I. **Purpose:** To collect and analyze meaningful data that supports efforts to improve outcomes.

II. **Policy:** The Division shall provide qualitative and quantitative information on the services used during each month. This data helps both the sending administrative unit and the Division Director to review the operation, the effectiveness of current services, evaluate trends and barriers and, also, to better prepare for changes in services. The Division will strive to manage by data, improve outcomes and performance in our service delivery and obligations to our staff.

III. **Procedures:**

A. **Program Report:** The monthly report is derived from pre-selected data that are collected daily, weekly and/or monthly within the residential programs managed by DYRS.

B. **Superintendents’ Report:** The final collection and submission of the monthly report is the responsibility of the head of each administrative unit. These reports are submitted to the Director’s Office monthly, specifically via email attachment to the management analyst.

1. For facilities, the following general areas shall be included in the report:
   a. **Staffing Assessment** (# of vacancies, workforce issues, etc.)
   b. **Training** (progress toward completing annual training goals)
   c. **Medical Services** (emergency outpatient services used)
   d. **Critical Client Services** (critical program events)

C. **Self Inspection:** Another opportunity for DYRS to evaluate the residential facility and to subscribe to being a self correcting agency is the process described as Facility Self Inspection. In this process, the Division Director’s Office will gather a team to complete a bi-annual inspection of the residential facilities. The Director’s Office will use an assessment tool that provides a broad examination of each program. This review will be referred to as a “self inspection.”

1. The purposes of these monitoring opportunities are to:
   a. Assess the status of the facility in meeting professional requirements and standards.
   b. Give an opportunity for staffs to understand the professional standards and motivate them to sustain that level of service.
   c. Assist the operation with possible solutions that are congruent with the professional standards.
   d. Provide an opportunity to be a self correcting agency.
e. Provide a process that increases accountability and maintaining public trust.

2. The Self Inspection may include all or designated areas of the list below:

   a. Client Intake and Classification
   b. Medical and Psychological Services
   c. Client Rights
   d. Programming
   e. Staff Training and Supervision
   f. Client Sanctions
   g. Safety and Security Measures
   h. Other collaborative data collected and distributed to the Director's Office on the program operation

3. After the completion of the Self Inspection report, a formal report and verbal presentation is shared with the Division Director, Deputy Director, facility Superintendent and invited Division staff for review and discussion. The facility is to develop a corrective action report within 30 days from this meeting and begin implementation, if not before.

D. Annual Report to Youth Justice Partners of DYRS Services and Programs:
Annually, the Director shall distribute the current contracts utilized by DYRS to assist in providing rehabilitative services to youth at all levels. Additionally, the report shall indicate specific additions to the residential services managed by DYRS.

1. The expectation is to complete this report to agency partners within the first quarter of each fiscal year.