

State of Mississippi Action Plan

IV.A. (1) Protection From Harm. The State shall, at all times, provide youth in the facilities with reasonably safe living conditions.

This provision is a global measure and is not amenable to the kind of problem analysis conducted to develop this Action Plan. It subsumes other provisions in this Agreement pertaining to:

- staff training (A. 11);
- behavior management (A. 12);
- staffing levels (A. 13);
- admissions and orientation (A. 17);
- classification (A. 19);
- supervision of youth at risk of self-harm (B. 23); and
- notice to youth of rules, consequences and incentives (D.ii).

IV.A. (2) Protection From Abuse. The State shall ensure that youth are protected from violence and other physical or sexual abuse by staff and other youth.

This provision is a global measure and is not amenable to the kind of problem analysis conducted to develop this Action Plan. It subsumes other provisions in this Agreement pertaining to:

- incident abusive practices (A.3);
- undue restraints (A.6);
- incident reporting (A.7);
- health care inquiries regarding injury (A.8);
- uses of force (A.9);
- investigations (A.10);
- isolation (A.14);
- due process (A.15);
- grievances (A.16);
- employment practices (A.18); and
- disciplinary accommodations for youth with disabilities (D.iii).

IV.A. (3) Protection From Abusive Institutional Practices. The State shall ensure that abusive institutional practices such as hog-typing, pole shackling, "sitting in a chair," "guard duty," making youth eat vomit, making youth run with tires around their bodies, or run with mattresses, cease immediately.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

[Note: Provisions IV.A. (4) and (5) are no longer applicable as both the Ironwood Unit and the Columbia Training School have been closed.]

IV.A. (6) Protection from Undue Restraints. The State shall ensure that youth are not subjected to unreasonable restraints and restraints are never used to punish youth. The State shall develop and implement policies, procedures and practices to ensure that only safe methods of restraint are used at the facilities, and only in those circumstances necessary for safety and security.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A.(7) Reporting on Staff Misconduct and Other Serious Incidents. The State shall develop and implement appropriate policies, procedures and practices to ensure that all incidents of staff-on-youth and youth-on-youth violence, inappropriate staff relationships with youth, and abusive institutional practices are reported to the appropriate individuals, and that such reporting may be done through confidential means, without fear of retaliation. The State shall ensure that all incidents are adequately documented and appropriately, and with sufficient detail, including the facts of the incident, any injury that occurred as a result of the incident, in a way that permits review.

Barriers to Compliance

The detail contained in Incident Reports (IRs) is currently not sufficient to ascertain the following important information:

- The number of staff present at the time of the incident and their position;
- Staff's use of verbal de-escalation strategies, prior to resorting to physical restraint; and
- Staff's progression to more restrictive levels of physical restraint, and why increasing levels of restraint were necessary.

These shortcomings are particularly evident when the written IR is compared to the videotaped footage of the incident.

In part, the format of the IR form itself contributes to this problem. The form does not clearly specify the information to be included in staff's narratives. Further, the current practice for responding staff to complete the entire IR form is unnecessary and also can provide conflicting information with regard to the type of incident and other information used for incident tracking.

Some of the JCWs do not have the skills needed to write high-quality incident reports; others are simply apathetic. Staff receive training in IR writing during Orientation, but the training may not adequately reflect real-world situations and some trainers may not be skilled at communicating this type of information. They do not receive any refresher training in IR writing.

Similarly, some of the shift supervisors, who are responsible for reviewing all IRs and ensuring their completeness, do not have the skills to review IRs and determine their sufficiency, or are hesitant to hold staff accountable for their mistakes. Shift Supervisors do not receive any special training to hone these skills, and until very recently (July 2010), supervision of these staff was ineffective.

Action Step	Due Date
1. Revise IR form to clarify the types of information staff should supply in the narrative.	August 1, 2010
2. Implement a simplified Staff Statement form (e.g., consisting only of prompts/lines for recording narrative statement) to eliminate the duplication of effort in recording other information pertinent to the incident. Ensure all responding staff complete a Staff Statement and attach them to the Incident Report.	October 1, 2010
3. Develop annual refresher training curriculum in IR writing.	November 1, 2010

4. Assess skill of available trainers and select those with greatest ability to cater to the needs of staff to teach the IR course.	November 1, 2010
5. Provide refresher training to all staff on an annual basis.	January 1, 2011
6. Develop and implement on-the-job methods for developing IR writing skills among staff (e.g., group exercise during shift briefing utilizing videotaped incident, etc.)	January 1, 2011
7. Provide training in Progressive Discipline and Performance Appraisal Reviews (PAR) to Security Administrator, Director V, and JCW Shift Supervisors by MDHS Human Resources and DYS administration. [same as #13]	January 1, 2011
8. Once adequately trained, empower Shift Supervisors to use progressive discipline to hold JCWs accountable for poor performance. [same as #14]	January 1, 2011
9. Work with selected Shift Supervisors individually to develop skills in assessing IRs for quality. [same as #15]	December 1, 2010
10. Once adequately trained, empower Director V to use progressive discipline to hold Shift Supervisors accountable for poor performance. [same as #16]	March 1, 2011

IV. A. (8) Health Care Inquiries Regarding Injury. A nurse or other health care provider shall question, outside the hearing of other staff or youth if appropriate, each youth who reports to the infirmary with an injury. If in the course of the youth's infirmary visits, a health care provider suspects staff-on-youth abuse, that health care provider shall immediately: a) take all appropriate steps to preserve evidence of the injury (e.g., photograph the injury and any other physical evidence); b) report the suspected abuse to the appropriate local officials; c) document adequately the matter in the youth's medical chart; and d) complete an incident report.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (9) Use of Force. The State shall develop and implement comprehensive policies, procedures and practices governing the use of force, ensuring the least amount of force necessary to protect the safety of staff, youth and visitors in used on youth.

Barriers to Compliance

Problems in this area are related to documentation rather than practice. A consultant to the State, David Roush, indicated that (assuming the facility's data are valid) the frequency of the use of force is comparable to the national average calculated by the Performance Based Standards (PbS) project. As discussed in IV.A. (7), above, staff do not describe the full continuum of verbal de-escalation and physical restraint that they employ, so it is difficult to discern whether the "least amount of force necessary" was used. When viewed on videotape, staff appear to limit the use of force appropriately and to attempt non-physical intervention prior to using physical restraint; however, these details are not fully discussed in the IRs. Some staff do not have the skills to adequately document their uses of force, while others are simply apathetic. Some Shift Supervisors, who are responsible for reviewing and approving the IRs, either do not have the necessary skill to assess the adequacy of the use of force description, or are hesitant to hold staff accountable.

Action Step	Due Date
11. Identify staff in need of additional use of force training.	October 1, 2010
12. Complete staff training. (See IV.A. (7) for more detail).	January 1, 2010
13. Provide training in Progressive Discipline and Performance Appraisal Reviews (PAR) to Security Administrator, Director V, and JCW Shift Supervisors by MDHS Human Resources and DYS administration. [same as #7]	January 1, 2011
14. Once adequately trained, empower Shift Supervisors to use progressive discipline to hold JCWs accountable for poor performance. [same as #8]	January 1, 2011
15. Work with selected Shift Supervisors individually to develop skills in assessing IRs for quality. [same as #9]	December 1, 2010
16. Once adequately trained, empower Director V to use progressive discipline to hold Shift Supervisors accountable for poor performance. [same as #10]	March 1, 2011

IV.A. (10) Investigations. The State shall develop and implement an adequate system for investigation by senior management to address incidents of force, alleged child abuse, youth-on-youth violence, and alleged sexual conduct.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (11) Staff Training in Behavior Management, De-Escalation and Crisis Intervention. The facility shall provide appropriate competency-based training to staff in behavior management, de-escalation techniques, appropriate communication with youth, and crisis intervention before staff may work in direct contact with youth.

Barriers to Compliance

All staff receive training in the required topics during their Orientation training but do not receive any annual refresher training.

Action Step	Due Date
17. Develop annual refresher training curriculum in behavior management, de-escalation and crisis intervention.	November 1, 2010
18. Complete refresher training to all staff on an annual basis. [links with #23]	March 1, 2011

IV.A. (12) Behavior Management Program. The State shall develop and implement an effective behavior management program. The behavior management program shall be implemented throughout the day including during school time. The State shall develop and implement policies, procedures and practices to ensure that mental health staff provide regular consultation regarding behavior management to custody and other staff involved in the behavior management program, and shall develop a mechanism to assess the effectiveness of the interventions utilized.

Barriers to Compliance

Although the facility has developed an incentive program wherein youth are able to earn points when they exhibit appropriate behavior, the program is currently limited in the frequency and variety of incentives that are available to youth. Other than the opportunity to purchase items from the commissary one time per week, the incentive program does not provide any additional incentives that can be earned or purchased. Although the youth’s performance in the program is discussed at Treatment Team meetings (which provides an opportunity for the mental health consultation required by this provision), the program design is not sufficiently robust to provide the frequency or array of reinforces to create lasting behavior change.

Staff writes IRs for minor misbehavior that could be most effectively handled through the Incentive Program. Not only is the practice of “writing a student up” potentially threatening and likely to escalate the situation, it also is at odds with the incentive program that was designed to address these very types of behavior.

Further, although staff receive training in behavior management and appropriate interactions with youth during Orientation training, these lessons are not well translated into practice for some staff. Some staff do not believe that the incentive program will be effective, or have otherwise failed to buy-in to the rehabilitative model.

Action Step	Due Date
19. Develop a campus wide level system that addresses the youth’s need for structure, monitoring/surveillance, and individual behavior modification while providing opportunities for increasing privileges and self-management based on the youth’s achieving and maintaining behavior change goals as determined by the treatment team.	November 1, 2010
20. Develop criteria for level change based on sustained progress toward behavior change goals as measured by objective indicators and/or documentation of significant incidents requiring behavior management isolation, due process isolation, another disciplinary action, or environmental intervention.	December 1, 2010
21. Develop policies, procedures, protocols, forms, and quality assurance indicators for the campus wide level system.	December 1, 2010
22. Modify existing policies affected by the implementation of a	January 1, 2010

campus wide level system. [also step #42]	
23. Complete training for all staff and implement campus wide level system with monitoring of all indicators. [links with #18]	March 1, 2011
24. Implement campus wide level system.	March 1, 2011
25. Continue to expand range of material rewards with youth input to enrich the behavior incentive system, and revised with student input periodically.	August 1, 2010
26. Expand range of activity rewards with youth input to enrich the behavior incentive system.	October 1, 2010
27. Link existing behavior incentive system and proposed level system; differentiating rewards and privileges, clarifying disciplinary actions (e.g., response costs and level changes). [also step #43]	January 1, 2010
28. Update the current student handbook to represent the current behavior incentive system.	October 1, 2010
29. Update the student handbook to reflect the integration of the campus wide level system and the enriched behavior incentive system. Orient students on changes.	March 1, 2011
30. Conduct a review of student evaluations of staff to identify possible training needs for all aspects of behavior management.	May 1, 2011
31. Conduct a review of grievances to identify possible training needs for all aspects of behavior management.	May 1, 2011
32. Monitor compliance with the campus wide level system and behavior incentive system and strengthen performance through coaching and on the spot corrections in unit management and transport.	March 1, 2011

IV.A. (13) Staffing. The State shall ensure that there are sufficient numbers of adequately trained direct care and supervisory staff to supervise youth safely, protect youth from harm, and allow youth reasonable access to medical and mental health services, and adequate time spent in out-of-cell activities.

Barriers to Compliance

Although the facility has relatively few vacant JCW positions, the number of staff who call-ins to from their assigned shifts creates a challenge to meeting the requirements of this provision. Staff reportedly call in because they want weekend days off, or because they have a family activity or other engagement that conflicts with their work schedule. Some staff abuse the sick leave policy or provide other reasons for their failure to report to work that do not appear to be legitimate. Historically, staff have not been held accountable for their attendance problems.

Action Step	Due Date
33. Develop and implement rotating schedule to ensure that staff have at least one weekend day off each week	August 1, 2010
34. Even out shift schedules for each day of the week to help eliminate ratio problems on weekend days.	September 1, 2010
35. Develop and implement an Exchange Shift form so that staff may seek coverage for days they want to take off in advance, without having to resort to a same-day call in.	August 1, 2010
36. Revise and implement Staff Attendance and Tardiness policy to be more in line with those of other public safety organizations (i.e., more closely inspect the reasons underlying staff call-ins).	January 1, 2011

IV.A. (14) Isolation. The State shall develop and implement policies, procedures, and practices to ensure that isolation, lockdown, seclusion and other similar restrictions are used only when appropriate, in an appropriate manner and to document fully the use of isolation. The State shall immediately cease requiring youth to strip and remain naked while in isolation.

Barriers to Compliance

One barrier to the State’s ability to demonstrate compliance with this provision is the inadequacy of the data used to track practices related to isolation. For example:

- Data pulled from the IRs on “Behavior Management Isolation” may include a range of actions that do not actually include isolation (e.g., separating two youth by placing them in chairs on opposite sides of the day room; giving the youth a time-out in his room when the door remains open). This practice artificially inflates the number of BMI episodes and prevents an accurate accounting of its use.

- The distinction between BMI and Pre-Hearing Confinement (PHC) is not always clear, and thus data collection practices are not consistent. Greater clarity in policy and data collection is needed for the State to be able to demonstrate that PHC is used when the youth is a) out of control or b) accused of a very serious rule violation (e.g., assault with injury; escape; etc.); AND c) pending a disciplinary hearing. In the past, situations like these may have been labeled BMI, which would both inflate the BMI statistics and deflate the PHC statistics.

Further, while youth in isolation receive recreation and education each day, the policy does not currently include any specific requirements for the delivery of mental health services while the youth is in isolation. While isolation can effectively suppress unwanted behaviors in the short term, absent constructive interaction with mental health staff about the incident, youth in isolation are unlikely to change their behavior over the long term.

Past history suggested that youth on the mental health caseload are disproportionately represented among youth in isolation. The facility does not regularly track this data and thus the extent to which this is true cannot be monitored.

Action Step	Due Date
37. Clearly delineate the situations in which the Behavior Management Isolation (BMI) label is to be applied to ensure that an accurate record of the frequency of BMI usage is produced. [if the true frequency of BMI appears excessive (i.e., it is used in response to non-serious infractions), additional action steps will be developed.]	February 1, 2011
38. Clearly delineate the situations under which isolation is to be labeled Pre-Hearing Confinement (PHC), rather than BMI, so that accurate data regarding its use can be produced. [if the true use of PHC appears in conflict with policy, additional action steps will be developed.]	February 1, 2011
39. Implement contact standards for mental health professionals with youth who are in any type of isolation.	September 1, 2010
40. Develop a mechanism and begin to track the proportion of BMI, PHC and DPI that involve youth on the mental health caseload to determine the extent to which they may be over-represented. [if they are, additional action steps will be developed]	February 1, 2011

IV.A. (15) Due Process. The State shall ensure that youth confined for more than 24 hours receive an appropriate due process hearing by an impartial supervisory staff member to determine whether cause exists for continued disciplinary confinement.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (16) Grievances. The State shall develop and implement policies, procedures and practices to ensure that the facility has an adequate grievance system.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (17) Admissions Intake and Orientation. The State shall develop and implement policies, procedures and practices to establish a consistent and orderly admissions intake system conducive to gathering necessary information about youth, dissemination of information to staff providing services and care for youth and maintaining their safety. Each youth entering the institution shall receive an effective orientation that shall include simple directions for reporting abuse, and assure youth of their right to be protected from harm and from retaliation for reporting allegations of abuse. The orientation shall also clearly set forth the rules youth must follow at the institution, explain how to access medical and mental health care and the grievance system and provide other information pertinent to the youth's participation in institutional programs.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (18) Employment Practices. The State shall ensure that only individuals fit to work with youth residents are employed at the institution. The State shall utilize reasonable measures to determine applicants' fitness to work in a juvenile justice institution prior to hiring employees for positions at the facility. Within 120 days of the Effective Date of this Agreement, the State shall conduct a criminal record check of all current employees at the facility, taking appropriate action when new information is obtained. Every two years thereafter, the State shall update records checks for all employees who come into contact with youth.

Barriers to Compliance

None. The State believes it is in substantial compliance with this provision. The Monitor will undertake her own review in November, 2010 and the Action Plan will be revised if additional steps toward compliance are needed.

IV.A. (19) Classification. The State shall develop and implement a classification system that places youth appropriately and safely within the institution and provides for reclassification in appropriate circumstances.

Barriers to Compliance

The current Rank & Placement policy does not reflect the current structure of the facility (e.g., "rank" is a throwback to the boot camp program; the minimum security unit in the facility is now closed, leaving only medium security units).

Further, the Rank & Placement process for reclassifying youth does not mesh well with the Behavior Incentive program.

Youth who exhibit highly assaultive behavior while in custody may be classified into the Behavior Management Unit (BMU). On occasion, a youth is admitted to the facility who has a demonstrated propensity for very serious violence, and for whom an immediate placement in the BMU may be appropriate. Policy does not currently provide for such admissions.

Action Step	Due Date
41. Revise, rename and implement the Rank & Placement policy (to Classification policy) to reflect the facility's current configuration and mission.	January 1, 2011
42. Modify existing policies affected by the implementation of a campus wide Classification system. [also step #22]	January 1, 2010
43. Link exiting behavior incentive system and proposed level system; differentiating rewards and privileges, clarifying disciplinary actions (e.g., response costs and level changes). [also step #27]	January 1, 2010
44. Revise the BMU policy to provide for an administrative override to admit a youth upon intake. This option should be used very rarely and only in response to youth with an extreme propensity for violence.	January 1, 2010

IV.B. (23) Supervision of Youth at Risk of Self-Harm. The State shall ensure that newly-arrived youth, youth in isolation or seclusion and other youth at heightened risk of self-harm are sufficiently supervised to maintain their safety.

Barriers to Compliance

Some of the staff tasked with supervising youth during the overnight hours have not complied with policy. Occasionally, staff on 3rd shift have been observed sleeping while on duty. Some staff have attempted to implement the required supervision practices, but have not made the observations at the required intervals. Although problems are not pervasive, given the serious nature of the behaviors this provision is designed to prevent, continued vigilance is necessary.

Action Step	Due Date
45. Increase the number of individuals who have access to the server where videotaped footage is stored to increase the frequency of videotape review.	October 1, 2010
46. Review videotaped footage of overnight shifts and other periods of time when youth were on suicide precautions to ensure that staff are conducting safety checks as required.	August 1, 2010
47. Increase the number of Shift Supervisors on 3 rd Shift to ensure that 2 supervisors are on duty every night of the week.	August 1, 2010
48. Increase the frequency with which Shift Supervisors make rounds during 3 rd Shift to ensure that all staff are alert and conducting checks as required.	August 1, 2010
49. Continue to implement progressive discipline as needed in response to staff non-compliance with policies related to supervising youth.	August 1, 2010

IV.D. (i) Transition Planning. The State shall ensure that staff create transition plans for youth leaving the facility. Plans shall include providing the youth and his or her parents or guardian with information regarding mental health resources available in the youth's home community; making referrals to such services when appropriate; making initial appointments with community service providers; and supplying appropriate psychiatric medications upon release from the facility. Beyond these requirements, nothing in this MOA shall make the Defendants responsible for providing mental health services to youth no longer residing in the facility.

Barriers to Compliance

The Transition Policy is insufficient in that it does not clearly delineate the individuals responsible for the various tasks involved in preparing a youth for release from the facility. Further, the role of the Transition Coordinator is not well articulated.

Currently, all of the major departments (Mental Health, Medical and Education) are required to submit transition plans in their disciplines for each youth, two weeks prior to his or her departure from the facility. This two-week timeline is impractical given that service provision has often not yet concluded for youth at this time (e.g., they are still taking courses in school; the psychiatrist is still monitoring medications). Further, the current process is for the Transition Plan to be developed as the youth's final Service Plan during a Treatment Team meeting. Scheduling the Treatment Team meetings so that the psychiatrists may attend is very difficult given the psychiatrists' conflicting priorities of transition planning, seeing their current patients, and participating in Treatment Team meetings. Psychiatrists may not have enough hours allocated to them to meet all of these requirements.

The Transition Coordinator is currently responsible for creating the Transition Plan and often takes on the task of calling to schedule appointments or to make other community contacts on behalf of youth preparing to leave Oakley. As a result, the workload may be excessive for a single person.

Action Step	Due Date
50. Revise the Transition policy to clarify the process and to clearly delineate the responsibilities of each person involved in transition planning. Clarify the role of the Transition Coordinator.	November 1, 2010
51. Decentralize the transition planning process, allowing each department to develop and submit its own plan to the Transition Coordinator just prior to the youth's release from the facility.	December 1, 2010
52. Develop criteria and conduct audits to verify that Institution counselors contacted community counselors and complete transition packages have been distributed and received by community counselors.	March 1, 2011
53. Assess whether the psychiatrists have sufficient time available in initial and final transition planning during multidisciplinary treatment team meetings. Revise psychiatrists' priorities or add time to psychiatrists' contracts, if needed.	October 1, 2010

IV.D. (iii) Disciplinary Process and Accommodations for Youth with Disabilities. The State shall develop and implement policies and procedures to make reasonable accommodations in its disciplinary processes for youth with mental disabilities. Whenever a youth with a mental disability is engaged in the disciplinary process, a qualified mental health professional shall be consulted to ensure that the accommodation is reasonable for that youth.

Barriers to Compliance

As discussed in the provision related to Isolation (IV.A.(14)), the types of isolation used in the disciplinary process are not well distinguished. As a result, the point at which accommodations must be made for youth with mental illnesses is currently unclear (e.g., consultation may not take place for a youth on PHC if staff inappropriately categorized him or her as being on BMI).

While QMHPs are contacted for youth engaged in disciplinary hearings, formal guidelines for the substance of these consultations have not been established. Given that the QMHP is consulted by phone on the weekends, the quality of the QMHPs assessment of the appropriateness of isolation for a given youth depends on their verbal exchange with the direct care staff on-site.

Action Step	Due Date
54. Clarify the points in the disciplinary process at which mental health consultation is required.	February 1, 2010
55. Develop guidelines for the substance of these assessments, particularly when the QMHP is providing consultation by phone.	February 1, 2010

V (39) Quality Assurance Programs. The State shall develop and implement Quality Assurance programs consistent with generally accepted professional practices for each discipline addressed in the Consent Decree.

Barriers to Compliance

The Quality Assurance process has yet to be applied to the provisions related to protection from harm. While a checklist has been devised, it does not include auditing tools for specific documents. Further, some of the mental health QA standards are still under development.

Action Step	Due Date
56. Develop audit tools for individual documents/IRs/records/etc. so that global conclusions can be clearly supported by underlying data.	March 1, 2011
57. Finalize remaining mental health standards and audit tools.	April 1, 2011
58. Conduct internal audits of facility operations at least semi-annually. Discuss findings in a written report that is submitted to the Facility Superintendent, DYS and MDHS administrators.	May 1, 2011
59. Identify and contract with outside entities who are qualified and trained to conduct external audits at least annually. Conduct initial audit.	August 1, 2011

V (40) Corrective Action Plans. For each discipline addressed in the Consent Decree, the State shall develop and implement policies and procedures to address problems that are uncovered during the course of quality assurance activities. The State shall develop and implement corrective action plans to address these problems in such a manner as to prevent them from occurring again in the future.

Barriers to Compliance

Because quality assurance audits have not been completed in several key areas, formal corrective action plans have yet to be completed.

Action Step	Due Date
60. Develop format, template, procedures, etc. to address deficits noted by QA audits (both internal and external).	April 1, 2011
61. Complete CAP within a timely manner following both internal and external audits.	June 1, 2011
62. Assess and document progress in meeting the requirements of the CAP on a regular basis (e.g., monthly).	July 1, 2011