy of all grievances filed with the letter of resolution. Regarding unacceptable resolutions, the letter sent to the youth and parents must include the name and address of the Chief Operating Officer for the purposes of a potential appeal as outlined below.

STEP 4: If the resolution of the grievance was unacceptable to the youth and parents, they must be advised that they have the right to appeal, in writing, to Chief Operating Officer or his/her designee. The appeal must be filed within 14 working days of sending the letter. The Chief Operating Officer or designee has 14 working days to review and investigate the grievance and resolution and notify the youth and parents of their findings and any action that may be warranted. The Chief Operating Officer's decision is final.

NOTE: A grievance cannot be filed if the youth has been cited for a noncompliance.

Youth's Signature Date

BAYS Staff Signature Date

Parent/Guardian Signature Date



AGREEMENT TO PARTICIPATE IN JDAP PROGRAM

Case Number(s): _____ DJJ JPO: _____

Name: _____

DOB: _____ SS#: _____

Parent Guardian: _____

Address: _____

Cellphone #: _____

RESTITUTION INFORMATION

Amount Owed: \$ _____

COST OF PROSECUTION

Amount owed(\$50.00 per case): \$ _____ Total Amount Owed: \$ _____

JDAP AGREEMENT

I, _____, agree to participate in JDAP, a delinquency diversion program. I also agree to pay for restitution to the victim as directed as it applies to my case. I agree to complete all appropriate sanctions/services as directed by JDAP. If I fail to successfully complete JDAP, the State Attorney may file a petition on the charge(s) for which I am being referred.

Youth Signature

Date

I, _____ the parent/legal guardian of the above mentioned youth, hereby concur with this agreement and give full consent for JDAP to work with my youth. I further agree to assist the program staff in any way I can in their efforts. I further agree to participate in regular home visits conducted by JDAP staff.

Parent/Guardian Signature

Date

Witness/JPO

Date



Community Art Project Instructions

BAYS Florida, Inc. has undertaken a mission to donate artwork from program youth to local community service agencies and organizations. The goal of the project is to allow youthful offenders an opportunity to give back to the community, while at the same time providing artwork to the agencies that work with our youth and families.

Thank you for participating in this project.

There are a few guidelines that you must follow in order to be successful. Please see the list of requirements below:

- Your paper can be 8-1/2"x11" in size. This paper can be poster board, construction paper, or any other type of heavy paper. Other types of art projects may be accepted, but please consult your Case Manager.
- Paint, colored pencils, markers, crayons, or charcoal pencils are recommended. Most posters should be **colorful**, unless charcoal pencils are being used.
- Theme: All posters and/or art projects must have a **POSITIVE** theme! Please choose from the following: Stop Juvenile Crime; Prevent Violence; Stay in School; Don't Do Drugs; Don't Smoke; Achieve Your Goals; Think Positive; and Believe in Yourself. If you have any ideas other than those listed here, please get an approval from your Case Manager.

For your efforts, you may be given **up to** five (5) hours of community service work credit. Your Case Manager will determine the amount of credit you will receive, based on the effort you put into your project.

Use your creativity! Thank you for help in giving our community agencies a gift of thanks that brightens and inspires.

Youth Signature

Date

Parent/Guardian Signature

Date

Case Manager Signature

Date



JDAP Waiver

1. I, _____, desire to be considered for and, if selected, agree to participate in the JDAP program which has been explained to my satisfaction.
2. I understand that I have a right to consult with an attorney or have an attorney appointed to represent me, if I am qualified prior to signing this agreement.
3. I have consulted with an attorney, or do not wish to do so, and waive the right to consult with an attorney concerning this agreement waiver.
4. I understand the program offers an opportunity to earn a dismissal of the charges at the discretion of the State Attorney, meaning no petition will be filed.
5. I understand that if I should not be accepted in the program, or should I fail to complete or perform while in the program to the satisfaction of the State Attorney, I may be tried as provided by law.
6. I understand that full restitution due for any damages or injury resulting for this charge will be made as part of this agreement.
7. By signing this agreement, I waive all appropriate statutes of limitation and time periods under applicable Federal and State Constitutional provisions, Florida Statutes or rules of court within the State of Florida is required to file charges against me or bring it to trial.
8. I have read this agreement and waiver and it has been explained to my satisfaction.
9. I, _____, the parent or legal guardian of the above named child, have read this agreement and waiver and believe it is in the best interest of my child. I concur with this agreement and waiver and give my full consent for JDAP to work with my child. I further agree to assist the program staff in any way I can in their efforts.

Complaint Number(s): _____

Participant

Date

Parent/Guardian Signature

Date

JPO/Case Manager

Date



Authorization for Release of Confidential Information

I hereby authorize BAYS Florida to OBTAIN and/or RELEASE documentation contained in the record for:

Client Name and Date of Birth: _____

Client Address: _____

TO/FROM (AS INDICATED ABOVE):

Name: _____

Relationship: _____

Address: _____

Phone: _____ Fax: _____

For the Purpose of:

- Continuity of care
- Determined need/eligibility for additional services
- Confirm status in program
- School records, Attendance, Grades and Discipline
- Assessment, Evaluation, Recommended Treatment Plan, and Progress Report(s)
- Other: _____

I understand that the consent is revocable upon written notice to the facility administering the evaluation(s), except to the extent that action taken by the facility has been taken in reliance on this authorization and that this authorization shall remain in force for TWELVE MONTHS in order to affect the purpose for which it is given. Any such disclosure shall be limited to information that is reasonably necessary to fulfill the contractual obligations of this agency.

Alcohol and drug abuse information, if present, has been disclosed from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR, PART II) prohibit making further disclosure of it without the specific written authorization of the undersigned, or as otherwise permitted by such regulations.

Client Signature

Date

Parent/Guardian Signature

Date

Signature of Agency Representative

Date



Parent Welcome Brochure
Juvenile Diversion Alternative Program (JDAP)

By signing this acknowledgement form, I hereby certify that I have received a BAYS Florida Parent Welcome Brochure.

Parent/Guardian Signature

Date



No Harm Contract

Reminder to myself: I am loved. I am important. Others care about me and my well-being. How I feel matters and I am in control of my thoughts.

I _____ make a commitment to living. I will not harm myself or anyone else in any way. I will not attempt suicide or any other self-injurious behaviors.

If begin to have thoughts of wanting to harm myself and/or commit suicide I will take the following actions:

1. I will call my local emergency number and suicide helpline if I feel that I am in immediate danger to myself.
2. I will remind myself that suicide isn't the answer and there is help available.
3. I will contact the following supportive people if I am not in immediate danger of harming myself but have suicidal thoughts.

Name

Number

Name

Number

1-800-273-8255
U.S. 24-hour suicide prevention hotline

Signature of Youth:

Date

Signature of Parent/Legal Guardian:

Date

Signature of Case Manager:

Date

Signature of Circuit Supervisor:

Date

Signature of Consulting Clinician (if available):

Date



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
(DJJ)

AUTHORITY FOR EVALUATION AND TREATMENT - AET

Name of Youth:

DJJ ID#: _____ Medicaid# (as applicable): _____

I, _____, THE PARENT OF _____ OR
I, _____, AS THE GUARDIAN OF _____
("MY CHILD") DO HEREBY APPOINT THE DEPARTMENT OF JUVENILE JUSTICE, OR ITS AUTHORIZED AGENT
(COLLECTIVELY, "THE DEPARTMENT"), AS MY REPRESENTATIVE FOR THE PURPOSES SET OUT IN THIS
DOCUMENT. I AUTHORIZE THE DEPARTMENT TO MAKE THE DECISIONS CONCERNING MY CHILD'S ROUTINE
PHYSICAL AND MENTAL TREATMENT, AS DESCRIBED IN THIS DOCUMENT.
I UNDERSTAND THAT THIS DOCUMENT APPLIES ONLY UNTIL MY CHILD REACHES THE AGE OF 18. AT THAT
TIME MY CHILD WILL CONSENT FOR TREATMENT FOR HIS/HERSELF.

A LETTER OF GUARDIAN SHOULD BE PRESENTED FOR CLAIM OF GUARDIAN TO YOUTH.

STATE: _____ COUNTY: _____ DATE: _____

THIS AUTHORITY IS LIMITED BY ME AS FOLLOWS:

QUALITY OF TREATMENT

- A. My child will be examined and medically treated only by persons who are properly qualified to perform such examinations and provide such treatment with exception to defined circumstances as stated herein.
- B. Any treatment authorized by the Department must be recommended by a person licensed in Florida and permitted under Florida law to make such a recommendation.
- C. Any treatment authorized by the Department must be recommended in accordance with the medical or mental health standards in the community where the treatment will takeplace.

THE DEPARTMENT MAY AUTHORIZE THE FOLLOWING ON MY BEHALF:

WHAT THIS AUTHORITY COVERS

1. Physical examinations of my child conducted in accordance with the usual accepted medical standards of the community. These examinations may include:
 - a. Determining whether my child is currently suffering from any illness or disease or has any problems that require medical treatment while the Department has the youth in its physical custody.
 - b. Obtaining a complete medical and mental health history from my child, including information about past illnesses, hospitalizations, etc.
 - c. Testing for drug and/or alcohol abuse.
 - d. Blood, urine, tuberculosis and other laboratory tests that may be done as part of a complete physical examination.
 - e. Examining my child for any dental problems and providing emergency dental care and treatment.
 - f. Testing my child's vision and hearing.
 - g. Gynecological examination.
2. Give permissions to a licensed health care provider to give my child additional tests that he or she thinks are necessary as a result of a physical examination.
3. Obtain necessary medical and clinical treatment for any illness or disease that my child has now or develops while he/she is in the Department's facility or program.
4. Regarding mental health or emotional illnesses that my child now has or develops while in custody of a Department facility, the Department may arrange for, make available and facilitate mental health assessments and treatment with licensed mental health care providers or mental health facilities, including diagnostic assessment, psychological testing, and individual, group, and family therapy and/or counseling, except as otherwise provided in this section. This section shall not be read as authorizing my consent to the commitment of my child to a residential facility licensed under Chapter 393, Florida Statutes (Developmental Disabilities) or Chapter 394, Florida Statutes (mental health), but is acknowledging commitment under Chapter 985, Florida Statutes. If hospitalization in a mental health facility is recommended, I will be notified in advance, and will have the opportunity to object if I wish to.

5. Obtain prescription medications that have been ordered for my child. If a new prescription medication has been recommended or started for my child, or a medication my child was currently receiving has been ordered to be stopped, or if there is a significant change in the dosage of a medication my child is/was receiving, attempts will be made to contact me by telephone prior to making any of these changes, unless it is felt necessary to start the medication immediately. Notices of medication changes will be sent to me at the address I have provided in this document. I understand that if my address or mailing address changes, I must contact my child's Juvenile Probation Officer and the facility where my youth is detained or residentially committed and inform them of the address change.
6. I understand that I can object to medication changes by calling the facility and speaking to the person listed on the notice. I further understand that I should also object in writing to the facility listed on the notice sent to me.
7. Regarding prescription medications for mental or emotional problems that may be ordered or changed, I understand that reasonable attempts will be made to contact me verbally/by telephone prior to making the changes in order to explain the medications and that a detailed notice about these medications will also be sent to me. I understand that I am to sign a permission form and mail it back to the facility.
8. Regarding vaccinations/immunizations, the Department may provide the standard vaccinations, if my child has not had them and/or if they are not up to date and/or if they are required to attend school in Florida, such as for tetanus, measles, polio, and Hepatitis B and if I have been provided the necessary information about the immunization(s) and have provided my written consent. The Department may authorize and provide flu shots when recommended by a licensed health care provider if I have been provided the necessary information about the immunization(s) and have provided my written consent. If I have been provided with the Vaccination Information Sheets at the time of this Consent, this form will serve as my permission for administration of the vaccines. Otherwise, I will be notified in advance of administration of these vaccines and asked for my permission prior to giving them to my child.
9. I understand that my child may be assisted with the self-administration of routine medications, (depending on the DJJ facility), by trained/qualified staff who are not health care professionals but will provide these medications based on procedures that have been approved by the physician who provides oversight to the program and/or provides care to the youth.
10. I authorize licensed health care and non-health care staff members to provide Acetaminophen (Tylenol), Ibuprofen (Motrin), anti-indigestion medications (e.g. Pepto Bismol), antacids (i.e. Milk of Magnesia, Maalox), Triple Antibiotic Ointment and Diphenhydramine (e.g. Benadryl) for the purpose of allergic reactions only. All of these medications shall be administered in accordance with the manufacturer's recommended dosage, to my child for minor physical complaints. I understand that my child will receive a medical evaluation for minor complaints that are unrelieved by these over-the-counter medications. I understand that all other over-the-counter medications will be provided pursuant to a Physician's approval.
11. **ACCESS TO RECORDS.** The Department shall have access to all records of whatever nature concerning the mental and physical health of my child, to the same extent that I have would have access to them. I understand that my child may be seen by multiple health care providers, including those that see my child at the facility and those to whom my child is taken for treatment. To that end, I direct that any and all health care providers, whether involved in mental or physical health care, shall provide all records to which I would be entitled concerning my child to the Department at the request of the Department and/or its authorized agents. These records shall include, but not be limited to, records of any and all past evaluations, assessments and/or treatment of my child, and any and all past prescriptions ordered for my child. These records also include any evaluations, assessments, and/or treatments of my child provided in the future, while my child is the custody of the Department. **It is my intent that this document acts as my consent and release of these records to the Department and/or its authorized agents.**

WHAT THIS AUTHORITY DOES NOT COVER

1. I understand this Authority applies only when my child is staying 24 hours a day at a facility run by or supervised by the Department. I am responsible for my child's health care in any other circumstance. If my child is in a facility-based non-residential program run by or supervised by the Department, it also gives the Department authority to (a) administer prescription medications that I bring to the program, and (b) provide any emergency treatment. I understand that I am responsible for my child's health care in any other circumstances.
2. I understand that I cannot choose the physician or other health care provider that will treat my child. The Department has the right to choose the health care provider as long as the person is properly qualified in Florida. However, in certain instances, I can ask the Department to utilize my child's usual provider, particularly if this is convenient for the facility, and the provider agrees to do so.
3. I can refuse to sign this document. I can limit the scope of this document by advising the Department in writing of specific procedures I will not authorize. In addition, I can take back the permission that I have given in this document at any time either in part or completely, by calling or writing the facility where my child is located or the person who is providing the care.
4. I understand that if I refuse to sign this document or if I take back the permission granted by it; the Department has the right to ask a court order to give the Department permission to provide treatment. I will have an opportunity to present my concerns to the Judge before he or she decides about my child's care.

5. The Department will keep me advised of my child's mental and physical health status when warranted. Notices will be sent to me at the address I have listed in this document. It is my responsibility to inform the Department of any change in the address.
6. I understand that if my child requires substance abuse treatment that my child must provide his or her consent to substance abuse treatment and that my signature on this document does not provide authorization for this treatment.

ACKNOWLEDGEMENTS

I declare that I have read and understand the terms of this document. All questions I have concerning the powers I have given the Department in this document have been answered to my satisfaction. No one has made any threats in order to get me to sign this document.

Initials

I am consenting to necessary vaccinations.

I have received the following Vaccine Information Sheet(s):

I am refusing Vaccinations due to religious reasons. I understand I must not complete "The Religious Exemption From Immunizations" Form (at the County Health Department) and have it signed and authorized by their Administrator and submit a copy to the Department of Juvenile Justice.

I am refusing Vaccinations due to medical reasons. I understand I must now submit a Physician's statement to the Department stating why the vaccinations are contraindicated.

I am refusing to sign for Authority for Evaluation and Treatment form.

Reason: _____

DATED THIS _____ DAY OF _____, 20____.

WITNESSED BY: DJJ REPRESENTATIVE
(SIGNATURE)

PARENT OR GUARDIAN (SIGNATURE)

DJJ REPRESENTATIVE (PRINTED)

PARENT OR GUARDIAN (PRINTED)

ADDRESS: _____

PHONE NUMBER: _____ (HOME)

PHONE NUMBER: _____ (CELL)

PHONE NUMBER: _____ (WORK)



BAYS FLORIDA YOUTH HANDBOOK

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WELCOME

Bay Area youth Services, Inc., d/b/a BAYS Florida was organized and chartered as a Florida Not-For-Profit Corporation on April 19, 1982. The agency, founded by William F. Bowman, was developed with the objective of improving the quality of life and increasing potential of Florida's youth. Since that time, BAYS has provided high quality and professional youth and family services throughout the State of Florida. Over a 35+ year history BAYS has grown into a multi-faceted organization with office locations throughout the State of Florida.

Over the years, BAYS has provided a variety of delinquency prevention, diversion, and intervention services, with our strength and expertise mainly demonstrated in serving juvenile justice populations with various case management models.

Mission Statement

BAYS Florida works in partnership with individuals, families, and communities to inspire change, growth and success.

Vision Statement

A Florida that believes in the value and worth of all people and their ability to change, grow, and succeed.

Code of Ethics and Conduct

We will provide a safe and supportive environment for the protection of the public, staff, and youth.

We believe in the uniqueness, dignity, and inherent worth of every individual. Further, we are committed to assisting each youth in our care in achieving their individual dignity.

We will enhance the opportunity for the youth to use their potential to succeed in an environment conduct to promoting socially acceptable behavior.

We are committed to truthfulness and integrity in all of our actions. We will promote ethical conduct.

We shall conduct ourselves in a manner that prevents all forms of appearances of impropriety, placement of self interest above public interest, prejudice, partiality, threats, favoritism, or undue influence.

We will uphold the confidentiality and privacy of the youth and families we serve.

We are committed to a culture of learning, personal and professional development, and continuous improvement of services to the youth we serve and the public.

We will promote partnership and cooperation in order to achieve our common goals.



Conflict of Interest

Employees of BAYS have a duty to avoid any actual or apparent conflict of interest with BAYS. A conflict can arise when an employee takes action or has interests that make it difficult for him or her to perform their work objectively or properly.

Conflicts also arise when an employee or a member of his or her family receive improper personal benefits as a result of the employee's position with the company.

Employees must immediately notify their Supervisor if a youth or family member referred to BAYS is an acquaintance, friend, neighbor, associate, or relative. The employee and Supervisor must document the actual or perceived conflict in writing and forward it to the Chief Operating Officer and President/CEO for review and discretion.

BAYS may reassign an employee who is related or associated in any way with a client/youth or their family.

All transfers of money, good or favors, between a BAYS employee and program participants or families is strictly prohibited. An exception is made for families who are indigent and in need of basic necessities.

Client Rights

1. You have the right to be treated with respect and dignity. This shall be construed to protect and promote human dignity and respect for individual dignity.
2. You have the right to receive services suited without regard to your race, religion, sex, ethnicorigin, age, degree, of disability, handicappingcondition, legalstatus, or ability to pay for services.
3. You shall never be neglected or sexually, physically, verbally, or otherwise abused.
4. You have the right, without fear of reprisal, to present grievance on behalf of yourself for BAYS Florida. For additional information see Grievance Policy Procedure.
5. You have access to information about client fees which are zero for all BAYS Florida program participants.
6. You have the right to be free of any financial exploitation.
7. You are being advised that BAYS Florida shall respect your privacy and hold in confidence all information obtained in the course of professional services.

Confidentiality of Client Records

BAYS Florida will assure that all of your files are maintained in a safe and secure location at all times. Assuring confidentiality and preventing loss are of utmost importance.

The information that you provide to BAYS Florida will be kept confidential to the greatest extent allowed by law.

The information that you provide to BAYS Florida, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.

BAYS Florida staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected child abuse or neglect (see abuse reporting).



Youth & Family Grievance Form

If you have has experienced a circumstance or action on the part of the BAYS Program or a BAYS Staff which they deem to be a violation of their rights and the grounds for a formal grievance, he or she may file a grievance by the following process outlined below:

STEP 1: The youth or parent should discuss the situation with the BAYS Staff or the appropriate Supervisor to see if it can be resolved without a formal grievance.

STEP 2: If the situation continues to be unresolved, the Supervisor shall ensure that the youth or parent wishing to file a grievance are provided with the proper forms, assistance, and instructions on the preparation and submission of the grievance. The Supervisor must forward a copy of the grievance to the Chief Operating Officer. The Supervisor should indicate that he or she is investigating the complaint. No reprisals may be taken against the youth or the family filing a grievance.

STEP 3: Within 14 working days, the Supervisor must discuss the grievance with youth and parent(s) to resolve the matter without further action. A letter of resolution must be sent to the youth and parents summarizing the findings and decisions of the grievance. The letter must state if the decision was acceptable or unacceptable to the out hand parents. Copies of the letter must be sent to the Chief Operating Officer. The Supervisor is required to keep a copy of all grievances filed with the letter of resolution. Regarding unacceptable resolutions, the letter sent to the youth and parents must include the name and address of the Chief Operating Officer for the purposes of a potential appeal as outlined below.

STEP 4: If there solution of the grievance was unacceptable to youth and parents, they will be advised that they have the right to appeal, inwriting, to Chief Operating Officer or his/her designee. The appeal must be filed within 14 working days of sending the letter. The Chief Operating Officer or designee has 14 working days to review and investigate the grievance and resolution and notify the youth and parents of their findings and any action that may be warranted. The Chief Operating Officer's decision is final.

NOTE: A grievance cannot be filed if the youth has been cited for non-compliance.



BAYS Florida Programs

BAYS Florida offers an array of services for youth and families. Please visit our website at www.baysflorida.org for a complete list of programs or ask for a brochure:

The Civil Citation program provides individualized case management services throughout the State of Florida. Youth are referred to the Civil Citation Program by the Department of Juvenile Justice and the court system. Each program youth is assigned to a BAYS case manager. Each case manager has a Bachelor's Degree in related discipline, a minimum of two years experience working with youth and families, and 120 hours of job-related training. The case manager provides supervision through regularly scheduled contacts with the youth, parent/guardian, school officials and other ancillary service providers. During their time in the program, youth are required to complete community service work, pay restitution (as required), and are monitored by random curfew checks. When appropriate our consulting clinicians will provide additional guidance and support to youth. Each consulting clinician has a Master's degree in a related discipline, a minimum of two years experience working with youth and families, and 120 hours of job-related training. Additionally, services provided to JDAP youth include the following:

- Positive Behavior Management and Decision-Making Skills Enhancement Self-Sufficiency Skills Enhancement
- Social Skills Enhancement LifeSkills Enhancement
- Pre-Vocational Skills Enhancement Gender Specific Topics
- Education/Academic Assistance and/or Referral Psychoeducational
- Counseling Services
- Non-Clinical Assessment and Referral Services Substance Abuse
- Prevention
- Domestic Violence Education

ALL BAYS FLORIDA PROGRAMS ARE OFFERED TO YOU AT NO COST.

Youth who complete their program requirements are successfully discharged from the program. The outcome for many of these youth is that no petition is filed in Juvenile Court for their offense. Youth who do not comply with civil citation are unsuccessfully discharged from the program which may result formal judicial handling of the case(s).



Safety Procedures/Drills

BAYS Florida wants you to be advised that each employee has the proper training and understanding of safety procedures and drills for the location that you are receiving services. Each BAYS employee has access to a copy of the BAYS safety manual, for review and future reference. A personal copy of the safety rules, policies, and procedures pertaining to the employee's job is provided electronically to each employee. Supervisors are responsible for making sure each of the employees that they supervise are in compliance with the safety rules described in the workplace safety manual.

Weapons Policy

To ensure that BAYS Florida maintains an environment safe and free of violence for all employees and visitors, the company prohibits the possession or use of dangerous weapons on company property. If visitors bring weapons onto company property, they will be asked to remove them from the premises. In the event, a minor brings a firearm onto the premises, BAYS Staff is required to contact law enforcement.

Substance Policy

To help ensure a safe, and healthy environment for our employees and visitors, the company prohibits the possession or use of illegal substances on company property. In the event, a visitor brings illegal substances onto the premises, BAYS Staff are required to contact law enforcement. All legally prescribed medications and legal substances must be securely placed at all times.

Tobacco use is prohibited on all company property. Tobacco includes all tobacco and like products including smokeless tobacco and e-cigarettes. Any tobacco products brought onto BAYS Florida premises must be securely placed at all times.



Reporting of Abuse, Neglect and Deaths

BAYS Florida staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected child abuse or neglect. BAYS Florida shall adhere to the statutory requirements for reporting abuse, neglect, and deaths of child renunder Chapter 39,F.S., and of adults under Section 415.1034 and paragraph 397.501(7)(c), F.S.

ABUSE REPORTING (DCF)

I. POLICY: To provide an abuse free environment which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.

II. SCOPE: This operating procedure applies to all BAYS Florida employees.

III. PROCEDURE:

Incompliance with Chapter415, Florida Statutes, an employee of the provider who knows, or has reasonable cause to suspect, that a child, aged person, or disabled adult is or has been abused, neglected, exploited, shall immediately report such knowledge or suspicion to the central abuse registry and tracking system of the department on the single statewide toll-free telephone number

1-800-96-ABUSE

A. Employees must adhere to BAYS policy 702 Client Interactions. BAYS staff shall never use profanity, corporal punishment, threats, or intimidation in the presence of youth.

B. BAYS shall provide an environment free of physical, psychological, and emotional abuse.

C. Youth have unimpeded access to self-report alleged abuse. The number to the Abuse Hotline and the Central Communications Center(CCC) shall be visibly displayed in all offices.

D. Employees may become aware of suspected childabuse, neglect, or exploitation. This information may come from a child, concerned individual or employee observations. Abuse of a child means any child whose physical or mental health or welfare is harmed or threatened with harm by acts or omissions of the parents or other persons responsible for the child's welfare. Examples of child abuse include but are not limited to:

- Excessive corporal punishment resulting in injuries
- Infant born with drug dependency
- Sexual battery
- Exploitation of a child
- Abandonment of a child
- Failure to adequately supervise a child
- Failure to adequately provide food, shelter or healthcare for a child
- Exposure of a child under the age of five to drugs or when parents are unable to care for a child due to their own drug use



- E. If employee is unsure whether the situation warrants reporting, employee should staff the case with his/her supervisor. It is likely employee will be instructed to REPORT.
- F. IF the state determines whether the abuse allegations are founded or unfounded through their investigation. It is not the employee's role to make the judgment call. In short, better safe than sorry. ALL REASONABLE SUSPICIONS OF CHILD ABUSE SHOULD BE IMMEDIATELY REPORTED TO THE FLORIDA ABUSE HOTLINE at 1-800-96-ABUSE(1-800-962-2873)!
- G. When calling the Florida Abuse Hotline, thorough documentation of the date, time, name of hotline worker taking the call, the ID# of the hotline worker and the action taken by the Abuse Hotline worker must be recorded in JJIS case notebook.
- H. In the event that the Florida Abuse Hotline does not take the report, it is the responsibility of the Bays Florida Case Managers/Senior Case Managers/Consulting Clinician and/or Circuit Supervisors to provide appropriate referral information for the youth and family to address their needs.
- I. In the event that the Florida Abuse Hotline does take the report it is the responsibility of the BAYS Florida Case Managers/Senior Case Managers/Consulting Clinician and/or Circuit Supervisors to make every effort to follow up with the child protection investigator.
- J. Ensure that youth eighteen years of age or older have unimpeded access to self-report abuse allegations to the Central Communications Center(1- 800-355-2280).
- K. BAYS Florida Senior Leadership Team will take immediate action up to and including termination on all incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force by any Bays Florida Employee.



I, _____, have received and read my copy of the parent and youth BAYS Florida Handbook. I am aware of all of the policies and procedures contained in this BAYS Florida handbook including client rights, client confidentiality, grievance process, abuse reporting, fees associated with the program, emergency, drills/procedures, and general information about the BAYS Florida Programs.

X

Youth

Date

I, _____, the parent/legal guardian of the above mentioned youth, have received and read my copy of the parent and youth BAYS Florida Handbook. I am aware of all of the policies and procedures contained in this BAYS Florida handbook including client rights, client confidentiality, grievance process, abuse reporting, fees associated with the program, emergency, drills/procedures, and general information about the BAYS Florida Programs.

X

Parent/Guardian

Date

X

Witness/BAYS Florida Employee

Date



BAYS GENDER SPECIFIC CURRICULUM PERMISSION FORM

Youth Name: _____

The BAYS gender-specific curriculum packets are designed to cover topics that meet the special needs of boys and girls. The topics covered in these curricula are as follows:

- Expressing Emotions
- Anger and domestic violence
- Teen dating violence
- Healthy relationships
- Puberty and hygiene

It may be determined that your child meets the criteria for a gender specific curriculum. Since some of the topics relate to sensitive topics, it is necessary that we have parental permission for your child to complete the BAYS gender specific curriculum packet. Please initial one of the following statements below regarding your permission.

_____ I hereby grant permission for my child to complete the gender-specific curriculum packet.

_____ I do not wish for my child to complete the gender-specific curriculum packet.

Name of Parent/Guardian(Printed)

Parent/Guardian Signature

Date