

# JUVENILE DETENTION ALTERNATIVES INITIATIVE

## JDAI Juvenile Detention Facility Standards

2014 Update

**Note about this instrument:** This instrument is designed to facilitate a site assessment of a juvenile detention facility and does not cover every aspect of proper juvenile facility functioning. Any omission of an area of facility functioning does not reflect a judgment about the importance of that area. The standards in this instrument pertain to areas most likely to impact the health, safety, and legal rights of youth held in detention. This instrument has additional standards highlighted in yellow that address identification of treatment needs and provision of rehabilitative services. Some of the standards included here are not strictly required by case law or statutes, but represent best professional practices to protect the health, safety, and legal rights of detained youth.

**Facility Name:** Long Creek Youth Development Center, South Portland, Maine

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# Glossary

**Auxiliary aids or services (for youth with disabilities):** Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

**Bisexual:** A person who is emotionally, romantically, and/or sexually attracted to both males and females.

**Chemical agent:** Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

**Chemical or medical restraint:** A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

**Close observation:** A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

**Clothing search:** Feeling inside pockets and cuffs without removal of clothing from the body.

**Conditional release:** Permission for a youth to depart from secure detention upon the youth's promise to comply with certain rules.

**Confidential information:** Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

**Constant observation:** A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

**Crisis intervention:** A means of managing emergency situations.

**De-escalation techniques:** Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

**Direct care staff:** Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

**Exigent circumstances:** Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

**Gay:** A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

**Gender identity:** A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

**Gender nonconforming:** A person whose appearance or manner does not conform to traditional societal gender expectations.

**Guardian:** An agency or an individual, other than the youth's parent, who is charged with caring for a child.

**Health assessment:** A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

**Health authority:** The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health/and or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

**Hogtying:** A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

**Informed consent:** The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

**Intellectual disability:** A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

**Intersex:** A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

**Lesbian:** A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

**LGBTQI:** An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

**Mechanical restraint:** Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

**Mental health assessment:** A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

**Migratory student:** A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

**Need to know:** A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (*e.g.*, prior physical or sexual abuse).

**Normal adolescent behavior:** Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

**Pain compliance techniques:** Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

**Pat-down search:** An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

**Physical body cavity search:** A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

**Physical force:** Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

**Post-traumatic stress:** For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

**Protection and advocacy agency:** An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

**Qualified medical professional:** An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Qualified mental health professional:** An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Questioning:** A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

**Reasonable suspicion:** A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

**Rescue tool:** A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

**Room check:** The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

**Room confinement:** The involuntary restriction of a youth alone in a cell, room, or other area.

**Sex trafficking:** The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

**Sexual abuse:** The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

**Sexual harassment:** The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

**Sexual orientation:** A person's emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

**Status offenses:** Offenses that would not be crimes if committed by an adult. Depending on the state, this may include being habitually disobedient, breaking tobacco or alcohol laws directed at minors, not attending school, breaking curfew laws, running away from home, or being beyond the control of parents.

**Step down:** Transferred to a less secure setting.

**Strip search:** An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

**Suicide resistant:** Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

**Transgender:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

**Trauma:** An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

**Undocumented:** Not having a lawful immigration status.

**Universal safety precautions:** Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

**Use of physical force or restraint incident:** Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

**Visual body cavity search:** A visual inspection of the anal or vaginal cavity of an individual.

**Voluntary time-out:** A brief period of time in a youth's room or other space at the request of the youth.

# I. Classification and Intake

*Detention can be highly stressful and potentially traumatic event for a young person. From the moment the youth arrives at the facility, staff need to gather information quickly, make critically important decisions, and address the young person's emotional, health, mental health, and physical needs. The Classification and Intake section addresses these "front end" considerations, including intake, criteria governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.*

## Key Definitions

**Auxiliary aids or services (for youth with disabilities):** Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

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**Questioning:** A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

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**Step down:** Transferred to a less secure setting.

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Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Specific Detention Limitations</b>			
1. Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.	<b>X</b>		JCCOs apply detention criteria. Many youth are held for multiple low-risk offenses, technical violations of probation, and for violations of other court orders. This does not conform to the spirit of JDAI, but, since the detentions are pursuant to specific orders of the court, it does conform to the letter of the JDAI standards.
2. The facility does not detain status offenders unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act (see 28 CFR § 31.303(f)).	<b>X</b>		See A.1. above.
3. The facility has written limitations on lower and upper ages for detention in the facility, and the facility does not hold youth age 12 or under.		<b>X</b>	The facility does hold youth who are 11 and 12 years of age.
4. The facility does not detain youth who are not alleged to have committed a delinquent or criminal offense, such as abused or neglected youth.	<b>X</b>		
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Staff do not ask youth about their immigration status.		<b>X</b>	Intake staff ask youth if they are U.S. citizens.
b. Staff do not detain youth solely because the youth are undocumented.		<b>X</b>	The facility detains youth at the request of ICE. Intake staff do not know whether there are any delinquency charges against such youth.

Standard	Conforms	Does Not Conform	Findings and Comments
c. Staff do not detain youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.	<b>X</b>		There are multiple interpretation services available.
d. Staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their cases dismissed, or finish a period of incarceration).		<b>X</b>	The facility detains youth at the request of ICE. Intake staff do not know whether there are any delinquency charges against such youth.
6. Staff do not admit youth with serious medical or mental health needs, or youth who are severely intoxicated, unless and until appropriate qualified medical or qualified mental health professionals clear them. Staff only admit youth transferred from or cleared by outside medical or mental health facilities if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).	<b>X</b>		
7. The facility does not admit youth whose safety cannot be protected.	<b>X</b>		
8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility's programming can adequately address the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (e.g., if a parent refuses to take the youth home).	X		
<b>B. Intake</b>			
1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.	X		
2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.	X		Probation officers, rather than intake/admissions staff, have the authority to release youth in certain circumstances, e.g., if the youth is held on a bench warrant that states that release is authorized.
3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, home electronic monitoring).		X	There is a statewide RAI but it has not been validated.
4. The facility's intake procedures include a process for determining if a youth is limited English proficient (LEP).	X		
5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.	X		Staff can provide information in virtually any language by using telephone translation services and online document translation programs.
7. During intake and throughout a youth's stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth's gender identity for communication within the facility, even if the youth's name has not been legally changed. If staff use a youth's preferred name in communication outside of the facility, they only do so at the youth's request.	X		
<b>C. Detention Process</b>			
1. Staff screen youth to identify immediate individual issues that may affect the youth's health or safety, such as intoxication, injury, or suicidal ideation.	X		
2. Intake/admission interviews occur in a private setting.		X	Staff conduct the intake interview in an open area.
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	X		
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.		X	The admission process includes all of these except that staff offer youth one phone call.
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	X		Youth receive written materials and a brief explanation at intake, and also watch a video that explains DOC policy.
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Identification of key staff and roles.	X		
b. Rules on contraband and facility search policies.	X		
c. The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. <b>[See also standard IV(D)(4).]</b>	X		
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.	X		
e. Access to routine and emergency health and mental health care.	X		
f. Housing assignments.	X		
g. Opportunities for personal hygiene, such as daily showers.	X		
h. Rules on visiting, correspondence, and telephone use.	X		
i. Rules regarding access to counsel.	X		
j. Information and communications that are confidential.	X		
k. Access to education, religious services, programs, and recreation.	X		
l. Policies on use of physical force, restraints, and room confinement.	X		
m. Emergency procedures.	X		
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	X		
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	X		
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
q. The availability of services and programs in a language other than English.	<b>X</b>		
r. The process for requesting different housing, education, programming, and work assignments.	<b>X</b>		
s. Demonstration of appropriate pat-down and clothing searches. <b>[Also listed at VI(H)(3).]</b>	<b>X</b>		
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. <b>[See also standards I(C)(10)-(12) and IV(E)(9)-(12).]</b>	<b>X</b>		
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	<b>X</b>		
9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. <b>[See also standards I(C)(10)-(12) and IV(E)(9)-(12).]</b>	<b>X</b>		Staff can provide information in virtually any language by using telephone translation services and online document translation programs.

Standard	Conforms	Does Not Conform	Findings and Comments
10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers, and the language spoken in the youth's home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group, and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.		<b>X</b>	The facility does not collect these data on a regular basis.
11. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:			There is a Department policy on "Staff Communications with Persons with Limited English Proficiency" that is extensive. The facility does not have a written language access plan but it does have most of the components of a plan.
a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.	<b>X</b>		
b. Identification of all vital documents to be translated and into which languages.	<b>X</b>		
c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.		<b>X</b>	Signs are not translated. Staff rely on translation services and some bilingual staff.
d. Identification of reliable translation services.	<b>X</b>		
e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.	<b>X</b>		
f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.	<b>X</b>		
g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.	<b>X</b>		
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	<b>X</b>		The facility provides translation services as needed when family members visit youth. The Resident Handbook is mailed to families after youth are admitted. There is a Spanish version of the Handbook.
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.	<b>X</b>		Staff report that this has never been an issue. If necessary, the facility would contract with a bilingual person to assist youth.
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.	<b>X</b>		
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>D. Population Management</b>			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	<b>X</b>		There is no formal policy on this, but the institutional population has not been near its rated capacity for many years.
2. The facility develops and implements written policies, procedures, and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.	<b>X</b>		Administrators review the population daily on an informal basis. There is a committee that meets on Mondays and Fridays to review the population.
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of, and reports the following data, disaggregated by race, ethnicity, gender, and status as limited English proficient:			The agency does not disaggregate data by status as limited English proficient.
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	<b>X</b>		
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	<b>X</b>		
c. Risk assessment instrument (RAI) scores and overrides.		<b>X</b>	
d. Admissions to detention.	<b>X</b>		
e. Releases from detention.	<b>X</b>		
f. Average daily population in detention.	<b>X</b>		
g. Average length of stay.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>E. Classification Decisions</b>			
1. Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	X		
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:			
a. Age;	X		
b. Gender;	X		
c. History of violent behavior;	X		
d. Level of emotional and cognitive development;	X		
e. Current charges and offense history;	X		
f. Physical size and stature;	X		
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	X		
h. Presence of intellectual or developmental disabilities;	X		
i. Physical disabilities;	X		
j. Presence of mental health needs or history of trauma;	X		
k. The youth's perception of his or her vulnerability;	X		
l. Suicide risk;	X		
m. Prior sexual victimization or abusiveness; <b>[See also standard II(A)(5)(f).]</b>	X		
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	X		

Standard	Conforms	Does Not Conform	Findings and Comments
<p>o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).</p>	X		
<p>3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.</p>	X		
<p>4. Staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth's sexual orientation, gender identity, or gender expression.</p>	X		<p>The question on the PREA screening form, #11, should be revised to clarify what the intake officer should ask.</p>
<p>5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.</p>	X		
<p>6. Staff do not base housing or programming decisions on race or ethnicity.</p>	X		

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.	<b>X</b>		
8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, the youth's perception of where he or she will be most secure, and any recommendations from the youth's health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth's safety and physical and emotional well-being.	<b>X</b>		
9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.	<b>X</b>		
10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth's gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.	<b>X</b>		
11. The facility develops and implements written policies, procedures, and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973, and any applicable state laws.	<b>X</b>		There is a policy on "Accommodations for Residents with Disabilities or Other Special Needs."

Standard	Conforms	Does Not Conform	Findings and Comments
12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.	<b>X</b>		
13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.	<b>X</b>		
14. The facility has a process through which youth may request different housing, programming, education, and work assignments.	<b>X</b>		
<b>F. Confidentiality</b>			
1. The facility implements appropriate controls on staff's dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth's detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.	<b>X</b>		
2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.	<b>X</b>		
3. Staff treat youth's case records, law enforcement records, and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.	<b>X</b>		
4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.	X		
6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.	X		
7. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. <b>[See also standard II(I)(1).]</b>	X		
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.	X		
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	X		
10. Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records.	X		Policy provides that confidential records shall not be provided in response to a subpoena.

## II. Health and Mental Health Care

*Youth often come into detention with medical and mental health conditions needing prompt attention. Many youth have not received adequate health care in the community and have unrecognized health needs. Other youth have chronic medical or mental health care needs. Still others have care needs arising from the incident leading to detention. The Health and Mental Health Care section highlights key elements in meeting the medical and mental health needs of youth, including prompt identification of conditions that require prescriptions or place the youth at risk, follow up assessment of identified conditions, care for conditions identified through screening and assessment, and provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.*

### Key Definitions

**Close observation:** A supervision status for youth who are not actively suicidal but who have demonstrated a risk of suicide. Staff do not place youth on close observation in room confinement, but instead provide them with a heightened level of supervision. When a youth on close observation is in his or her room, staff observe the youth in a suicide-resistant room in person and at staggered intervals not to exceed 10 minutes, or more frequently as prescribed or recommended by mental health staff.

**Confidential information:** Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

**Constant observation:** A supervision status for actively suicidal youth where staff engage in continuous, uninterrupted, one-on-one observation of youth.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

**Direct care staff:** Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

**Guardian:** An agency or an individual, other than the youth's parent, who is charged with caring for a child.

**Health assessment:** A process more comprehensive than screening in which qualified medical professionals use information derived from interviewing a youth, reviewing a youth's medical history, conducting a physical examination, and conducting diagnostic testing to evaluate and plan for meeting the youth's health needs.

**Health authority:** The individual, governmental agency, or health care contractor responsible for the facility's health care services, including arrangements for all levels of health/and or mental health care and the ensuring of quality and accessibility of health and/or mental health services. The health authority is led by an individual who, by virtue of education, experience and certification, is capable of assuming responsibility for arranging and ensuring the quality of health and mental health services.

**Informed consent:** The agreement of the youth to undergo a treatment, examination, or procedure after the youth understands the material facts about the treatment, examination, or procedure; its consequences and risks; the alternatives; and the prognosis if it is not undertaken.

**Intellectual disability:** A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

**Intersex:** A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

**Mental health assessment:** A process more comprehensive than screening in which qualified mental health professionals use information derived from interviewing a youth, reviewing a youth's mental health history, and conducting diagnostic testing to evaluate and plan for meeting the youth's mental health needs.

**Need to know:** A limit on the disclosure of confidential information, restricting the type and extent of the disclosure to only that which is necessary for staff to perform their duties. For example, a staff member may need to know to avoid touching a youth on the shoulder to avoid triggering violent behavior. However, the staff member does not need to know the source of the trauma that leads the youth to respond in that way (*e.g.*, prior physical or sexual abuse).

**Post-traumatic stress:** For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

**Qualified medical professional:** An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Qualified mental health professional:** An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Rescue tool:** A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

**Room confinement:** The involuntary restriction of a youth alone in a cell, room, or other area.

**Sexual abuse:** The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

**Sexual harassment:** The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

**Suicide resistant:** Objects or spaces designed or outfitted to significantly reduce or eliminate the likelihood that a youth can use the object or space to harm himself or herself.

**Transgender:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

**Trauma:** An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

**Universal safety precautions:** Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Screenings and Referrals</b>			
1. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth’s admission. Female health professionals are available to conduct the screening for girls.	<b>X</b>		There is always a female nurse present when females are being screened.
a. The medical screening includes questions about:			
(1) Current medical, dental, and mental health problems or complaints.	<b>X</b>		
(2) Recent injuries or physical trauma.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
(3) Current medications needed for ongoing conditions and other special health needs.	X		
(4) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).	X		
(5) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.	X		
(6) Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.	X		
(7) Current gynecological problems and pregnancies.	X		
(8) Names and contact information for physicians and clinics treating youth in the community.	X		
(9) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. <b>[Also listed at II(H)(1).]</b>	X		
(10) Whether the youth has any current medical problems he or she would like to talk to a doctor about.		X	There is no specific question as to whether the youth would like to discuss any medical problem with a physician.
b. Observation of:			
(1) State of consciousness, sweating, or difficulty breathing.	X		
(2) Signs of recent physical trauma, injuries, or other physical problems.	X		
(3) Signs of alcohol or drug intoxication or withdrawal.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
(4) Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.	<b>X</b>		
(5) Physical disabilities, including vision, hearing, or mobility limitations.		<b>X</b>	There is no question that is designed to elicit sensory or neural disabilities.
(6) Signs of intellectual, developmental, or learning disabilities.	<b>X</b>		
(7) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.	<b>X</b>		
2. A qualified medical professional conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: <b>[Also listed at II(F)(1).]</b>	<b>X</b>		
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.		<b>X</b>	There are no questions specific to the history regarding periods of confinement.
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<b>X</b>		There is a form filled out by the transporting officer.
c. Whether the youth has ever attempted or considered suicide.	<b>X</b>		
d. Whether the youth is or has been treated for mental health or emotional problems.	<b>X</b>		
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<b>X</b>		This is covered by the MAYSI form.
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.		<b>X</b>	There are no questions regarding family members' or friends' history of suicide attempts.
g. Whether the youth is thinking of hurting or killing himself or herself.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<b>X</b>		
i. Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.	<b>X</b>		
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conduct the mental health screening in a confidential setting upon the youth's admission.	<b>X</b>		
4. Youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<b>X</b>		The language line is utilized.
5. After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.	<b>X</b>		
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.	<b>X</b>		
b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	<b>X</b>		
c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's health are immediately referred to a dentist and receive prompt dental care.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
<p>d. Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. <b>[Also listed at II(F)(2).]</b></p>	<p><b>X</b></p>		
<p>e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than significant medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional, as appropriate.</p>	<p><b>X</b></p>		
<p>f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. <b>[See also standard I(E)(2)(m).]</b></p>		<p><b>X</b></p>	<p>Informed referrals usually take place within a week or two.</p>

Standard	Conforms	Does Not Conform	Findings and Comments
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.	X		
7. Staff document:			
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	X		
b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.	X		An electronic record is utilized, thus providing a date and time stamp and credentials of all who document.
c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.	X		
8. The facility develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	X		
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	X		

**B. Full Health Assessments**

Standard	Conforms	Does Not Conform	Findings and Comments
1. All youth receive a full health assessment soon after admission, and in no case later than one week after admission.	<b>X</b>		The exception being the facility provides no more than one full health assessment per annum. Thus, if an inmate arrived in May 2016, there would not be a repeat full health assessment until May 2017, even if the youth entered and reentered the facility.
2. A registered nurse, nurse practitioner, physician's assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	<b>X</b>		Only physicians and registered nurse practitioners are utilized.
3. The full health assessment includes:			
a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.	<b>X</b>		
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.		<b>X</b>	In those instances when a patient has a complex problem, it is non-clinician staff who talk with parents. For complex problems, this is not consistent with the standard.
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	<b>X</b>		
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.	<b>X</b>		
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	<b>X</b>		
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	X		
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. <b>[See also standard II(B)(3)(g).]</b>	X		The two sexually transmitted disease tests performed are chlamydia and gonorrhea.
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.		X	There is no specific question that addresses unsafe sex practices. There is, however, a hepatitis C handout which does address hepatitis C unsafe sex practices.
j. History of services for intellectual, developmental, or learning disabilities.		X	This is probably covered by mental health or educational staff.
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).		X	This is covered in the screening but not by the clinician.
l. History of current and previous use of psychotropic medications.		X	There are no specific questions in the screening.
m. History of traumatic brain injury or seizures.		X	This is not done, although there are questions in the screening regarding seizures.
n. Inquiry about symptoms of post-traumatic stress.		X	There are no specific questions during the full health assessment.
o. Inquiry about recent injuries or exposure to physical trauma.		X	There are no specific questions on this topic.
p. Inquiry into current self-harming behavior and suicidal ideation.		X	There are no specific questions on the full health assessment.
q. Identification of medical needs related to a youth's identification as transgender or intersex.		X	There are no specific questions on the full health assessment.
r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.	X		
s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	X		The language line is used.
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	X		For patients on suicide watch, they are seen by a mental health assessor within 24 hours, but for non-high-risk patients, this occurs later.
<b>C. Medical Services</b>			
1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	X		
2. Qualified medical professionals develop service plans for youth with identified medical needs.	X		
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	X		
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV. <b>[See also standard II(C)(18)(g).]</b>	X		The care of HIV infected patients is under the care of two physicians, both of whom have expertise in HIV care.

Standard	Conforms	Does Not Conform	Findings and Comments
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Youth have the opportunity to consult with a qualified medical professional every day.	X		
b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.	X		
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.	X		
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. <b>[Also listed at II(G)(4).]</b>	X		
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.	X		The staffing consists of 1.0 FTE Health Services Administrator, 1.0 FTE psychologist, 4.2 FTE RNs, 3.0 FTE LPNs, 2.0 FTE clerk, 5.6 FTE mental health clinicians, 0.3 FTE physician, 0.2 FTE dentist, 0.1 FTE oral surgeon, 0.3 FTE dental assistant, 0.2 FTE psychiatrist, 0.4 FTE nurse practitioner, and 0.2 FTE nursing director.
7. The facility has private areas for medical examinations and youth with special medical needs.	X		
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	X		
9. The facility does not use health care beds to handle overcrowding.	X		
10. Female health professionals are available for health services for detained girls, including transgender girls.	X		
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.			N/A.

<b>Standard</b>	<b>Conforms</b>	<b>Does Not Conform</b>	<b>Findings and Comments</b>
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures, and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	<b>X</b>		
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	<b>X</b>		
14. Youth receive comprehensive, evidence-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	<b>X</b>		
15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.	<b>X</b>		
17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above. <b>[See also standards II(B)(3)(g) and II(B)(3)(h).]</b>	<b>X</b>		
18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:	<b>X</b>		
a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.		<b>X</b>	People are triaged into risk categories and non-risk categories and only those with the risk assessment stratification are provided information on HIV or AIDS. They have no handout provided to everyone.
b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.	<b>X</b>		
c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.	<b>X</b>		
e. Staff do not automatically segregate youth with HIV.	<b>X</b>		
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	<b>X</b>		
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. <b>[See also standard II(C)(4).]</b>	<b>X</b>		Two physicians with expertise oversee all HIV care to the youth.
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	<b>X</b>		
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
<p>21. The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.</p>	<p><b>X</b></p>		
<p>22. The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.</p>	<p><b>X</b></p>		
<p>23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.</p>	<p><b>X</b></p>		

Standard	Conforms	Does Not Conform	Findings and Comments
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.	X		
<b>D. Mental Health Services</b>			
1. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.	X		
2. Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility's mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:	X		
a. Identification of the mental health needs to be addressed.	X		
b. Any medication or medical course of action to be pursued.	X		
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.	X		All staff contribute their observations of youth. Medical has overall responsibility for this. See narrative report for concerns about monitoring youth on psychotropics.

Standard	Conforms	Does Not Conform	Findings and Comments
d. Use of a in incentive-based behavior management program at the facility, including a specific behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s) and incentives for achieving goals.		X	The behavioral management syetem needs to be reviewed and revamped. See narrative report.
e. A description of any counseling or psychotherapy to be provided.	X		
f. A determination of whether the type or level of services can be provided in the detention center, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.	X		
g. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.	X		
h. Any necessary modifications to the standard use of force, restraint, and room confinement procedures (e.g., a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).			Unable to determine.
3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.	X		
4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.	X		
5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.	X		While there have been efforts to introduce DBT and the trauma informed curriculum TARGET, these efforts need to be enhanced. DBT is just beginning to be used as an intervention. The facility ran one group for girls but stopped with them. TARGET stopped two years ago.

Standard	Conforms	Does Not Conform	Findings and Comments
6. Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.		X	The facility does have documents referred to as ITPs, but the structure does not conform to the JDAI standards.
7. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. <b>[Also listed at V(C)(10).]</b>	X		
8. Qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.	X		Collaboration between mental health staff and direct care staff could be improved. Mental health staff spend limited periods of time with the youth and should be encouraged to attend programming, meals, and other opportunities to interact with youth.
9. The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.	X		
<b>E. Dental Services</b>			
1. Youth receive a full dental examination within 30 days of admission by a licensed dentist (and every six months thereafter) unless the facility obtains information that the youth received a dental examination within the previous six months. The examination includes:	X		
a. Taking or reviewing the dental history.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
b. Charting teeth.	X		
c. Examining hard and soft tissue in the dental cavity with a mouth mirror and explorer.	X		
d. Taking X-rays needed for diagnostic purposes.	X		
e. Documenting the exam in a uniform dental record.	X		
2. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	X		
3. The facility has sufficient service hours of dental services to timely meet the needs of youth in the facility.	X		
4. Youth have 24-hour access to medical care for emergency dental conditions and transportation to those services, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.	X		
5. Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.	X		
6. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	X		
<b>F. Suicide Prevention and Response</b>			
1. The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: <b>[Also listed at II(A)(2).]</b>	X		
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	X		
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
c. Whether the youth has ever attempted or considered suicide.	X		
d. Whether the youth is or has been treated for mental health or emotional problems.	X		
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	X		
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	X		
g. Whether the youth is thinking of hurting or killing himself or herself.	X		
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	X		
2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. <b>[Also listed at II(A)(5)(d).]</b>	X		
3. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed care and support plan for the youth.	X		
4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.	<b>X</b>		
6. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). <b>[Also listed at V(C)(4)(g)(3).]</b>	<b>X</b>		
b. The admissions screening addresses suicide risk through interview questions and observation.	<b>X</b>		
c. Qualified mental health professionals evaluate suicide risk.	<b>X</b>		
d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.	<b>X</b>		
e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.	<b>X</b>		
f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.	<b>X</b>		
g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth has a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.	<b>X</b>		
h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
i. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for close or constant observation.	<b>X</b>		
j. Staff engage youth at risk of suicide in social interaction and do not place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	<b>X</b>		
k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked. Youth are not clothed in garments that identify the youth as being on suicide precautions when they are outside of their rooms. Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing.	<b>X</b>		
l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.	<b>X</b>		
m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth's level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.	<b>X</b>		
n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.		<b>X</b>	Youth released from suicide precaution status are followed up within a week. No formal plan of care is developed.

Standard	Conforms	Does Not Conform	Findings and Comments
o. Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.		X	No documentation that this occurs.
p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.	X		
7. Rescue tools are available on each living unit. Staff can quickly access the rescue tool and are trained in its use.	X		
8. Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.	X		Following any suicide attempt or adverse event, all staff are required to speak with mental health staff. There is also a peer support team available to address staff concerns.
<b>G. Administration of Prescription Medications</b>			
1. Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.	X		Both medical and mental health observe and monitor youth on psychotropic medications.
2. Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	X		
3. Staff administer medications under circumstances that protect the youth's medical confidentiality ( <i>i.e.</i> , not in a public space).	X		
4. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. <b>[Also listed at II(C)(5)(d).]</b>	X		
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:	X		

Standard	Conforms	Does Not Conform	Findings and Comments
a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.	<b>X</b>		
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.	<b>X</b>		
c. Maintenance of records needed to ensure control of and accountability for medications.	<b>X</b>		
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	<b>X</b>		
e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	<b>X</b>		
f. Requirement of an order by an authorized professional for administration of medication.	<b>X</b>		
g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	<b>X</b>		
h. Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician ( <i>e.g.</i> , for emergency management of a condition).	<b>X</b>		
i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.		<b>X</b>	We found one outdated antifungal cream that should have been returned to the vendor for destruction that was on the counter in the cabinet for utilization.
j. Continuity of medication when youth enter and leave the facility.	<b>X</b>		Provide up to 14 days or longer if needed for continuity on the outside.
6. Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days. Psychiatrists advise other service providers within the facility, as appropriate.		<b>X</b>	One youth on Haldol was not seen for 90 days. There is a policy that requires patients stable on psychotropics to be seen every 90 days.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (separation of medications for external versus internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.	X		
8. Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., autoepinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (e.g., the phone number of poison control).	X		
<b>H. Informed Consent</b>			
1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. <b>[Also listed at II(A)(3)(a)(9).]</b>	X		
2. Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:	X		
a. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.	X		
b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.	<b>X</b>		
d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).	<b>X</b>		
e. Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.	<b>X</b>		
3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.	<b>X</b>		Use an interpreter provided by the state or the language line.
4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).	<b>X</b>		
<b>I. Confidentiality</b>			

Standard	Conforms	Does Not Conform	Findings and Comments
<p>1. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures, and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services, and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA's laws and regulations. <b>[See also standard I(F)(7).]</b></p>	X		
<p>2. Staff record medical, mental health, substance abuse, and dental information in individual health and mental health records. Staff treat such information as confidential.</p>	X		
<p>3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.</p>	X		
<p>4. Staff keep medical, mental health, substance abuse, and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.</p>	X		
<p>5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).</p>	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.		X	We requested a copy of a policy that requires the facility to notify the youth and the attorney upon receipt of a subpoena for the youth's medical records and there was no such policy provided.
7. The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.	X		
<b>J. Health and Mental Health Administration</b>			
1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.	X		
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.	X		
3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.	<b>X</b>		
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	<b>X</b>		
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.	<b>X</b>		
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	<b>X</b>		
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	<b>X</b>		
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.	<b>X</b>		There is a 40-hour training required for all staff prior to patient contact.

Standard	Conforms	Does Not Conform	Findings and Comments
10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.	X		
11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.	X		
12. All full- and part-time medical and mental health professionals have been trained in:			
a. How to detect and assess signs of sexual abuse and sexual harassment.	X		
b. How to preserve physical evidence of sexual abuse.	X		
c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.	X		
d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	X		
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. <b>[Also listed at V(C)(11).]</b>	X		
14. To the extent that the facility's medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	X		All patients are taken to an emergency room where there are appropriately trained and certified staff to perform the investigation.

Standard	Conforms	Does Not Conform	Findings and Comments
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)	X		
16. The facility offers medical and mental health services to youth free of charge.	X		
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.	X		
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	X		
<b>K. Individualized Treatment Planning</b>			
1. For adjudicated residents and for pre-adjudicated residents whose stay is anticipated to extend beyond thirty days, individualized treatment plans that include appropriate community resources and which are approved by the Family Court are developed and implemented as described below. Each resident is offered a full day of programs and activities to prepare him/her for ultimate release to the community.			
a. The individualized treatment plan describes a coordinated program of health and rehabilitative services and interventions that treat identified health problems and address physical, psychological, social, educational and vocational needs. Treatment planning and services are gender specific, developmentally appropriate and culturally competent.		X	ITPs are developed, but not all information specified in the standard is captured. See narrative report.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>b. The treatment team is chaired by the Superintendent or Clinical Director or his/her designee. Members include the Unit Manager, the youth and his or her parent or guardian, a member of the education staff, the Clinical Director or designee, the Clinical Social Worker, the resident, and other resource personnel including, as appropriate, a psychiatrist or psychologist, physician or nurse, and other supervisory or transition staff.</p>	X		
<p>c. The treatment team makes every effort to include the resident's family, parents, parent substitutes and/or surrogate parents for special educational purposes in the treatment team.</p>	X		
<p>d. The treatment team utilizes all information gathered to develop an individualized treatment plan no later than 30 days after admission. Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.</p>	X		<p>Treatment plans are developed following the Assessment and Orientation process. A&amp;O gathers all this information and conducts additional tests to determine current functioning.</p>
<p>e. The resident receives an explanation of academic and vocational programs for which he/she is qualified as well as criteria for admission to any program for which he/she is not yet qualified.</p>	X		
<p>f. A clinical staff member or unit manager oversees the implementation of the individualized treatment plan and brings it to the attention of appropriate staff.</p>	X		
<p>g. A resident eligible for special education services has his/her Individual Education Plan (IEP) coordinated and fully integrated with the individual treatment plan. Any required annual review of the IEP is held in conjunction with a review of the individualized treatment plan.</p>		X	<p>Not all education services specified in ITP.</p>

Standard	Conforms	Does Not Conform	Findings and Comments
h. The written, individualized treatment plan comprehensively coordinates academic, vocational and clinical programming and services.		X	Some, but all services are identified on the ITP (i.e., education services).
i. Plans include a summary of the resident's and family's strengths and needs, as well as current and proposed programming; specific outcomes expected and steps to support parental and family involvement.		X	Residents' strengths are not included as part of the plan.
j. Plans include information on the resident's behavior in and adjustment to the facility.		X	
k. Plans include a a summary of educational and vocational history and current programming, Special Education Status (with relevant summary of Individual Education Plan), educational goals and tentative plans for transition to the community school system.		X	See comment above.
l. Medical staff provide a summary of medical history and current medical needs.		X	Medical information not included.
m. Plans include information about the transition planning process. All parties provide within their scope of responsibilities, plans for discharge including criteria for assessment of resident progress, living arrangements, education, employment, medical, behavioral health, family and community support and further juvenile justice system involvement.		X	Discharge/re-entry planning occurs but is not memorialized on the treatment plan.
2. Individualized treatment plans emphasize the strengths and challenges of the individual youth who is the subject of the plan, clearly identify specific positive behaviors to replace negative behaviors, and include objectives as well as proximate and corresponding rewards.		X	See comment above.

Standard	Conforms	Does Not Conform	Findings and Comments
a. Plans outline specific behavioral goals.		X	See mental health narrative report.
b. Goals are framed in positive terms, i.e., with specific positive behaviors to replace specific negative behaviors.		X	
c. Goals are incremental, i.e., there are rewards for successive steps toward the goals.		X	
d. Goals are measurable, e.g., in terms of number of positive behaviors within a specific time frame.		X	
e. Plans articulate goals using language that youth and family members can understand.		X	
f. Plans identify rewards that youth will receive for achieving short- and long-term milestones.		X	
3. The Treatment Team meets no less than every month to review and evaluate the resident's treatment program including progress in locating community placements, progress in programming described in the plan, and revisions/changes in the plan necessary to meet the resident's needs. The findings of the reviews are summarized in a written document.	X		
4. The treatment team meets in a bi-weekly review specifically designated as a transition planning meeting no less than 60 days before the resident's projected release. The treatment team reviews all of the areas identified in (3) above and ensures that a detailed discharge plan addresses all areas. The transition planning meeting includes additional facility, provider agency and community service provider representation and input necessary to support the resident's successful transition.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>L. Discharge Planning</b>			
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<b>X</b>		Team informed CCS provides at least 14 days or longer of medications upon discharge.
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	<b>X</b>		
3. Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.	<b>X</b>		
4. Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.	<b>X</b>		
5. Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.	<b>X</b>		

### III. Access

*Success in the community is often linked to supportive relationships that youth have with family and others. This section addresses the rights of detained youth to have access to the outside community through visitation, correspondence, and access to the telephone. It also addresses the need for youth to be able to visit with and communicate with their attorneys and other advocates about their cases, problems in the facility, or other issues requiring legal assistance. Standards also ensure that administrators and staff value the input and participation of families.*

#### Key Definitions

**Guardian:** An agency or an individual, other than the youth’s parent, who is charged with caring for a child.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

**Reasonable suspicion:** A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Mail</b>			
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.		<b>X</b>	Youth only receive two stamps per week, per policy, although they can earn more through the behavior management system. Recommend providing additional stamps to youth for whom letter writing is an outlet.

Standard	Conforms	Does Not Conform	Findings and Comments
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.		<b>X</b>	Staff routinely open and “scan” all mail, except legal mail, for gang writing/contraband.
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.		<b>X</b>	Incoming mail is opened in the mailroom prior to delivery to youth.
4. The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	<b>X</b>		
5. If staff withhold mail for any reason, staff inform the youth, log the date, time, and reason for the action, place the mail in the youth’s private property, and advise the youth that he or she may file a grievance over the decision to withhold the mail.	<b>X</b>		Some packages are returned to sender as opposed to being stored in personal property.
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.	<b>X</b>		Through approved vendors, including Amazon.
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.	<b>X</b>		Some exceptions, but general reports of timely mail delivery.
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.	<b>X</b>		Some mail returned to sender.
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	<b>X</b>		Staff reported that they would make appropriate accommodations.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>B. Telephone</b>			
1. Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.		<b>X</b>	Calls are routinely recorded, although not routinely monitored.
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.		<b>X</b>	Some reported not being granted phone access if in room confinement or on the SMU, and telephone access is not listed as a right, regardless of disciplinary status, in the handbook.
3. Calls are available free of charge.		<b>X</b>	Calls are collect, although staff reported making accommodations through JPMs if youth did not have money to establish or maintain an account.
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	<b>X</b>		
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.	<b>X</b>		
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
7. Youth who are deaf, hard of hearing, or who have speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth who are hard of hearing.	<b>X</b>		Facility has a specific and detailed policy on required accommodations for youth with disabilities, but it was not clear that staff understood <u>how</u> they would go about securing necessary accommodations.
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.	<b>X</b>		
<b>C. Visitation</b>			
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators, and clergy members, and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-friendly visiting spaces, telephone, and mail.	<b>X</b>		JPMs identify approved visitors.
2. Written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.	<b>X</b>		Recommend clarifying and streamlining process to secure special visits in resident handbook.
3. Staff treat all visitors in a professional manner and with respect.	<b>X</b>		
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	<b>X</b>		
5. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth have the opportunity to have visits from family members at least twice per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	X		
7. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.		X	Administrators reported having made accommodations in past, including paying for family members to stay overnight in a hotel, but some youth from the northern part of the state stated that this was not an option they knew about. Skype has been used in the past, but not recently. Recommend reconsidering use of Skype or FaceTime, which may be a better option and less of a time commitment from family members who live in other parts of the state.
8. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.		X	Visits are over one hour in length. No hugs as a general rule, and youth have non-contact visitation if they are on the SMU or are deemed high risk.
9. Staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.		X	Youth have non-contact visitation if they are on the SMU or are deemed high risk.
10. The facility does not deny family members visitation solely on the basis of previous incarceration or a criminal record.	X		
11. Staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.	X		
12. If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice. <b>[See also standard VI(H)(2)(b).]</b>		X	Routine strip searches of youth following family member visitation, which may be a deterrent to visits.

Standard	Conforms	Does Not Conform	Findings and Comments
13. The facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.	X		
14. Entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.	X		
<b>D. Access to Counsel, the Courts, and Public Officials</b>			
1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.		X	Youth and staff were inconsistent in reports of how legal mail is handled. Administration has provided guidance recently to clarify handling of legal mail. Recommend close monitoring to ensure legal mail is not being opened or read by staff if marked as legal mail.
2. Staff allow visits from attorneys, paralegals, and other legal support staff such as investigators, experts, and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files).	X		Some attorneys reported more limited visiting hours for attorneys, although logs showed some attorney visits during and after standard business hours.  Staff and youth reported that some detained youth are not assigned counsel for weeks because of delays with paperwork and demonstrating financial need for court appointed counsel. Staff and youth also reported significant inconsistency in the quality of defense counsel and how responsive some lawyers were to youth's needs.
3. Staff allow attorneys to meet with their clients without delay.	X		
4. Attorneys other than the youth's delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	X		
5. The facility provides a private room or area that allows for confidential attorney visits.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.		X	<p>Youth use JPMs to make attorney phone calls, but handbook and policy state that youth must call lawyers collect. Recommend revising policy and handbook to state that calls can be made for free through JPMs.</p> <p>Many youth and staff reported that staff were in the room when they spoke with lawyers, which is a breach of attorney-client privilege. The team learned that administrators were working on arrangements to resolve that issue.</p>
7. Written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth's right to counsel.		X	No routine notification of counsel. Recommend including notification requirement in visitation policy.
8. The facility provides records to a youth's attorney upon written consent of the youth or a court order appointing the attorney as the youth's counsel.		X	Policy on records access doesn't explicitly address attorney access to records. Recommend including procedure for requesting and accessing records.
<b>E. Family Engagement</b>			
1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	X		<p>Facility contacts parents and forwards handbook and survey to complete. As mentioned above, recommend rewording Resident Handbook to be more accessible for individuals with limited literacy.</p> <p>Staff reported that they would make accommodations with family members with limited English proficiency through language line services. Ensure any translated materials are reviewed by a qualified translator.</p>
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.		X	See comment above regarding resident handbook.
3. Facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.	X		See comment above regarding language line services.

Standard	Conforms	Does Not Conform	Findings and Comments
4. Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<b>X</b>		See comment above regarding language line services.
5. Facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.	<b>X</b>		
6. Staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge, when feasible.	<b>X</b>		
7. The facility does not bill the youth or his or her family for days in detention or services provided at the facility.	<b>X</b>		
8. Parents, guardians, and other family members are able to register complaints about the treatment of youth. Facility administrators promptly reply to such complaints. The facility makes appropriate arrangements to receive complaints from parents or guardians who are limited English proficient.	<b>X</b>		Facility would benefit from more signage in lobby and visitation area regarding right to register complaints and other essential information.
9. There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<b>X</b>		Friends of Long Creek.
10. Administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.	<b>X</b>		Facility has helped with hotel accommodations in the past.
11. The facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.		<b>X</b>	Not as a general rule.

## IV. Programming

*Youth in detention are, first and foremost, adolescents. They need to be involved, to the extent possible, in the same kinds of age appropriate, healthy, educational activities youth would experience in the community. This section outlines the requirement that detained youth receive a full academic education, with special services for youth with disabilities or limited English proficient youth. Youth are also entitled to go outdoors regularly, engage in physical exercise, participate in a range of recreational activities, and have the opportunity to practice their religion. This section also covers the ways youth are encouraged and motivated through positive reinforcement and incentives for good behavior.*

### Key Definitions

**Guardian:** An agency or an individual, other than the youth's parent, who is charged with caring for a child.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

**Migratory student:** A student who is, or whose parent or spouse is, a migratory agricultural worker, including a migratory daily worker or fisher as defined by the federal No Child Left Behind Act of 2001.

**Intellectual disability:** A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Education</b>			
1. School and facility administrators develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between educators and detention staff to ensure that all youth in the facility have access to an appropriate educational program.	<b>X</b>		Policies exist to facilitate communication but the quality and frequency of communication between custody staff and education could be improved considerably.
2. At the time of admission, youth receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff use this information to inform initial placement in the facility's educational program.	<b>X</b>		
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.	<b>X</b>		Students are promptly enrolled in school soon after their admission.
4. Staff request a youth's educational records from his or her prior school, including Individual Education Program (IEP) and 504 plans, within 24 hours of the youth's admission or the next business day, whichever is later.	<b>X</b>		Records are requested from prior school districts and programs with a day of youth's admission. For youth in detention, transfer of records requires parental signature. This requirement is an impediment to providing services to those students eligible for special education.
5. Within five days of admission to the facility, education staff complete a comprehensive assessment of youth's general educational functioning to facilitate placement in an appropriate program. The assessment includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring data, and educational records from the youth's prior school.		<b>X</b>	This does not happen for youth in detention. Those committed to LCYDC receive a comprehensive assessment.

Standard	Conforms	Does Not Conform	Findings and Comments
6. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction. Detention staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.		<b>X</b>	Currently students in detention only receive about half of the required instructional minutes each day.
7. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.	<b>X</b>		
8. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.	<b>X</b>		
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.	<b>X</b>		The classrooms are well equipped. Students have access to books, instructional technology, and other instructional materials.
10. The facility school has an adequate number of staff members to meet youth's educational needs. Teacher-student ratios are at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs. Administrators timely replace teachers who retire or transfer. Instructional staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth.		<b>X</b>	The school is understaffed. There are shortages of special education teachers, social studies teachers, and English teachers.
11. The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.	<b>X</b>		Staff reports that LEP screening is done by LEAs. LCYDC also screens youth for LEP status.

Standard	Conforms	Does Not Conform	Findings and Comments
12. The facility has adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff do not deny youth school or class time based on the failure to provide a substitute teacher.		<b>X</b>	
13. The agency operating the facility school has a quality assurance system in place to assess the quality of the school's educational services, including special educational services, and to ensure compliance with state and federal education laws. School administrators review the findings of the assessments and address any deficiencies.		<b>X</b>	According to staff, a quality assurance system was in development at the time of our visit.
14. An accreditation or oversight entity such as a state board of education annually reviews and evaluates the facility's school, and school administrators review the findings and address any deficiencies.		<b>X</b>	The state Department of Education conducts annual reviews of the school. There is no indication that the reviews have had an impact on programming, staffing, or regulations that impede staff's ability to provide services to youth.
15. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.		<b>X</b>	The facility uses state-approved curricula. However, the August 2017 staffing report showed 11 staffing vacancies in education. Without staff in these positions, unqualified personnel could be providing instruction in some areas.
16. The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth's receiving school of all credits earned upon the youth's release.	<b>X</b>		
17. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.		<b>X</b>	More than 80% of youth at Long Creek are eligible for special education services. Teacher shortages, failure to provide full-day education services to youth in detention, and state regulations that allow local school districts to defer providing related services to youth in detention are serious problems.

Standard	Conforms	Does Not Conform	Findings and Comments
a. The facility school has procedures to determine which youth have previously been identified as having disabilities and are in need of special education and related services, and to promptly obtain special education records for such students.	<b>X</b>		The facility has procedures in place to obtain records from other school districts. However, state regulations place undue burdens on parents of youth in detention. Local school districts retain the obligation to provide services to youth in detention and can suspend related services to those youth and provide them with compensatory services after they are released.
b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of the IDEA.	<b>X</b>		
c. A current IEP is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not on the convenience of the facility.		<b>X</b>	Committed students are more likely than detained youth to receive services as specified on their IEPs. Vacant special education teaching positions make it impossible to provide adequate services to all eligible youth.
d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under the IDEA.	<b>X</b>		
e. The facility school provides special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.		<b>X</b>	One full-time and one part-time special education teacher serve all youth with special education eligibility at Long Creek.
f. Special education staff at the school are certified or credentialed by the state for the services they provide.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
g. The facility school holds teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals.		<b>X</b>	
h. The facility school provides related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.		<b>X</b>	Yes for committed youth; sometimes for detained youth.
i. The facility school provides transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living.	<b>X</b>		Project IMPACT has developed procedures that involve family members, staff, and contractors such as Goodwill Industries in preparing youth and the community for youth's reentry.
j. Parents or guardians receive required notices of and participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in the parent or guardian's primary language, unless it is not feasible to do so.	<b>X</b>		
k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.	<b>X</b>		The school at Long Creek works with the state Department of Education to obtain surrogates when parents are unavailable to participate in the decision making about education services.
l. The facility school complies with legally required timelines for assessment and IEP development and implementation.		<b>X</b>	Yes for committed youth; no for detained youth.
m. The facility school complies with all IDEA requirements for notice and due process.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
n. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities.		<b>X</b>	There appears to be some conflict between Long Creek disciplinary practices and the requirement that school conduct manifestation determinations and functional behavioral assessments. See narrative report.
18. Students entering with an existing 504 plan receive services that match the plan as closely as possible.	<b>X</b>		Several youth at Long Creek have 504 plans. Teachers are aware of these students needs and provide accommodations.
19. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation, and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.	<b>X</b>		
20. All youth attend the regular facility school unless they pose a continuing danger to other youth or staff.	<b>X</b>		
21. School and facility staff follow the school's disciplinary procedures and do not impose the facility's disciplinary sanctions for behaviors that can be handled in class.	<b>X</b>		
22. Staff develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress.	<b>X</b>		Behavior intervention plans appear to be unit-based. Teachers report that they have input into the process. The staff at Long Creek is currently reviewing this process.
23. Youth who do not attend the regular facility school because of safety or medical reasons receive an education program comparable to youth in other units in the facility in the least restrictive environment possible. Dropped off packets of work without adequate instruction, follow-up, and grading are not sufficient to meet this standard.	<b>X</b>		
24. Suspensions and expulsions from the facility school comply with all state and local requirements.	<b>X</b>		
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
b. If staff suspend youth, they only do so for activity that takes place at school.	<b>X</b>		
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.	<b>X</b>		Students are rarely suspended or removed from school. No suspension classrooms exist.
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.			N/A.
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.	<b>X</b>		
25. School and facility administrators develop and implement policies, procedures, and actual practices that assure that youth can complete any assigned homework.	<b>X</b>		Homework is assigned infrequently. Students are permitted to take books and school work to their living units.
26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes, and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.	<b>X</b>		Long Creek offers career and technical education courses and community college classes on site. This fall, Southern Maine Community College is offering three courses on site to HS graduates and high-school equivalent certificate holders.
27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth's educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth's immediate enrollment in another appropriate educational placement upon release from the facility.	<b>X</b>		This system is well developed at Long Creek.

Standard	Conforms	Does Not Conform	Findings and Comments
28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.	X		
29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state, and local laws and policies regarding access to educational records.	X		
<b>B. Exercise, Recreation and Other Programming</b>			
1. Staff keep youth occupied through a comprehensive multi-disciplinary program. Staff post and adhere to a daily schedule of activities in each living unit that incorporates both structured and free time. Staff log the date and reasons for any deviations from scheduled activities. Youth with physical disabilities have the opportunity to participate in recreational activities. <b>[See also standard IV(E)(5).]</b>	X		
2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.	X		
3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. The facility maintains an adequate supply of games, cards, and writing and art materials for use during recreation time.		<b>X</b>	The facility recreation director keeps a supply of games and activities in the gym area but does not have a system to inventory these items. Youth reported that many games are missing pieces or parts.
5. Staff, volunteers, contractors, and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic, and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.	<b>X</b>		
6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.	<b>X</b>		
7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. "Equivalent" does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.		<b>X</b>	There is a need to provide additional programming to address girls' needs. See narrative report.
8. The facility offers special programming for youth who are pregnant and youth who are parents.	<b>X</b>		If youth who are parents are detained or committed to the facility, staff will try to arrange parenting programming. Staff were not able to provide details about who would provide such programming.

Standard	Conforms	Does Not Conform	Findings and Comments
9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.	<b>X</b>		
10. Staff take youth outside for their hour of exercise, weather permitting ( <i>e.g.</i> , not too hot or too cold).		<b>X</b>	While Long Creek has ample outdoor recreation space, recreation staff are often not able to take youth outside because of the number of staff required to supervise youth in the space.
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	<b>X</b>		
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.	<b>X</b>		
13. The facility has outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.	<b>X</b>		
14. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	<b>X</b>		
15. The facility develops and implements written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	<b>X</b>		Long creek has a detailed policy on library services, a well-resourced library, and a full-time librarian. Parents and guardians are also allowed to send reading materials, including periodicals, through approved vendors. Facility policy does not include specific information on limitations on reading materials.

Standard	Conforms	Does Not Conform	Findings and Comments
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial, and ethnic backgrounds, experiences, and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	X		
17. Staff allow youth to keep reading materials in their rooms.	X		
18. Staff allow youth to access the library at least once per week.	X		
<b>C. Religion</b>			
1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.	X		The team heard some concerns about female youth not having the same access to the chaplain because of concerns around supervision during co-educational activities. The team did, however, observe female and male youth participating together in other programming.
2. Youth have the opportunity to meet with religious leaders of their choice.	X		
3. Youth receive special diets to accommodate sincerely held religious beliefs.	X		See concerns in Environment section of narrative report regarding quality of alternative meals.
4. Staff permit youth to have religious books and reading materials in their rooms.	X		
5. Staff do not restrict religious practices and materials absent a compelling governmental interest.	X		
<b>D. Positive Behavior Interventions and Supports</b>			
1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. The facility's system of positive behavior interventions and supports reflects the following principles:			
a. The system outlines expectations clearly and using specific examples of positive and negative behavior.		X	There are no specific examples of positive behavior in the Resident Handbook. While all youth have a case plan that establishes some general goals, there is not a mechanism in place to give each youth specific and incremental examples of positive behavior that they can understand.
b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.	X		
c. Staff responses to positive behavior are immediate, fair, and proportionate to the behavior.	X		The behavior management system provides incentives and privileges. However, individual staff should prioritize responses to positive youth behavior on all units.
d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept, and self-esteem.		X	While staff engage in responsible and positive behavior, most staff do not mentor or meaningfully engage with youth with these goals in mind.
e. Staff responses to negative behaviors are immediate, fair, and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.	X		
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.		X	Most staff do not prioritize age-appropriate and trauma-informed responses to youth behavior.
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.		X	There is no mechanism in place to ensure that staff regularly engage with individual youth to understand their problem behavior or identify alternatives.
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. <b>[See also standard I(C)(6)(c).]</b>	<b>X</b>		
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.	<b>X</b>		
6. The facility has a mechanism for quality assurance and oversight of the facility's behavior management system.	<b>X</b>		
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<b>X</b>		
<b>E. Youth with Special Needs</b>			
1. The facility develops and implements written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	<b>X</b>		
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities, and services.	<b>X</b>		
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.	<b>X</b>		Policy exists, but it is not very detailed and does not outline accommodations that would be made by type of disability.
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.		<b>X</b>	

Standard	Conforms	Does Not Conform	Findings and Comments
<p>5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. <b>[See also standard IV(B)(1).]</b></p>	X		
<p>6. The facility makes appropriate auxiliary aids and services available for youth who are deaf or hard of hearing in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth's request for particular types of auxiliary aids or services.</p>	X		
<p>7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.</p>		X	<p>The facility would contact an outside provider for this service, but there is no plan in place.</p>
<p>8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth who are deaf or hard of hearing.</p>	X		

Standard	Conforms	Does Not Conform	Findings and Comments
9. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities, and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. <b>[See also standards I(C)(9)-(12).]</b>		<b>X</b>	While interpretation services are available at intake, there is no plan to provide access to all aspects of facility programming and services for limited English proficient youth.
10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.		<b>X</b>	While interpretation services are available at intake, there is no plan to provide access to all aspects of facility programming and services for limited English proficient youth.
11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of a youth's allegation of abuse.	<b>X</b>		
12. The facility does not charge for interpretation services.	<b>X</b>		

## V. Training and Supervision of Employees

*The quality of any facility rests heavily upon the people who work in it. This section requires that the facility hire properly qualified staff and provide the necessary pre-service and continuing training they need to work with troubled youth. Staff should also perform their work in an operational setting that enables them to do their work well – through appropriate staffing ratios and proper administrative supervision. The section further requires that facility staff engage in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.*

### Key Definitions

**Bisexual:** A person who is emotionally, romantically, and/or sexually attracted to both males and females.

**Confidential information:** Personally identifiable information, the release of which is restricted by law, policy, or professional standards.

**Crisis intervention:** A means of managing emergency situations.

**De-escalation techniques:** Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

**Direct care staff:** Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

**Exigent circumstances:** Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

**Gay:** A person who primarily is emotionally, romantically, and/or sexually attracted to individuals of the same sex, typically in reference to boys or men.

**Gender identity:** A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

**Gender nonconforming:** A person whose appearance or manner does not conform to traditional societal gender expectations.

**Intersex:** A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

**Lesbian:** A girl or woman who primarily is emotionally, romantically, and/or sexually attracted to girls or women.

**LGBTQI:** An acronym used to refer to youth who identify as or who are perceived to be lesbian, gay, bisexual, transgender, questioning, or intersex.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

**Mechanical restraint:** Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

**Physical force:** Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

**Post-traumatic stress:** For an individual who has been exposed to trauma, a persistent reaction of unwanted memories or flashbacks; extreme distress triggered by direct or indirect reminders of the trauma or related circumstances; hypervigilance and hyperarousal; pervasive emotional distress and negative beliefs; feelings of confusion and unreality; and/or emotional detachment.

**Qualified medical professional:** An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Qualified mental health professional:** An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Questioning:** A person who is going through a process of questioning or who is unsure of his or her sexual orientation or gender identity.

**Rescue tool:** A device designed to cut quickly through fibrous material, which can release youth from clothing or fabric the youth has fashioned into a ligature. Seatbelt cutters cannot serve as rescue tools, as they are unable to cut bunched cloth such as sheets or pants.

**Sex trafficking:** The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act. Commercial sex acts are sex acts on account of which anything of value is given or received, commonly referred to as prostitution.

**Sexual abuse:** The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

**Sexual harassment:** The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

**Sexual orientation:** A person’s emotional, romantic, and/or sexual attraction to individuals of the same sex or of a different sex.

**Transgender:** A person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.

**Trauma:** An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

**Universal safety precautions:** Practices designed to prevent transmission of infections through blood or other bodily fluids (including HIV and Hepatitis B). The precautions are used for all people in the facility regardless of their diagnosis or presumed infection status.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Qualifications for Institutional Staff Positions</b>			
1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.		<b>X</b>	A high school diploma or GED is required for Juvenile Program Workers.
2. Written job descriptions and requirements exist for all positions in the facility.	<b>X</b>		
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	<b>X</b>		

4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.		<b>X</b>	Staff receive a TB screening only.
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:			
a. Perform a criminal background records check.	<b>X</b>		
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	<b>X</b>		
c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § 115.317(f)-(h).)	<b>X</b>		
6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	<b>X</b>		
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	<b>X</b>		
8. The facility does not hire or promote anyone who may have contact with youth, and does not enlist the services of any contractor who may have contact with youth who:			
a. Has engaged in sexual abuse.	<b>X</b>		

b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.	X		
c. Has been civilly or administratively adjudicated to have engaged in the activity described above.	X		
9. Facility hiring staff ask all applicants and employees who may have contact with youth directly about previous misconduct described in (8) above. Facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees.		X	Long Creek requires potential employees to answer these questions in front of human resources staff during the hiring process, but the team did not receive documentation that the facility verbally asks candidates at other times.
10. The facility imposes a continuous affirmative duty upon employees to disclose any of the misconduct described in (8) above.	X		
11. The facility considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.	X		
<b>B. Staffing</b>			
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and access to school programming and other scheduled activities.		X	See narrative report regarding concerns about staffing.

<p>2. There is at least a 1:8 ratio of direct care staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.</p>	<p><b>X</b></p>		<p>Facility is maintaining ratios using a significant amount of forced overtime. See narrative report.</p>
<p>3. There is at least a 1:16 ratio of direct care staff to youth during the hours that youth are asleep. In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.</p>	<p><b>X</b></p>		<p>Facility is maintaining ratios using a significant amount of forced overtime. See narrative report.</p>
<p>4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.</p>	<p><b>X</b></p>		<p>The facility uses video cameras but has a number of blind spots and the quality of the existing system is limited. There are plans to install a new camera system, which would be of benefit to the facility. Staff also wear body cameras during major incidents, which are helpful.</p>

<p>5. The facility has developed, implemented, and documented a staffing plan. The facility reviews the plan at least annually. The staffing plan includes a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences. The plan provides sufficient staff to avoid involuntary double-shifts and mandated overtime. If the facility routinely relies upon mandated overtime, administrators re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 CFR §§ 115.313(a), (d).)</p>	<p><b>X</b></p>		
<p>6. The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances.</p>	<p><b>X</b></p>		
<p>7. Staff do not sleep while on duty.</p>	<p><b>X</b></p>		
<p>8. Backup staff support is immediately available to respond to incidents or emergencies.</p>	<p><b>X</b></p>		
<p>9. At least one female staff member is on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.</p>	<p><b>X</b></p>		
<p>10. The facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.</p>	<p><b>X</b></p>		
<p>11. The facility has adequate staff with the language capacity to provide limited English proficient youth with meaningful access to programs and activities. The facility keeps accurate records of staff able to speak other languages.</p>		<p><b>X</b></p>	<p>The facility has some bilingual staff, but does not have a formal mechanism to track that information.</p>

<b>C. Training for Institutional Staff</b>			
1. Staff possess the information and skills necessary to carry out their duties.	<b>X</b>		
2. The facility develops and implements written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training, while valuable, do not count toward the hours of required training.	<b>X</b>		
3. The facility designates a person who is responsible for coordinating staff training activities at the facility. That person has skills in providing or procuring staff training.	<b>X</b>		
4. Facility staff, including but not limited to direct care staff, qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:			
a. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.	<b>X</b>		
b. Background characteristics of youth.			
(1) Adolescent development for girls and boys, including sexual health and sexual development.		<b>X</b>	See narrative report for identified training needs.
(2) The physical, sexual, and emotional abuse histories of youth and how to understand post-traumatic stress reactions and effectively interact with youth with those histories and trauma-related reactions.		<b>X</b>	

(3) The impact of traumatic events such as exposure to or witnessing severe violence, death, or life-threatening accidents or disasters, on youth development. This includes the impact of incarceration, and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.		<b>X</b>	
c. Working with specific populations.			
(1) The facility's non-discrimination policy and working with youth in a respectful and non-discriminatory manner.	<b>X</b>		
(2) Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities.		<b>X</b>	MCJA provides training on working with adults with disabilities, but this training is not adequate to prepare staff to supervise youth with disabilities.
(3) Signs of mental illness and the needs of and ways of working with youth with mental illness.		<b>X</b>	Staff receive training from the DOC on working with mentally ill adult inmates, but there is no dedicated training on youth on this subject.
(4) The facility's language access policies and plans, including how to access language assistance services for limited English proficient youth.		<b>X</b>	LCYDC has the capacity to access language assistance services for youth, primarily at intake. JPWs do not receive training on this subject. There is no LEP plan to meet the programming and educational needs of an LEP youth.
(5) Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.		<b>X</b>	MCJA provides training on cultural diversity and awareness in the workplace. This training does not provide adequate content to satisfy this standard.
(6) Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls.		<b>X</b>	Long Creek's training materials address the use of restraints on pregnant youth but do not include adequate content on gender-specific needs of girls.
(7) How to work and communicate with lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) youth, as well as how to recognize, prevent, and respond to harassment of LGBTQI youth.		<b>X</b>	Staff have received some training and there are plans for additional training, but there is a clear need for more work with this population. See narrative report.

d. Positive behavior management, de-escalation techniques, and conflict management.			
(1) The facility's positive behavior management system.	X		
(2) Appropriate sanctions for negative behavior.	X		
(3) How to communicate effectively and professionally with youth.	X		
(4) Conflict management, de-escalation techniques, and management of assaultive behavior. <b>[Also listed at VII(A)(1)(a).]</b>	X		Training from Crisis Consultant Group includes training on verbal de-escalation, but staff would benefit from additional training. See narrative report.
(5) Access to mental health and crisis intervention services for youth.		X	Staff receive training on the Suicide Prevention Protocol (SPP), but they do not receive adequate training on how to recognize and assist youth who need mental health and crisis intervention services.
(6) Alternatives to and the appropriate use of physical force, mechanical restraints, and room confinement. <b>[Also listed at VII(A)(1)(b).]</b>	X		
e. Response to and reporting of child abuse, neglect, and violation of staff responsibilities.			
(1) Signs and symptoms of child abuse and neglect.	X		
(2) Handling disclosures of victimization in a sensitive manner.	X		
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	X		
(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect, and violation of staff responsibilities.	X		
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)			
(1) The facility's policy prohibiting sexual abuse and sexual harassment.	X		

(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	X		
(3) Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	X		
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	X		
g. Medical and mental health needs of youth.			
(1) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). <b>[Also listed at VI(E)(16).]</b>	X		
(2) Universal safety precautions and response to high-risk bodily fluid spills.	X		
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). <b>[Also listed at II(F)(5)(a).]</b>	X		
(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.	X		
(5) Signs and symptoms of mental illness and emotional disturbance.		X	As mentioned above, facility needs training on identifying and responding to these symptoms in youth.
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.		X	Basic training does cover general substance abuse awareness but does not address how JPWs should respond to signs of chemical dependency.
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.		X	Only the mental health staff receive this training.
h. Facility operations and facility emergencies.			

(1) Staff code of conduct.	X		
(2) Facility operations, security procedures, and safety procedures.	X		
(3) Action required in emergencies, including referral and evacuation policies and procedures. <b>[Also listed at VI(E)(2).]</b>	X		
(4) Fire procedures, including the use of fire extinguishers.	X		
(5) Facility rules on contraband and prohibited items.	X		
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	X		
(7) Effective report writing.	X		
(8) Confidentiality of records and limitations on disclosure of confidential information.		X	The team could not locate this in LCYDC training materials. It may be covered in documents that staff must complete to register for online training through PowerDMS.
5. Training staff document, through employee signature or electronic verification, that employees received required training.	X		
6. Trainings include proficiency testing to document that employees understand the training they have received.		X	Some training components require proficiency testing such as CCG and MERC. It is unclear if other training requires staff to demonstrate skills, or simply to recite knowledge. For instance, being able to list three things not to say to LGBTQ/GNCT youth is very different than being able to work with an LGBTQ/GNCT youth.
7. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the facility provides the tools and training necessary for staff to perform these functions effectively.	X		
8. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth. (Additional detail on PREA compliance at 28 CFR § 115.332.)	X		

9. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) <b>[Also listed at VIII(D)(12).]</b>	X		
10. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. <b>[Also listed at II(D)(7).]</b>	X		
11. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. <b>[Also listed at II(J)(13).]</b>	X		
12. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management, and quality assurance personnel, as well as audits and other sources, into training plans and curricula.		X	Neither agency nor facility staff incorporate feedback from youth or staff into training.
<b>D. Supervision of Staff</b>			
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.	X		
2. Supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from warning other staff members that supervisory rounds are occurring.	X		
3. Staff receive regular evaluations for performance, and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.	X		

<p>4. Administrators regularly review logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. Administrators provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as re-training.</p>	<p><b>X</b></p>		
<p>5. The facility administrator annually reviews all facility operating procedures and updates them as needed.</p>	<p><b>X</b></p>		
<p>6. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.</p>	<p><b>X</b></p>		
<p>7. The facility develops and implements written policies, procedures, and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.</p>	<p><b>X</b></p>		
<p>8. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) <b>[Also listed at VIII(D)(21).]</b></p>	<p><b>X</b></p>		
<p>9. Administrators develop and implement policies, procedures, and actual practices that establish a standard of fair and equitable treatment of all youth.</p>	<p><b>X</b></p>		

**E. Reports of Abuse, Neglect, Retaliation, and Violation of Responsibilities; Incident Reports; and Complaints**

<p>1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities. <b>[See also standards VIII(D).]</b></p>	<p><b>X</b></p>		<p>See concerns regarding grievance system and reporting channels in narrative report.</p>
<p>2. The facility requires staff at the facility to report knowledge, suspicion, or information that they receive regarding child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities to appropriate child protective services and law enforcement agencies.</p>	<p><b>X</b></p>		<p>See concerns regarding reporting channels in narrative report.</p>
<p>3. Staff and youth do not experience retaliation for making complaints or reports of child abuse.</p>	<p><b>X</b></p>		<p>No formal documentation of monitoring of retaliation.</p>
<p>4. The facility director reports any allegations of child abuse to parents or guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified), the child welfare system caseworker (if applicable), and the child's attorney or other legal representative. (Additional detail on PREA compliance at 28 CFR § 115.361(e)(3).)</p>		<p><b>X</b></p>	<p>Reported to parents, but not attorneys.</p>
<p>5. Administrators reassign staff who are under investigation for behavior that would constitute sexual harassment, sexual abuse, or child abuse or neglect to a position where they have no contact with youth pending the outcome of an investigation. (Additional detail on PREA compliance at 28 CFR § 115.366.)</p>		<p><b>X</b></p>	<p>Staff may be reassigned to a different housing unit pending the outcome of an investigation, depending on the nature of the allegation.</p>
<p>6. The facility develops and implements written policies, procedures, and actual practices to ensure that the facility administrator or designee advises those making complaints of the results of the complaints or child abuse reports that they file.</p>	<p><b>X</b></p>		
<p>7. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.</p>	<p><b>X</b></p>		

8. If youth report abuse, neglect, or retaliation at a previous placement, staff report that abuse to the appropriate authorities and to the head of the facility where the alleged incident took place. (Additional detail on PREA compliance at 28 CFR § 115.363.)	<b>X</b>		
<b>F. Quality Assurance</b>			
1. The facility administrator or his or her designee collects and analyzes accurate and uniform data and reports on major incidents such as violence, use of restraints, use of room confinement, use of physical force, sexual abuse, sexual harassment, attempted and completed escapes, attempted and completed suicides, and serious disease outbreaks. (Additional detail on PREA compliance at 28 CFR §§ 115.387 and 115.389.)	<b>X</b>		
2. The facility administrator or his or her designee reviews the data and reports listed above on a regular basis, at least weekly.	<b>X</b>		
3. The facility administrator convenes a committee to set performance goals and develop quality assurance and improvement plans for the facility. Administrators review and update performance goals and plans on an ongoing basis after major incidents, but no less frequently than once a year. (Additional detail on PREA compliance at 28 CFR § 115.388.)	<b>X</b>		
4. The facility administrator establishes performance goals and collects and analyzes data on whether those goals are met.	<b>X</b>		
5. The facility administrator schedules and completes an audit for compliance with the Prison Rape Elimination Act standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of “does not meet standard.” (Additional detail on PREA compliance at 28 CFR §§ 115.401-404.)	<b>X</b>		See concerns regarding PREA implementation in narrative report.

## VI. Environment

*Juvenile detention facilities should not look like or be operated as jails. This section encourages facilities to provide a non-penal environment appropriate for youth who need to be held in a secure setting. It requires that the facility is clean, meets fire and safety codes, has properly functioning temperature controls, light, and ventilation, and offers youth appropriate living conditions. This section also encompasses quality of life issues – assuring that youth will have clean, properly-fitting clothing; pleasant, healthy eating experiences; permission to retain appropriate personal items; and some measure of privacy.*

**NOTE:** *The Prison Rape Elimination Act (PREA) contains two standards on facility planning and upgrades that are not included in this instrument. Facility administrators should be aware of these provisions, which are located at 28 CFR § 115.318.*

### Key Definitions

**Clothing search:** Feeling inside pockets and cuffs without removal of clothing from the body.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

**Exigent circumstances:** Any set of temporary and unforeseeable circumstances that require immediate action in order to combat a serious threat to the security of a facility.

**Gender identity:** A person's internal, deeply felt sense of being male, female, neither, or somewhere in between, regardless of the person's sex at birth.

**Intellectual disability:** A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

**Intersex:** A person who is born with a sexual or reproductive anatomy or chromosomal pattern that does not seem to fit typical definitions of male or female.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (*e.g.*, speaking or understanding), but may be LEP for other purposes (*e.g.*, reading or writing).

**Normal adolescent behavior:** Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

**Pat-down search:** An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

**Physical body cavity search:** A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

**Qualified medical professional:** An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Qualified mental health professional:** An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Reasonable suspicion:** A belief, based on specific and articulable facts, that an activity constitutes a criminal act or a threat to the security of the facility. Reasonable suspicion is more than a generalized concern or hunch about the potential for criminal activity or threats to the safety and security of the facility.

**Room confinement:** The involuntary restriction of a youth alone in a cell, room, or other area.

**Strip search:** An inspection that requires an individual to remove or arrange some or all clothing so as to permit a visual examination of the person's entire body.

**Transgender:** A person whose gender identity (*i.e.*, internal sense of feeling male or female) is different from the person's assigned sex at birth.

**Visual body cavity search:** A visual inspection of the anal or vaginal cavity of an individual.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Positive Institutional Atmosphere</b>			
1. All persons in the facility are treated with respect.		<b>X</b>	Generally yes, but DOC non-discrimination policy does not explicitly address gender identity and gender expression. Recommend revising policy to prohibit discrimination on those grounds. Team heard concerns from youth and staff about negative treatment of LGBTQ/GNCT youth by both other youth and staff. The team also overheard a staff member making a disparaging remark while on site. While the team was encouraged to hear about upcoming training, the facility must do more to ensure that LGBTQ/GNCT youth are treated with respect by other youth and staff.
2. The facility develops and implements written policies, procedures, and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators.	<b>X</b>		Grievances regarding harassment because of sexual orientation, gender identity, or other issues are often delegated to JPMs for follow-up, and documentation did not always reveal what follow-up was or whether it was effective. Recommend more specificity in written responses to grievances regarding harassment and bullying. As mentioned above, recommend revising policy to prohibit discrimination on basis of gender identity and gender expression.
3. Staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day work with youth.		<b>X</b>	As mentioned in other sections, new staff and some senior staff were very skilled in interactions with youth, although there is inconsistency among some senior staff and many new staff in their tolerance for normal adolescent behavior.
4. Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.		<b>X</b>	Murals in some parts of the facility, but many units and hallways were very stark. Recommend incorporating more murals, artwork, and positive imagery into the facility.
5. The buildings and grounds are well maintained.	<b>X</b>		The entrance to the facility was welcoming with flowers. Facility was generally well-maintained, although many units could benefit from removal of written and etched graffiti.
6. Staff allow youth to decorate and personalize their own living space.	<b>X</b>		Allow up to 15 personal photos, per resident handbook.

Standard	Conforms	Does Not Conform	Findings and Comments
7. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	X		
8. The décor and programming acknowledge and value the diverse population and interests of youth in the facility.		X	Robust programming reflects the diversity of youth. Facility could do much more to include imagery and murals to reflect diversity of youth, as mentioned above.
9. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.	X		
10. Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.	X		
11. The facility does not shave youth's hair off or require youth to adopt a particular hairstyle.	X		
<b>B. Sanitation</b>			
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.	X		
2. Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	X		
3. The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:	X		
a. A schedule for cleaning common areas, bathrooms, and showers.	X		Youth are responsible for a significant amount of cleaning, but do so under close staff supervision.
b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.	X		
c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.	<b>X</b>		
4. Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.	<b>X</b>		Generally yes, although some areas of Oak unit, which had just reopened, had debris on floor of shower and dayroom.
5. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	<b>X</b>		
6. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).		<b>X</b>	Laundry policy provides residents can handle laundering of contaminated clothing. Recommend revising to prohibit youth from engaging in that activity.
7. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.	<b>X</b>		
8. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	<b>X</b>		
9. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in "dry" rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).	<b>X</b>		
10. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
11. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.	<b>X</b>		
12. Youth have adequate time to conduct appropriate hygiene practices.	<b>X</b>		
13. The facility is free of insect and rodent infestation.	<b>X</b>		Facility was managing possible scabies outbreak during on-site visit.
14. Staff allow youth to take showers every day.	<b>X</b>		
15. Staff allow youth to brush their teeth after breakfast and dinner.	<b>X</b>		
16. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.	<b>X</b>		
17. Staff provide youth with the opportunity to groom themselves before court and other important events.	<b>X</b>		
18. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.	<b>X</b>		
19. Staff provide youth with clean bed linens at least once weekly, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.	<b>X</b>		
20. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
21. Staff sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.	X		
22. Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	X		
<b>C. Food</b>			
1. The facility's food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.	X		
2. Youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.		X	14 hours or more can elapse between dinner and breakfast, per schedule and per policy. Recommend changing to 12 hours to reflect most recent guidance from American Academy of Pediatrics.
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.		X	Team received numerous complaints from youth about quality and quantity of food, as well as lack of diversity in evening snacks. Facility follows federal school meal guidelines, which restrict caloric intake and types of foods that can be provided. See narrative report.
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.	X		Staff ate with youth in the dining hall, but in some units, staff ate at own table away from youth, as opposed to eating with youth. Recommend incentivizing staff to eat with youth.
5. The facility provides meals stored and served at safe temperatures.	X		
6. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).	X		There is an alternative menu, but it is very limited (if youth refuse a main course, the substitute is peanut butter or cheese on most days). The team also encountered one youth who had a medical condition who had waited over a week for a determination of a need for a special diet.
7. The facility adheres to youth's religious dietary laws and special timing of meals.	X		As mentioned above, limits on alternative menu.

Standard	Conforms	Does Not Conform	Findings and Comments
8. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	<b>X</b>		
9. Youth may obtain second servings of food.		<b>X</b>	No unless directed to for medical reasons.
10. Youth eat meals in a cafeteria or common area.	<b>X</b>		
11. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	<b>X</b>		
12. Youth may talk during meals absent immediate and temporary safety or security reasons.	<b>X</b>		
13. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.	<b>X</b>		
14. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.		<b>X</b>	The team observed a number of female residents taking an apple and peanut butter in lieu of the prepared lunch, with no inquiry as to why they chose not to take a tray.
<b>D. Temperature, Ventilation, and Noise</b>			
1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.	<b>X</b>		Team received reports of significant variations in temperature, particularly during hot or cold weather. Team encountered some areas of facility that were uncomfortably warm, which we understood to be long-standing problems with the physical plant.
2. There is adequate ventilation in indoor areas.	<b>X</b>		
3. Noise levels in the facility are comfortable and appropriate at all times.	<b>X</b>		
<b>E. Emergency Preparedness and Fire Safety</b>			
1. The facility has an emergency preparedness plan that includes, but is not limited to, fire and fire prevention, severe weather, natural disasters, disturbances or riots, national security emergencies, and medical emergencies. The plan covers:	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.		<b>X</b>	Facility emergency planning binder included facility schematic, but no diagram of exit routes.
b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.	<b>X</b>		
c. Agreements with other agencies or departments.	<b>X</b>		
d. Means of transportation to pre-determined evacuation sites and evacuation routes.	<b>X</b>		
e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.		<b>X</b>	Recommend including detail on transportation of essential medications in emergency plans.
f. Communication protocols among staff, as well as with outside agencies.	<b>X</b>		
g. Agreements with outside agencies that can provide medical and mental health services.	<b>X</b>		
h. Notification to families.	<b>X</b>		
i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.		<b>X</b>	Recommend including detail on meeting the needs of youth with mental illness or disabilities in emergency plans.
j. Meeting the needs of limited English proficient youth.		<b>X</b>	Recommend including detail on meeting the needs of limited English proficient youth in emergency plans.
k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	<b>X</b>		
l. Documentation that the local fire authority has reviewed the evacuation procedures.	<b>X</b>		
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training. <b>[Also listed at V(C)(4)(h)(3).]</b>		<b>X</b>	Facility has not conducted drills recently. Recommend resuming regularly scheduled drills.
3. All occupied areas of the facility have at least two means of egress.		<b>X</b>	All living units do not have two means of egress.

Standard	Conforms	Does Not Conform	Findings and Comments
4. The facility has identification and lighting of all exits, including during emergencies.	X		
5. The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.	X		
6. The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.	X		
7. The facility has smoke alarms in appropriate locations and in working condition.	X		
8. The facility has a sprinkler system in appropriate locations and in working condition.	X		
9. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.	X		
10. Staff are trained to use fire extinguishers and have documentation of such training.	X		
11. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	X		
12. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes:	X		
a. Documentation of how long it takes to unlock doors and complete the drill process.		X	Documentation of drills does not include unlocking time.
b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).	X		
c. Staff identification of emergency keys to unlock doors by touch and by sight.	X		
d. Practice clearing youth from the building at least one time per year.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
13. The administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.		X	Regular inspections by fire marshal, but no routine attendance at drills.
14. The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.	X		
15. First aid kits are immediately available and fully stocked with non-expired items.	X		
16. The facility has an automated external defibrillator (AED) on site and staff trained to use it. <b>[Also listed at V(C)(4)(g)(1).]</b>	X		
17. The facility has a plan for handling exposure to high-risk bodily fluids.	X		
18. Staff properly store and secure potentially hazardous or flammable items.	X		
<b>F. Lighting</b>			
1. Individual rooms have adequate lighting, sufficient for reading.	X		
2. The lights in youth's rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.	X		
3. Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.	X		
<b>G. Clothing and Personal Items</b>			
1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.	X		We recommend retiring the pink shirts for girls and replacing them with a more neutral color, particularly given the facility's history of making housing decisions regarding transgender youth.

Standard	Conforms	Does Not Conform	Findings and Comments
2. Youth wear their own underwear or the facility provides them with new underwear. The facility provides girls with bras and underwear that fit and are appropriate for females.	X		
3. The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.	X		
4. Youth receive outerwear that is appropriate to the season.	X		
5. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.	X		
6. The facility housing units have lockers or other storage for youth's clothing and personal items.	X		
7. The facility provides adequate and culturally appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).	X		Impressive array of items in commissary.
8. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).	X		
<b>H. Searches</b>			
1. The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. <b>[See also standard VIII(C)(1).]</b>	X		
2. Written procedures address each of the following:			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Intake searches include pat-downs, metal detector, or clothing searches. If the facility permits strip searches upon intake or visual body cavity searches, staff conduct them in accordance with applicable law.	<b>X</b>		Routine strip searches at intake for committed youth. Strip search justification can include nature of previous offenses as opposed to likelihood of youth possessing contraband. Recommend reconsidering routine strip searches, even if allowed under applicable law.
b. When staff search youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously supervised, they do so by a pat-down, metal detector, or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. <b>[See also standard III(C)(12).]</b>		<b>X</b>	Routine strip searches following family visitation. Recommend restricting strip searches to situations where there is reasonable suspicion that a youth is in possession of a weapon or contraband that cannot be detected through a less invasive search, as strip searches may be a deterrent for youth to attend visitation.
c. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.	<b>X</b>		No provision in policy requiring notification of parents or legal guardians.
d. Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.	<b>X</b>		
e. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the youth being searched except when such searches are performed by medical practitioners.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
f. Staff conducting strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.	X		
g. Staff document and provide written justification for all cross-gender searches.	X		
h. Staff document all strip and visual body cavity searches and supervisors review the rationale for appropriate basis.		X	No documentation of routine strip searches at intake and following visitation.
i. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth's genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)	X		
3. Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. <b>[Also listed at I(C)(6)(s).]</b>		X	
4. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.	X		
5. Staff search visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	X		
6. Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	X		
7. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	X		
<b>I. Cross-Gender Viewing and Privacy</b>			

Standard	Conforms	Does Not Conform	Findings and Comments
1. The facility enables youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.		<b>X</b>	Camera trained on SMU isolation room allows for full view of toilet. Area of cell should be obscured digitally or through some other means.
2. Staff of the opposite gender of the youth living there announce their presence when entering housing units.		<b>X</b>	The team did not observe consistency in knock and announce procedures while on site.
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.	<b>X</b>		
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing.	<b>X</b>		
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>J. Overcrowding and Adequate Living Space</b>			
1. The total population of the facility and the population per unit do not exceed maximum rated capacity.	<b>X</b>		
2. Living units are primarily designed for single occupancy sleeping rooms. If the facility has multiple occupancy rooms, those multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.	<b>X</b>		
3. Rooms are not occupied by more youth than the rated capacity allows.	<b>X</b>		
4. The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.	<b>X</b>		
5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	<b>X</b>		
6. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.	<b>X</b>		
7. Visual alarms are provided in addition to audible alarms.	<b>X</b>		
8. The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:	<b>X</b>		
a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them.		<b>X</b>	Grab bars as installed create opportunities for tie off points. Recommend replacing bars with bars that have a welded steel plate halfway down the bar, which are readily available from correctional supply outlets and which prevent opportunities to tie off.
b. Adequate floor space to permit access to the toilet.	<b>X</b>		
c. Flush valves and faucets that are operable without tight grasping, pinching, or twisting.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
d. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.	<b>X</b>		
e. Sinks with sufficient space for use by a youth in a wheelchair.	<b>X</b>		
9. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:	<b>X</b>		
a. Doorways that are wide enough to permit entry by youth in a wheelchair.	<b>X</b>		
b. Floor space that permits movement about the sleeping room and access to each of the room's features.	<b>X</b>		
c. A desk with space for use by a youth in a wheelchair	<b>X</b>		
d. A bed of a height that facilitates transfers to and from wheelchairs.	<b>X</b>		
e. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.		<b>X</b>	Grab bars as installed create opportunities for tie off points. Recommend replacing bars with bars that have a welded steel plate halfway down the bar, which are readily available from correctional supply outlets and which prevent opportunities to tie off.

# VII. Restraints, Room Confinement, Due Process, and Grievances

*Security and good order in a facility are best achieved when expectations are clear; the facility encourages compliance with rules through positive behavior interventions; staff are well-trained to help prevent and de-escalate crises; and there are positive relationships between youth and staff. This section addresses what happens when those protective factors are insufficient. This section includes the facility's rules for restraint, use of physical force, room confinement, discipline, provisions for due process, and disciplinary sanctions. This section also addresses the facility response to concerns and complaints by youth through an effective grievance process.*

## Key Definitions

**Chemical agent:** Any chemical spray, gas, or powder used to temporarily incapacitate a person, including oleoresin capsicum (pepper spray), tear gas, and 2-chlorobenzalmalonitrile gas.

**Chemical or medical restraint:** A form of medical restraint in which a drug is used to sedate or restrict the freedom of movement of a youth. The medication used is not a part of the youth's normal medical treatment.

**Crisis intervention:** A means of managing emergency situations.

**De-escalation techniques:** Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

**Developmental disability:** A severe, chronic condition with an onset before age 22 that is attributable to a mental impairment, physical impairment, or combination of mental and physical impairments; is likely to continue indefinitely; and results in substantial functional limitations. Developmental disabilities include, but are not limited to intellectual disabilities, attention deficit/hyperactivity disorders, cerebral palsy, and muscular dystrophy.

**Guardian:** An agency or an individual, other than the youth's parent, who is charged with caring for a child.

**Hogtying:** A prohibited restraint practice in which the youth's hands are cuffed or tied behind the back, the ankles are tied or shackled together, and the hands and ankles are then cinched together behind or in front of the youth.

**Intellectual disability:** A disability originating before the age of 18 characterized by significant limitation both in intellectual functioning and in adaptive behavior, which covers many everyday conceptual, social, and practical skills. This is the preferred term for individuals who, in the past, were described as having mental retardation.

**Limited English proficient (LEP):** Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. LEP individuals may be competent in English for certain types of communication (e.g., speaking or understanding), but may be LEP for other purposes (e.g., reading or writing).

**Mechanical restraint:** Any device attached to a youth's body that restricts freedom of movement or normal access to his or her body.

**Normal adolescent behavior:** Actions and reactions of youth in the period of development between childhood and adulthood characterized by increased experimentation and risk-taking, an inability to appreciate long-term consequences, a heightened sensitivity to peers and other social influences, and a tendency to challenge authority figures.

**Pain compliance techniques:** Restraint methods in which staff cause significant physical discomfort as the primary method of controlling youth, including holds that result in an abnormal rotation, extension, or flexion of a joint.

**Physical force:** Intentional physical contact between staff and youth to protect a youth from harming himself, herself, or others, or to stop a youth who presents an imminent danger of escape, in accordance with institutional policies.

**Protection and advocacy agency:** An entity established by section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043) to help protect the rights of individuals with disabilities.

**Qualified medical professional:** An individual licensed to provide medical services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Qualified mental health professional:** An individual licensed to provide mental health services in accordance with state law and who has adequate education, training, and experience to perform the duties required in accordance with professional standards.

**Room check:** The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

**Room confinement:** The involuntary restriction of a youth alone in a cell, room, or other area.

**Trauma:** An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

**Use of physical force or restraint incident:** Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

**Voluntary time-out:** A brief period of time in a youth's room or other space at the request of the youth.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Use of Physical Force, Restraints, and Chemical Agents</b>			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that:			
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, and the facility's continuum of methods of control. <b>[Also listed at V(C)(4)(d)(3).]</b>	<b>X</b>		
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for use of physical force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. <b>[Also listed at V(C)(4)(d)(6).]</b>	<b>X</b>		
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures in order to prevent physical harm to the youth or others.	<b>X</b>		
d. Only staff specifically trained in the use of physical force and mechanical restraints are permitted to use such techniques or devices. Staff only use approved techniques or devices.	<b>X</b>		
2. Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others. Staff may use approved physical force techniques when a youth is engaging in property destruction that involves an imminent threat to the youth's safety or the safety of others.	<b>X</b>		
b. The only mechanical restraints that staff may use in the facility are handcuffs.		<b>X</b>	Staff may also use leg shackles and waist belts.
c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.	<b>X</b>		
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.		<b>X</b>	Staff routinely use leg shackles during transportation.
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	<b>X</b>		
f. Staff never leave youth who are sleeping in restraints.	<b>X</b>		
g. Staff never leave youth who are in restraints alone.	<b>X</b>		
3. The facility develops and implements written policies, procedures, and actual practices to prohibit:			

Standard	Conforms	Does Not Conform	Findings and Comments
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.		X	Leg shackles are also authorized.
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	X		
c. Use of chemical agents, including pepper spray, tear gas, and mace.		X	Pepper spray is available in the facility.
d. Use of chemical or medical restraints.		X	Pepper spray is available in the facility.
e. Use of pressure point control and pain compliance techniques at the facility.	X		
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	X		
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.	X		
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	X		
i. Restraining youth to fixed objects, including beds or walls.	X		
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.		X	Staff restrain youth in a prone position with the youth on his or her stomach.
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	X		
l. Use of belly belts/chains or leg shackles on pregnant girls.	X		
4. Facility staff document all use of physical force or restraint incidents, including:			
a. Name of youth.	X		
b. Date and time physical force or restraints were used on youth.	X		
c. Date and time youth were released from restraints.	X		
d. The person authorizing placement of the youth in restraints.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
e. A description of the circumstances leading up to the use of physical force or restraints.		X	Incident reports begin with the confrontation or misbehavior, and generally do not describe what events led up to the incident.
f. The staff involved in the incident.	X		
g. Any youth or staff witnesses.	X		
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	X		
i. The type of physical force or restraints used and a description of how they were applied.	X		
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.		X	Contacts with medical professionals are part of incident reports. Information on contacts or follow up with mental health professionals is generally not part of incident reports. That information is kept in a different place.
5. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.	X		
6. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.		X	Information and documentation from medical professionals is part of incident reports. Information and documentation from mental health professionals is generally not part of incident reports. That information is kept in a different place.
7. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.		X	Incident reports document debriefings with staff and supervisors following some incidents but not all. Mental health professionals are not involved in the debriefings.

Standard	Conforms	Does Not Conform	Findings and Comments
<p>8. Staff notify the youth’s parents or guardians and the youth’s attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.</p>		X	<p>Staff do not notify parents, guardians, attorneys or the protection and advocacy agency.</p>
<p>9. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. <b>[See also standard VII(B)(11).]</b></p>		X	<p>The facility maps all physical force, restraint, and room confinement incidents. The reports do not include whether the youth had an identified mental health disorder or developmental or intellectual disability. The data are not disaggregated by race, ethnicity, gender, special education status, and limited English proficient status.</p>
<p>10. A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.</p>	X		
<p>11. Mental health providers for the facility review incidents, discipline, and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff’s response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.</p>	X		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>B. Room Confinement</b>			
1. Written policies and procedures in the facility set forth the following principles for the use of room confinement.			
a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.	<b>X</b>		
b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.	<b>X</b>		
c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.	<b>X</b>		
d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.	<b>X</b>		
e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.	<b>X</b>		
f. While youth are in room confinement, staff follow a protocol that:			

Standard	Conforms	Does Not Conform	Findings and Comments
(1) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.	<b>X</b>		
(2) Requires staff to secure the approval of increasingly senior administrators as the length of time in room confinement increases.	<b>X</b>		
(3) Clearly describes how and when to involve qualified medical and qualified mental health professionals.	<b>X</b>		
(4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.	<b>X</b>		
(5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.	<b>X</b>		
g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility. [ <b>See also standard VII(B)(2).</b> ]		<b>X</b>	Staff place youth in room confinement for longer than four hours.
h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).	<b>X</b>		
i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
2. Staff develop special individualized programming for youth with persistent behavior problems that threaten the safety of youth or staff or the security of the facility. Staff do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:	X		
a. Development of an individualized plan to improve the youth's behavior, created in consultation with the youth, mental health staff, and the youth's family members.	X		Staff include the family in development of the youth's case plan. Staff do not include the family in development of the youth's individual behavior plan.
b. The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.		X	The plan does not include the causes and purposes of the negative behaviors.
c. In-person supervision by and interaction with staff members.	X		
d. In-person provision of educational services.		X	Provision of educational services is inadequate.
e. Involvement of the youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.	X		
f. A guarantee that the youth will not be denied any of his or her basic rights. <b>[See also standard VII(E)(6).]</b>	X		
g. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.	X		
3. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.	X		
4. Designated areas used for room confinement are suicide-resistant and protrusion-free.	X		
5. Facility staff document all incidents in which a youth is placed in room confinement, including:			
a. Name of the youth.	X		
b. Date and time the youth was placed in room confinement.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
c. Name and position of the person authorizing placement of the youth in room confinement.	X		
d. The staff involved in the incident leading to the use of room confinement.	X		
e. Documentation of required checks of youth at regular but staggered intervals, including the youth's behavior and temperament at each interval.	X		
f. Date and time the youth was released from room confinement.	X		
g. Description of the circumstances leading to the use of room confinement.	X		
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	X		
i. The incident reports describing the incident that led to the period of room confinement.	X		
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.	X		
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.	X		
7. Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.		X	Staff do not notify parents, guardians, attorneys or the protection and advocacy agency.

Standard	Conforms	Does Not Conform	Findings and Comments
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.	X		
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.	X		
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	X		
11. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. <b>[See also standard VII(A)(9).]</b>		X	The facility maps all physical force, restraint, and room confinement incidents. The reports do not include whether the youth had an identified mental health disorder or developmental or intellectual disability. The data are not disaggregated by race, ethnicity, gender, special education status, and limited English proficient status.
12. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>C. Voluntary Time Outs</b>			
1. Staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth's request. Youth are not locked in their room or another room when taking a voluntary time out.	<b>X</b>		
2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.	<b>X</b>		
<b>D. Due Process and Discipline</b>			
1. Staff post the rules of the institution in all living units.	<b>X</b>		
2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility's positive behavior management system. <b>[See also standards IV(D).]</b>	<b>X</b>		
3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decisionmaker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.	<b>X</b>		
a. Significant loss of privileges, such as temporarily suspending a youth's ability to advance to a higher level in the facility's behavior management program or limiting his or her ability to enjoy certain privileges for a period of time.	<b>X</b>		
b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.	<b>X</b>		
c. Use of room confinement for discipline, if it has not yet been abolished.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
4. Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.	X		
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	X		
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: <b>[See also standard VII(B)(2)(f).]</b>	X		
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	X		
b. Full meals and evening snacks.	X		
c. A full complement of clean clothes.	X		
d. Visits with approved visitors and the youth's attorney.	X		
e. Personal hygiene items.	X		
f. Daily opportunity for exercise.	X		
g. Telephone contacts with approved individuals and the youth's attorney.	X		
h. The right to receive and send mail.	X		
i. A regular daily education program.	X		
j. Access to medical and mental health services.	X		
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	X		
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	X		
m. Clean and sanitary living conditions.	X		
n. Access to reading materials.	X		
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.	X		

Standard	Conforms	Does Not Conform	Findings and Comments
<b>E. Corporal Punishment</b>			
1. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<b>X</b>		
<b>F. Grievances and Reporting Procedures</b>			
1. The facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.	<b>X</b>		See narrative report Safety section regarding concerns around reporting to outside entities.
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	<b>X</b>		See narrative report Safety section regarding concerns around reporting to outside entities.
3. The facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.	<b>X</b>		
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.		<b>X</b>	The formal grievance procedure is unnecessarily complex and needlessly requires youth to file specialized complaints on certain issues.
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	<b>X</b>		
6. The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:	<b>X</b>		But see 4 above.

<b>Standard</b>	<b>Conforms</b>	<b>Does Not Conform</b>	<b>Findings and Comments</b>
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	<b>X</b>		
b. Grievance forms use easy-to-understand language and are simple in their design.	<b>X</b>		
c. Youth are able to report grievances verbally and in writing.	<b>X</b>		
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	<b>X</b>		
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms, and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	<b>X</b>		
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	<b>X</b>		
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.		<b>X</b>	There is no provision in the grievance system for emergency consideration of this issue. Youth need to talk to facility staff directly if they are at risk of imminent harm.
10. The facility does not include time limits on when youth can file grievances.		<b>X</b>	Grievances must be filed within 15 days of the event that is the subject of the grievance.
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
12. The facility permits third parties, including family members, attorneys, and outside advocates, to file grievances on behalf of youth.		X	Third parties may file complaints about PREA issues, but not on other issues through the grievance system.
13. The facility provides information to third parties on how to submit grievances on behalf of youth.		X	
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	X		
15. Facility administrators ensure that youth receive no reprisals for using grievance procedures.	X		
16. Facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.	X		The Grievance Coordinator or supervisors investigate all grievances that do not pertain to issues that have separate grievance or appeal mechanisms and that are filed within 15 days of the event that is the subject of the grievance.
17. Facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.		X	Grievances are often responded to within three days, but resolution of grievances usually takes longer.
18. Youth receive responses to their grievances that are respectful, legible, and that address the issues raised.	X		
19. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.	X		
20. If staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.	X		Facility administrators take appropriate action when a grievance is found to be valid. There was no information on any situations in which administrators provided counseling, retraining, reprimand, discipline, or termination of an employee in response to a grievance.
21. Facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.	X		

<b>Standard</b>	<b>Conforms</b>	<b>Does Not Conform</b>	<b>Findings and Comments</b>
22. Facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status, and limited English proficient status for patterns or trends.		<b>X</b>	
23. Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.	<b>X</b>		

## VIII. Safety

*Although safety is the last section of this assessment tool, physical and emotional safety for youth and staff is the overarching principle underlying all of the other sections. This section identifies the facility's responsibilities to protect youth and staff, respond quickly and appropriately when incidents occur, provide support to alleged victims, and investigate allegations of misconduct.*

### Key Definitions

**Crisis intervention:** A means of managing emergency situations.

**Guardian:** An agency or an individual, other than the youth's parent, who is charged with caring for a child.

**Room check:** The act of physically viewing a youth in his or her room, assessing his or her safety, and taking any needed action(s) based on the observations.

**Sexual abuse:** The definition of sexual abuse varies among jurisdictions due to differences in criminal laws. The definition of sexual abuse in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution

**Sexual harassment:** The definition of sexual harassment varies among jurisdictions due to differences in criminal laws. The definition of sexual harassment in the Prison Rape Elimination Act juvenile facility standards appears at 28 CFR § 115.5. This term does not include consensual sexual contact between youth, although facilities may prohibit such behaviors per the rules of the institution.

**Trauma:** An event or events in which the individual experiences the actual or perceived threat of death or bodily violation, directly or as a witness, as a result of acts of commission or omission by other persons.

Standard	Conforms	Does Not Conform	Findings and Comments
<b>A. Youth Safety</b>			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)	<b>X</b>		
2. All staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.		<b>X</b>	Grievances that include alleged sexual misconduct or physical abuse are not consistently reported to DHHS, nor are some allegations that lead to internal investigations. Recommend reviewing mandated reporter statutes to clarify what allegations require a mandated report of child abuse and by whom.
3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.	<b>X</b>		
4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:	<b>X</b>		
a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.	<b>X</b>		
b. Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.		<b>X</b>	Only for current residents or residents released within the past year. Recommend prohibiting contact unless required by official duties.
c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.		<b>X</b>	Undue familiarity policy does not explicitly address social media. Recommend including guidelines and rules on appropriate response.

Standard	Conforms	Does Not Conform	Findings and Comments
d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.		X	Undue familiarity policy does not explicitly address social media. Recommend including guidelines and rules on appropriate response.
5. Written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility's approach to preventing, detecting, and responding to such conduct.	X		Written policy exists, but the team had several concerns about how the policy was put into practice. See narrative report.
6. The facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.	X		
7. Youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.		X	<p>Many youth reported feeling safe per exit surveys and interviews, but some youth clearly feared for safety. Team observed some youth being shadowed by staff and not programming with other youth because of fear of assaults by other residents. Facility averaged approximately 18 resident-on-resident assaults or fights per month. Physical plant and staffing issues contribute to opportunities for assault.</p> <p>Team also had concerns about treatment of LGBTQ/GNCT youth following review of grievances, interviews with youth and staff, and observations at the facility. Recommend additional training and policy and practice changes outlined in narrative report.</p>
8. Youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.		X	Recommend clarifying outside reporting avenue for sexual abuse. Team reviewed many grievances with 10 days or more between date filed and response, and many with 5 or more days between date filed and receipt. Many youth reported not trusting the grievance process, although grievances were thoroughly investigated, as described above.

Standard	Conforms	Does Not Conform	Findings and Comments
9. The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.	<b>X</b>		
10. Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	<b>X</b>		
11. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).	<b>X</b>		
12. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).	<b>X</b>		
13. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.		<b>X</b>	See concerns above regarding LGBTQ/GNCT youth.

Standard	Conforms	Does Not Conform	Findings and Comments
14. Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.	X		
15. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.	X		
<b>B. Staff Safety</b>			
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker's compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.	X		
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	X		Facility relies on response team to respond to incidents. As described above, facility has many new staff who do not have experience or skill of senior staff to manage behavior.
3. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma and job stress in a healthy way.	X		
4. The facility offers support services to staff who have been injured on the job.	X		
5. Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.		X	Does not occur.
<b>C. Weapons and Contraband</b>			
1. The facility has adequate security measures to ensure that youth, staff, and visitors cannot bring weapons or contraband into the facility. <b>[See also standards VI(H).]</b>	X		

Standard	Conforms	Does Not Conform	Findings and Comments
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	<b>X</b>		Recommend introducing metal detector or other security measures for youth participating in vocational and technical programs as added measure of security.
<b>D. Investigations</b>			
1. The facility's written policies, procedures, and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities. <b>[See also standards V(E).]</b>	<b>X</b>		
2. Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.		<b>X</b>	The team was told that notifications to parents would be made, but policy provides that decision would be made by Attorney General's Office ("Upon receiving an allegation that a resident under the age of 18 was subjected to sexual misconduct, the Chief Administrative Officer, or designee, shall contact the Department's legal representative in the Attorney General's Office for advice on whether or not to notify the resident's parent(s) or legal guardian or attorney.") Recommend revising policy and ensuring actual practice requires notifications. Additionally, attorneys are not routinely notified. Recommend revising policy and ensuring actual practice requires notification to attorneys.
3. The facility's written policies, procedures, and actual practices ensure that allegations of sexual abuse or harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Additional detail on PREA compliance at 28 CFR § 115.322.)	<b>X</b>		Policy and first responder duties document use definitions from the Survey of Sexual Victimization (e.g., sexual misconduct and abusive sexual contact). Recommend revising to include definitions from the PREA standards.
4. For allegations of sexual abuse, the facility transports youth to a location that (Additional detail on PREA compliance at 28 CFR § 115.321.):			

Standard	Conforms	Does Not Conform	Findings and Comments
a. Offers forensic medical examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	<b>X</b>		
b. Employs a uniform evidence collection protocol that is developmentally appropriate for youth.	<b>X</b>		
c. Provides youth with victim advocacy services to support the youth through the medical examination and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.	<b>X</b>		
5. The facility has written policies, procedures, and actual practices that ensure that staff know what to do if they are the first responders to a crime in order to preserve evidence and protect youth. (Additional detail on PREA compliance at 28 CFR § 115.364.)	<b>X</b>		Policy limits evidence preservation activities to 72 hours, when modern evidence collection techniques could obtain evidence up to a week or more following incident. Recommend consulting with medical professionals about appropriate time frame for evidence collection.
6. The facility has a written plan to coordinate actions taken in response to alleged sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility administrators.	<b>X</b>		See comment above regarding definitions.
7. When facility staff conduct their own investigations, they do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. (Additional detail on PREA compliance at 28 CFR § 115.371.)	<b>X</b>		
8. Staff alleged to be involved in an incident do not conduct the investigation.	<b>X</b>		
9. Investigators gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of abuse involving the suspected perpetrator.	<b>X</b>		
10. Facility investigators do not terminate an investigation solely because the source of the allegation recants the allegation or because the alleged abuser or victim departs from the employment or control of the facility.	<b>X</b>		

Standard	Conforms	Does Not Conform	Findings and Comments
11. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	X		
12. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) <b>[Also listed at V(C)(9).]</b>	X		
13. Facility investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the person's status as youth or staff. Investigators do not require youth to submit to a polygraph examination or other similar examination as a condition for proceeding with the investigation of such an allegation.	X		
14. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation, or neglect or violation of responsibilities. This includes a failure to report observed misconduct involving these situations by coworkers.	X		
15. Facility investigators document findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	X		
16. When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation.	X		
17. The agency does not impose a higher standard than a preponderance of the evidence in determining whether allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities are substantiated.	X		

<b>Standard</b>	<b>Conforms</b>	<b>Does Not Conform</b>	<b>Findings and Comments</b>
<p>18. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.</p>	<p><b>X</b></p>		
<p>19. Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)</p>	<p><b>X</b></p>		

Standard	Conforms	Does Not Conform	Findings and Comments
<p>20. Following a youth's allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the youth's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing.</p>	X		
<p>21. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) <b>[Also listed at V(D)(8).]</b></p>	X		
<p>22. Following a youth's allegation that he or she has been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever: (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility.</p>	X		

<b>Standard</b>	<b>Conforms</b>	<b>Does Not Conform</b>	<b>Findings and Comments</b>
<p>23. The facility has written policies, procedures, and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation, and neglect or violation of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)</p>	<p><b>X</b></p>		
<p>24. The facility has a quality assurance process for its investigations and a system of continuous quality improvement.</p>	<p><b>X</b></p>		