



***L. Robert Rivarde Detention Center
Self-Assessment***

**Jefferson Parish
Children & Youth Planning Board**

**Juvenile Detention Alternatives
Initiatives Committee**

Ashley DeMouy & John S. Ryals, Jr.

September 30, 2010

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ACKNOWLEDGEMENTS

On behalf of the Jefferson Parish Children & Youth Planning Board (CYPB) and the Department of Juvenile Services, the authors would like to express appreciation and gratitude to the following employees and citizens who made this self-assessment possible. Each person has gone above and beyond the call of their duties to establish a framework for improving the conditions of confinement in Jefferson Parish. Without their dedication and commitment to excellence, this would not have been possible.

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**L. Robert Rivarde Detention Center
Self-Assessment Results**

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Introduction

In July 2007, Jefferson Parish was selected by the Annie E. Casey Foundation as a site for the Juvenile Detention Alternatives Initiative (JDAI). The eight interconnected core strategies of JDAI are:

- Collaboration
- Data-Driven Decisions
- Objective Admissions Criteria and Instruments
- Non-Secure Alternatives to Detention
- Case Processing Reforms
- Special Detention Cases
- Reducing Racial Disparities
- Conditions of Confinement

Through the work of the Jefferson Parish Children & Youth Planning Board JDAI Committee, these core strategies have been targeted leading to substantial improvements in each of these areas.

This report reflects Jefferson Parish's commitment to reforming detention processes by holding its detention facility to comprehensive standards developed by the Annie E. Casey Foundation. The process utilized in performing this Self-Assessment is detailed here to provide guidelines for future self-assessments in Jefferson Parish and for jurisdictions in the planning phases of detention self-assessment.

Purpose

The purpose of the L. Robert Rivarde Detention Center Self-Assessment is to uphold the commitments of the Jefferson Parish Children & Youth Planning Board (CYPB) and Department of Juvenile Services to juvenile justice reform. Through its annual comprehensive planning process, the CYPB tasked the JDAI Committee with several objectives related to the JDAI core principles:

- To develop an objective detention risk assessment instrument
- To establish and maintain meaningful data collection strategies regarding detention utilization
- To utilize national and local resources to educate juvenile justice agencies about disproportionate minority contact
- To utilize data to develop and implement alternatives to detention
- To assess and improve conditions of confinement in the detention facility

The Jefferson Parish Department of Juvenile Services, the governmental agency responsible for the operation of the detention facility, is also currently engaged in juvenile justice reform through the John D. and Catherine T. MacArthur Foundation's Models for Change initiative. Through this simultaneous effort, the Department is in its third year of advancing several areas spanning the juvenile justice continuum. Among these areas are implementation of evidence-based

practices, utilization of valid and reliable screening and assessment instruments, development of alternatives to formal processing, improving probation practices, and implementing initiatives to reduce disproportionate minority contact.

In addition to local reform efforts, Louisiana passed legislation at the 2010 Regular Session concurring with detention reform. Act 863, signed by Louisiana Governor Bobby Jindal June 30, 2010, established the policy “that all juvenile detention facilities provide temporary, safe, and secure custody of juveniles during the pendency of juvenile proceedings, when detention is the least restrictive alternative available to secure the appearance of the juvenile in court or to protect the safety of the child or the public.” Further, this act provides “for the establishment of statewide standards for juvenile detention facilities, to ensure maintenance of these standards, and to regulate conditions in these facilities through a licensing program.” (See Appendix 4.)

Reflective of ongoing progress, the detention facility is engaged in significant improvements to the physical plant including repairs to plumbing, roof, and interior flooring. These improvements are the result, in large part, of a detention self-assessment performed in 2008.

Self-Assessment Process

This self-assessment process was initiated by the Jefferson Parish Children & Youth Planning Board JDAI Committee as a continuing effort to improve conditions of confinement. Following the self-assessment performed in 2008, the CYPB established a framework for a bi-annual re-assessment. This process was initiated in 2010.

An initial planning meeting was held in March 2010 to discuss the self-assessment process. Key outcomes from this meeting were the development of self-assessment procedures, optimization of personnel resources, and notification of the Detention Home Supervisor. In particular, procedures were developed to build on lessons learned from the 2008 self-assessment. Included among these procedures were training of volunteers, use of a standardized reporting format, and establishment of a timeline. Volunteers from a variety of stakeholder agencies were determined to be the most appropriate assessors due to the variety of education and experience with youth.

In April 2010, the JDAI Committee presented the plan to the CYPB and solicited individuals interested in volunteering to be assessors. The CYPB has been recognized across Louisiana for its inclusion of a broad array of stakeholders. The JDAI Committee sought to engage these stakeholders to assure a more comprehensive self-assessment process.

In the early days of May 2010, a two-hour training was held for 25 volunteers. The training was based on JDAI Self-Assessment training provided by Mark

Soler from the Children's Center for Law and Policy. Training covered the following topics:

- **Purpose of Self-Assessment:** Included in this topic were:
 - Improving quality of detention for the well-being of youth
 - Bringing focus onto conditions of confinement
 - Insuring uniform standards for the detention facility
 - Establishing higher standards for practices/policies that embody best practice professional standards
 - Establishing the L. Robert Rivarde Detention Center as a model facility in the state
 - Illustrating values of JDAI

To emphasize the importance of the self-assessment process, two poignant perspectives were presented to participants and stakeholders. First, stakeholders were asked to consider whether they would want their own children to be detained in the facility. Second, participants were reminded that youth who are detained, even for a single day, have poorer outcomes than youth who are not detained.

- **JDAI Overview and Guiding Principles:** Key concepts presented were:
 - Public officials are legally responsible for ensuring adequate conditions
 - Crowding has a negative impact on other conditions
 - Leadership at multiple levels is essential to improve conditions
 - Assessments should focus on best professional practices
 - Attitudes are an important part of changing conditions
 - Adolescent development needs must be taken into account for detained youth
- **Preparing for Self-Assessment:** A tangible approach to the assessment process included universally applicable procedures, such as document reviews, interview techniques, and observation procedures. Teams were encouraged to be comprised of “insiders” - volunteers who are closely associated with the facility, and “outsiders” - volunteers who have experience with youth organizations, but are not closely associated with the facility. As such, the teams benefitted from a broad range of experiences and backgrounds.

- **C.H.A.P.T.E.R.S. Overview:** Volunteer assessors were presented with the organization of the JDAI standards. Specifically, the acronym CHAPTERS was described where each letter corresponds to a component of detention operations as follows:

 - C**-Classification and Intake

 - H**-Health Care

 - A**-Access Issues

 - P**-Programming

 - T**-Training and Supervision of Employees

 - E**-Environmental Issues

 - R**-Restrains, Grievances, Isolation and Due Process

 - S**-Safety

- **Team Composition and Selection:** To ensure equitable distribution of standards, seven teams were formed using the following rubric:

 - Team 1:Classification and Access

 - Teams 2 & 3:Health Care

 - Team 4:Programming

 - Team 5:Training & Safety

 - Team 6:Environmental Issues

 - Team 7:Restrains

Each three-member team was responsible for approximately 45 standards with an estimated time investment of 3-5 days.

- **Determination of Standard Conformance:** A critical lesson learned from the 2008 Self-Assessment was the need to clarify the conditions under which standards conformed. Several standards contain more than one condition for conformance. Also, assessors often were side-tracked from assessing actual standards to focusing on tangential topics. These pitfalls were averted by informing team members to adhere to the content of the standard as it is written.

- **Confidentiality and Minimal Intrusiveness:** Team members were informed that they were to maintain confidentiality throughout the assessment process. Each member was required to sign a confidentiality agreement. All materials were to be turned in to self-assessment coordinators including notes, standard sheets, forms collected, and any other items containing specific information. In addition, trainers stressed to assessors that their role was that of an auditor, rather than as a consultant or advocate. Team members were also informed they were not to interfere with staff members while performing their duties. For example, team members should not interview a direct care worker in the process of escorting youths from one area to another.

Before concluding the initial training, volunteers formed teams by choosing the topics they were most interested in. Follow-up meetings were scheduled with each newly formed team to discuss specific standards for each topic.

Follow-up trainings were held over a 5-day period in late May 2010. The content of these trainings focused on the details of each standard under the team topics. A follow-up training was held for each of the seven teams and was attended by only members of that team. The purpose of this targeted approach was to maintain team members' focus on only the standards under their sections rather than inundating all volunteers with an exhaustive list of all standards. Team members were given the option to decide on the team's approach to performing the self-assessment. The options were:

- Divide the standards into equal parts for each member to perform observations, interviews, and review documentation.
- Each member of the team was responsible for observing, interviewing, or reviewing documentation for all standards.

The Detention Home Supervisor and the detention center staff were notified that the teams were scheduled to perform site visits throughout the month of June. Given advanced notice, the detention home staff was prepared for the visits. Staff members were encouraged to make every effort to answer team members' questions and provide the information requested.

Following site visits, each team was given two weeks to report their results. Reports consisted of a list of each standard indicating conformance or non-conformance, a statement of how the standard did not conform, and a summary of the number and percent of conforming and non-conforming standards.

Once reports from team members were collected by self-assessment coordinators, a report was constructed to provide to the Detention Home Supervisor and Director of the Department of Juvenile Services. Upon completion of this report, the self-assessment coordinators presented the results to the Director and Detention Home Supervisor. Key elements included in the report were the establishment of a baseline for future self-assessments, development of a standardized methodology for future self-assessments, identifying specific recommendations for improving conformance, and a listing of standards not meeting criteria for conformance.

This report, upon approval by the Director, shall be incorporated into the Annual Comprehensive Plan for the Jefferson Parish Children & Youth Planning Board and presented to the Children & Youth Planning Board.

Timeline

Task	Month Scheduled							
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Hold Planning Meeting	x							
Solicit Volunteers from CYPB		x						
Hold Initial Training			x					
Hold Individual Group Trainings			x					
Perform Detention Assessments				x				
Team Reports Due					x			
Overall Report Due						x		
Remediation Report Due							x	
Begin Implementation								x

Results

Results from this self assessment were as follows:

Total Number of applicable JDAI Standards:	532*
Number of Conforming Standards:	200 (38%)
Number of Non-Conforming Standards:	332 (62%)

*Standards with sub-parts (a., b., c., etc.) were counted separately.

A list of all non-conforming standards and the justification for non-compliance is contained in Appendix 1.

Remediation Plan

In order to immediately impact the rate of standard conformance, a list of recommended actions is included in Appendix 2. The list is divided into:

- Form Revisions
- Policy Revisions
- Records/Files Required
- Trainings Required

Each section is further divided into the areas the standards are organized by. It was estimated that implementing these recommended actions would increase compliance from 38% to 69%.

Upon receipt of the results of the self-assessment, the Detention Home Manager reviewed the results and constructed a remediation plan. This plan is contained in Appendix 3.

Lessons Learned

Important lessons were learned during this self-assessment process that may be helpful for future detention self-assessments. These lessons learned will also assist other jurisdictions in planning and implementing self-assessments regardless of the standards used.

Planning and Timeline

Plan for attrition. Team members, regardless of their level of dedication, maintain busy schedules. It is important to inform team members that if any member does not complete their assignments, the other team members will need to complete these assignments.

Provide ample time and use a timeline with due dates. Volunteers responded well to the timeline because it provided them with enough time to schedule site visits. Trainers were sensitive to the busy schedules of volunteers and the timeline was developed accordingly. Due dates were important to establish a timeframe for completion of self-assessment tasks.

Training

Structure training to maintain active participation. The format of the training worked well when general self-assessment principles and guidelines were presented to everyone. Individual team trainings were conducted separately. Volunteers were attentive throughout the training sessions.

Include a wide range of stakeholders. Volunteers reflected the variety of stakeholders participating in the Children & Youth Planning Board. This variety of perspectives contributed to the success of the assessment process. Volunteers ranged from community representatives to agency administrators with disciplines from mental health to grant writing.

Structured Approach

Structure tasks with clear definitions and objectives. Tasks and objectives were clear and concise. Volunteers had a clear understanding of their objectives and needed little additional effort to begin site visits. An important lesson learned from the previous self-assessment process held at this facility was that team members needed more clarity regarding the self-assessment process. Using a structured implementation approach provided more clarity, which enabled team members to focus on standards rather than tangential issues.

Anonymity of Team Members

Maintain anonymity of team members. Team members were informed that their participation on any particular team would not be published in a final report. Anonymity assured that team members and the agency they represent were not linked to any specific findings. This enabled team members to perform their respective duties with minimal concern for secondary impacts of the results.

APPENDIX 1

I. CLASSIFICATION SYSTEM AND INTAKE	
<p>Detention is a 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, mental health, and physical needs. The Classification section addresses these “front end” considerations, including intake, criteria concerning 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.</p>	
A. Specific Detention Limitations	
3.	<p>There are written limitations on lower and upper ages for detention in the facility, and in no case may a youth under the age of 12 be held in the facility.</p>
<p><i>Justification: Policy stated 10-17 year olds, but practice has included 9 year olds at the low end and 20 year olds at the high end.</i></p>	
7.	<p>Prior to the admission of a youth with disabilities (e.g., physical, visual, auditory, developmental, or intellectual) the facility and its educational program document that the physical plant can accommodate the youth, and the facility's programming can adequately address that 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 handle youth with disabilities.</p>
<p><i>Justification: There were some procedures in place to accommodate youth with disabilities (i.e., Alternatives to Detention). However, such accommodations were not written in policy.</i></p>	
B. Intake	
4.	<p>For youth with limited English proficiency, arrangements are made for intake to be conducted in the youth's native language in a timely manner.</p>
<p><i>Justification: There was no policy for limited English-proficient youth to receive translation services. In addition, translation service is only available through Spanish-speaking employees from other departments. Youth in need of translation services other than Spanish or when other employees are not available did not have access to translation services. The Department of Juvenile Services has a contract for translation services; however, these services are not used by the facility.</i></p>	
5.	<p>When communicating with parents of detained youth, staff do not rely on youth to serve as interpreters.</p>
<p><i>Justification: The facility has used youth to translate for parents. There was no policy against this practice.</i></p>	
C. Detention Process	
1.	<p>Staff screen youth to identify immediate individual issues, such as intoxication or injury, and collect information about the youth's family, education status, delinquency history.</p>
<p><i>Justification: Screen did not include family history, education history, or delinquency history. The current screening form did not contain all the elements required by this standard.</i></p>	

2. Intake/admission interviews occur in a private setting.
<i>Justification: Intake interviews were performed in an open area.</i>
3. Staff ask youth about any disabilities and provides necessary auxiliary aids or services to youth.
<i>Justification: There was nothing on the screening form about disabilities. There was no policy regarding asking youth about disabilities upon intake screening.</i>
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Youth are offered food regardless of their time of arrival.
<i>Justification: Policy was one phone call or as many needed to contact someone. Once someone is contacted, the youth has no additional phone call. Youth received a shower, documented secure storage for personal belongings, and were offered food at any time of arrival.</i>
5. At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules, and procedures including:
a. Identification of key staff and roles.
<i>Justification: This was not on the written orientation sheet.</i>
b. Rules on contraband and facility search policies.
<i>Justification: Contraband was mentioned on the orientation sheet, but search procedures were not. Also, these topics were in the policy manual, but the youth did not know about it.</i>
c. A review of behavior expectations, consequences that may result when youth violate the rules of the facility, and due process protections.
<i>Justification: This was not on the written orientation sheet.</i>
e. Access to emergency and routine health and mental health care.
<i>Justification: Access to mental health care was not on the written orientation sheet.</i>
f. Housing arrangements.
<i>Justification: This was not on the written orientation sheet.</i>
g. Opportunities for personal hygiene.
<i>Justification: This was not on the written orientation sheet.</i>
h. Rules on visiting, correspondence, and telephone use.
<i>Justification: This was not on the written orientation sheet.</i>
i. Access to education, religious services, programs, and recreational materials.
<i>Justification: This was not on the written orientation sheet.</i>
j. Policies on use of force, restraints, and isolation.
<i>Justification: This was not on the written orientation sheet.</i>
k. The positive behavior incentive system.
<i>Justification: This was not on the written orientation sheet.</i>
l. Emergency procedures.
<i>Justification: This was not on the written orientation sheet.</i>
m. The right to be free from physical, verbal, or sexual assault by other youth or staff.
<i>Justification: This was not on the written orientation sheet.</i>

o. Nondiscrimination policies.
<i>Justification: This was not on the written orientation form.</i>
6. Information is provided 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.
<i>Justification: Although the policy manual said the information would be provided to the youth, the youth interviewed reported they did not receive any information. Staff reported the information is verbally reviewed with the youth, but not reading level-appropriate and not translated.</i>
E. Classification Decisions
1. Housing and programming decisions are made in accordance with written classification policies. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.
<i>Justification: Two staff members reported that housing and programming decisions are practiced but not in written policy. Also, they reported no review of the process by the agency administrator. There was no documentation of an administrative review of classification policies.</i>
2. Classification policies require consideration of potential safety concerns in housing and programming decisions, including:
a. Separation of younger from older youth.
<i>Justification: Although this was practiced and the youth interviewed felt safe, the policy was vague regarding this standard.</i>
c. Separation of violent from non-violent youth.
<i>Justification: There was no policy reflecting this standard and the agency practice was to separate violent from non-violent youth as much as possible.</i>
d. Maturity.
<i>Justification: This was not reflected in policy.</i>
g. Alleged sex offenses.
<i>Justification: Youth with sex offenses were not separated from other youth in practice. The policy manual did not reflect this standard.</i>
h. Specific information about youth who need to be separated from each other (not just general gang affiliation).
<i>Justification: This was not in the policy manual.</i>
5. Written policies, procedures, and actual practices ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.
<i>Justification: There was no policy reflecting this standard, but it was practiced.</i>
7. When necessary, staff develop individualized plans to provide for the safety of particular youth.
<i>Justification: Policy stated supervisor should document on incident report form. Staff reported no specific plans, but there was a practice with permission of the supervisor to separate youth for safety concerns.</i>

II. 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 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, and provisions 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.

A. Admission Screenings

1. **Youth receive medical and mental health screenings in a confidential setting conducted by health care professionals or health-trained staff upon admission to the facility. "Health-trained staff" are facility staff who have received instruction and training in conducting the admission screen from the responsible health authority. Female health professionals or health-trained staff are available to conduct the screening for girls.**

Justification: Nurse handled next morning in clinic; Staff was not trained and there was no documentation that staff had been trained.

2. **The admission screening is a brief screening immediately upon arrival meant to detect any urgent health or mental health issues and to identify ongoing health concerns that require immediate attention, including the continuation of prescribed medication. The screening should reflect the different health issues in the male and female populations and include:**

- a. **Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including:**

- (1) **Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases.**

Justification: Female: Pregnancy tests were completed at University Hospital OB clinical. Screening available at admission didn't include detailed assessment that medical professional provides. No dental services.

- (4) **Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis.**

Justification: No test was given for tuberculosis; Staff stated that if youth coughed, a doctor would test.

3. **After screening, staff promptly refer the following youth for needed services:**

- c. **Youth who are identified in the screen as requiring additional mental health follow-up are immediately referred and receive appropriate assessment by a qualified mental health professional (e.g., psychiatrist, psychologist, psychiatric social worker, or psychiatric nurse) within 24 hours or sooner if necessary.**

Justification: No mental health beds were available.

6. **Written policies, procedures, and actual practices developed in conjunction with the health authority ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.**

Justification: The policy manual was developed by the staff nurse who served as the health authority for the detention center, but it did not cover all medical problems.

B. Full Health Assessment
2. The medical assessment portion of the full health assessment includes:
a. Review of screening results and collection of additional data to complete the medical, dental, and mental health histories.
<i>Justification: No dental screening was done.</i>
c. A detailed history of potentially preventable risks to life and health including: smoking, drug use (including alcohol), unsafe sex practices, problems with interpersonal conflict resolution with violence, use of weapons, eating patterns, and physical activity.
<i>Justification: No conflict resolution offered. Staff did monitor eating patterns in cafeteria. Youth's past was not completely discussed.</i>
d. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.
<i>Justification: No immunizations were given in the facility. Youth were asked if they were up to date on their immunizations.</i>
e. Screening lab tests are performed consistent with age and gender specific recommendations of 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). For sexually active females a pregnancy test should be performed. For women older than 18, a PAP smear should be offered.
<i>Justification: No labs were done at the facility. Youth were taken to the health unit or University Hospital if symptoms arose.</i>
g. Full medical examination, including vision and hearing exams, and gynecological exams for females (and pregnancy tests when appropriate).
<i>Justification: No gynecological exams were completed in the facility; however, a pregnancy test was given.</i>
i. Contact with physician(s) in the community as needed to ensure continuity of medical treatment.
<i>Justification: This did not take place unless a clinic appointment had been previously scheduled. Parents were notified of what to do if ongoing care was required.</i>
3. The full health assessment includes a mental health screening portion which covers:
a. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).
<i>Justification: Parents didn't always have this information. Nurse attempted to get it, however.</i>
b. Current and previous use of psychotropic medications.
<i>Justification: Only what was disclosed at assessment.</i>
e. History of sex offenses.
<i>Justification: If youth reported, a copy of field investigation is requested.</i>
f. History of violent behavior.
<i>Justification: If youth reported, a copy of field investigation is requested.</i>
g. History of victimization or abuse (including sexual victimization and domestic violence).
<i>Justification: Youth shared this information with nurse at assessment. Youth also shared this information with the counselor. There was no chart review.</i>
h. Special education history.
<i>Justification: No school records were checked. The facility did ask juveniles their current grade level and if they were in special education.</i>

k. History of services for mental retardation/developmental disability.
<i>Justification: Information was disclosed to nurse at time of assessment.</i>
5. Staff refer youth identified through the screening as needing mental health follow-up to a qualified mental health professional (e.g., psychiatrist, psychologist, psychiatric social worker, or psychiatric nurse). A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed.
<i>Justification: There was no documentation of training.</i>
C. Health Care Services
12. The facility health services system employs an ongoing quality assurance and improvement program through physician chart or at least quarterly committee meetings, with documentation of chart reviews, deliberations and actions taken.
<i>Justification: There were no measures for ongoing quality assurance.</i>
14. Professional medical and mental health care staff 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. New health staff receive a formal orientation within 90 days and this is documented.
<i>Justification: First aid training was conducted annually by nurse. There is Parish training in CPR, AED, but there was no documentation in personnel files to support training.</i>
15. All facility staff supervising youth are trained in and know how to address:
a. Signs and symptoms of medical emergencies.
<i>Justification: There was no documentation in file to support training.</i>
c. First aid procedures for transferring patients to medical facilities.
<i>Justification: Trained annually by nurse. There was no documentation in file.</i>
d. Signs and symptoms of mental illness, emotional disturbance, and suicide risk.
<i>Justification: There was no documentation in file. Staff reported that a few employees had been trained.</i>
e. Signs and symptoms of cognitive, intellectual, and developmental disabilities.
<i>Justification: There was no training and no documentation in file.</i>
f. Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.
<i>Justification: There was no training and no documentation in file.</i>
g. Signs and symptoms of child abuse (including sexual abuse) and trauma-related disorders.
<i>Justification: There was no training and no documentation in file.</i>
h. Training must include protocols for both girls and boys.
<i>Justification: There was no training and no documentation in file.</i>
16. The health authority ensures that staff serving as "health-trained staff" to perform admission screenings are properly trained to fulfill those duties.
<i>Justification: There was no training and no documentation in file.</i>
18. Medical examination and treatment conform to state laws for informed consent, and the right to refuse treatment. Written policies, procedures, and actual practices ensure that:
a. Medical staff obtain informed consent from youth and/or parent(s) as required by law, and honor refusals of treatment.
<i>Justification: HIV screening requires a consent form, but there was no consent form provided. There was also no refusal of treatment form.</i>

<p>21. Facility staff provide notification and/or consent of parents or guardians in case of serious medical or psychological problems, consistent with state law. If a minor is committed to a hospital and held overnight, written policies, procedures and actual practices ensure that parents are notified within one hour of the hospitalization.</p>
<p><i>Justification: Parents were contacted only if youth was hospitalized. When youth enter the detention facility, the facility is considered the youth's legal guardian. Parents were not notified within one hour.</i></p>
<p>22. Youth receive comprehensive, science-based medically accurate, and confidential family planning services (including services pertaining to abortion) consistent with state law, including counseling and referral to community providers.</p>
<p><i>Justification: These services were not provided.</i></p>
<p>25. Written policies, procedures, and actual practices ensure that youth receive education about, detection of, and treatment for sexually transmitted diseases.</p>
<p><i>Justification: There was no policy in place.</i></p>
<p>26. Written policies, procedures, and actual practices ensure that:</p>
<p>a. Youth are tested for HIV based on risk and on recommendations of the U.S. Preventive Health Services Task Force.</p>
<p><i>Justification: There was no policy in place.</i></p>
<p>b. Staff do not automatically segregate youth with HIV.</p>
<p><i>Justification: There was no policy in place. Youth were not segregated and all youth were treated as if they have HIV. Universal precautions were taken with all youth.</i></p>
<p>e. All staff supervising youth receive training on and exercise universal safety precautions.</p>
<p><i>Justification: There was no documentation of training.</i></p>
<p>27. Written policies, procedures, and actual practices ensure that youth receive substance abuse treatment if needed.</p>
<p><i>Justification: There was no treatment offered at facility.</i></p>
<p>29. Written policies, procedures, and actual practices ensure that health care staff question youth reporting to the health unit with an injury outside of hearing of other staff or youth, regarding the cause of injury. If the health care provider suspects abuse, the provider immediately takes steps to preserve evidence of the injury; reports the suspected abuse; documents the injury in the youth's medical record; and completes an incident report.</p>
<p><i>Justification: There was no policy in place.</i></p>
<p>32. Staff considers grievances related to health care services as part of ongoing quality improvement activities.</p>
<p><i>Justification: This occurred only if follow up had to be done on the incident.</i></p>

D. Dental Services	
1. Youth receive a dental screening by a dentist or health personnel trained and designated by a dentist. The screening takes place soon after admission, and in no case later than a week after admission. The screening includes:	
a. Visual observation of the teeth and gums.	<i>Justification: Youth denied that anyone had viewed teeth. Nurse denied that any dental screens were done. Nurse stated that unless the symptoms are acute, they are not treated at all while the youth is at the facility. Nurse also stated that if the symptoms were acute, a counselor would transport that youth to an off-site dental facility.</i>
b. Immediate referral to a dentist for any obvious or gross abnormalities.	<i>Justification: Youth denied any attention to mouth.</i>
2. Youth receive a full dental examination within 60 days of admission by a licensed dentist (and every 6 months thereafter). The examination includes:	
a. Taking/reviewing the dental history.	<i>Justification: No dental services were provided at the facility.</i>
b. Charting teeth.	<i>Justification: No dental services were provided at the facility.</i>
c. Examination of hard and soft tissue in the dental cavity with a mouth mirror and explorer.	<i>Justification: No dental services were provided at the facility.</i>
d. X-rays needed for diagnostic purposes.	<i>Justification: No dental services were provided at the facility.</i>
e. Documentation of the exam in a uniform dental record.	<i>Justification: No dental services were provided at the facility.</i>
3. 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.	<i>Justification: No dental services were provided at the facility.</i>
4. Staffing for dental care is adequate for the number of youth in the facility.	<i>Justification: No dental services were provided at the facility.</i>
5. Adequate 24-hour on-call or emergency dental care services are available. Please list the available services.	<i>Justification: There were no 24 hour on call services.</i>
6. Adequate dental examination areas and equipment are available to serve the population in the facility. Please list the equipment available.	<i>Justification: No dental services were provided at the facility.</i>
7. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	<i>Justification: During the school year, nursing students came in once a week to provide hygiene instruction, but not during the summer. These students were not dental professionals or dental-health trained professionals.</i>

E. Mental Health Services	
1. Qualified mental health professionals (e.g., psychologist, psychiatric social worker, or psychiatric nurse) provide appropriate assessment and service to youth referred as needing such care.	
	<i>Justification: Youth did not receive a comprehensive mental health assessment. Youth received an admission screen, which addressed history of psychosis, current or past suicidal ideation and attempts, and previous hospitalization and placed on watch or precaution. No referral for MH treatment was delivered. There were no noted methods for referrals for psychological problems for youth who are in continued custody other than "telling that they feel suicidal and the counselor is informed..." Counselor was not licensed.</i>
2. Youth with significant mental health needs receive a professional evaluation by a qualified mental health professional and ongoing mental health services in accordance with a treatment plan. The plan includes:	
a. Identification of the mental and/or behavioral health issues to be addressed.	
	<i>Justification: There was no mechanism to refer youth with MH or behavioral health issues for an evaluation with the exception of suicidal behavior or psychosis which were only assessed on the admissions screen. Youth were not referred to MH professionals once inside the facility.</i>
b. Any medication or medical course of action to be pursued.	
	<i>Justification: No psychiatric evaluation or treatment occurred. Emergencies only. Nurse and supervisors reported that youth did not receive psychotropic meds or psych evaluations once inside the facility.</i>
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects.	
	<i>Justification: Nurse provided youth with meds. When nurse was out, supervisors provided meds, but they had no training in assessment of side effects for meds. Nurse reported that psychotropic meds were dispensed only if the child had already received orders from an outside doctor prior to coming to the facility. The nurse did not report planned activities to monitor the efficacy of psychotropic meds.</i>
d. A description of any behavioral management plan or strategies to be undertaken.	
	<i>Justification: No behavior management plans or strategies were implemented.</i>
e. A description of any counseling or psychotherapy to be provided.	
	<i>Justification: Mental health counseling is only for assessment of ongoing suicidality. No additional MH services were provided. Youth received MH screens from an unlicensed counselor ONLY for ongoing suicidality. There were no notes taken for counseling or therapy.</i>
f. A determination of whether the type or level of treatment can be provided in the detention center.	
	<i>Justification: Only if the juvenile was suicidal was this addressed. Other issues such as trauma, sex abuse, depression were not addressed.</i>
g. A plan for monitoring the course of treatment.	
	<i>Justification: Repeated assessments of suicidal ideation were conducted. No other treatment was provided. There were no assessments of treatment progress. There was no evidence of treatment notes, treatment plans, or treatment monitoring plans.</i>
h. Any necessary modifications to the standard use of force and restraint procedures (e.g., a youth who has been sexually assaulted may need to be restrained differently than other youth in restraints).	
	<i>Justification: There were no modifications to the standard use of force.</i>

i. A transition plan for when the youth leaves the care of the facility.
<i>Justification: Meds which had been brought to facility by parents were returned. No treatment plans were developed in the facility, therefore no transition plans were implemented.</i>
3. Staff carefully investigate all incidents of self-harm or attempted self-harm (e.g., cutting). Following any incident of self-harm, staff prepare a detailed care support plan for the youth. Staff also review the results of the investigation and institute remedial measures to prevent similar occurrences in the future.
<i>Justification: Youth were placed on watch or precaution if they attempted self-harm. They met with counselor daily for re-assessment, but there was no detailed care support plan. All youth were treated the same. There were no investigations of incidents, and no remedial measures were instituted.</i>
4. Staff encourage youth who are assessed as vulnerable or at risk of self-harm to engage in appropriate activities and programs that will raise their self-esteem and reduce the risk of further self-harming behavior.
<i>Justification: Mixed results: Some youth reported that they could not eat with their peers and could not attend church after being placed on suicide watch. Depending on the supervisor on duty, the youth were completely kept away from the other youth or were able to participate in only some of the activities.</i>
5. Adequate 24-hour on-call or emergency mental health services are available at the facility. Please list the available services.
<i>Justification: Nurse was on call. Psychiatrist was on call and a visit occurred immediately or up to 72 hours after the call was made. Counselor visited daily.</i>
6. Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services. Please list the available services.
<i>Justification: There were psychiatric evaluations that occurred on an emergency basis only (for PEC's) or as advised by the court; however, the psychiatrist did not TREAT. No meds were prescribed. The staff however felt that the services were adequate.</i>
7. On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility. Please list the available services.
<i>Justification: There was minimal psychological care. There was occasional counseling by interns to work with youth who have no familial visitation. There was no use of Evidence Based Practices (EBP's) in the facility.</i>
8. On-site staffing for care by a psychiatric social worker and/or psychiatric nurse is adequate for the number and anticipated needs of youth in the facility.
<i>Justification: There was one psychiatric nurse but one psychiatric nurse was not adequate for the number and anticipated needs of youth in the facility.</i>
9. If the facility relies on health staff who are not 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.
<i>Justification: MH professional reviewed admission screen; however, administration approved MH screeners, not the MH professionals</i>
10. Written policies, procedures, and actual practices ensure that youth are appropriately assessed and treated for suicide risk. This system includes the principles listed below.
a. All staff working with youth receive 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 cut-down tool for youth hanging).
<i>Justification: Staff has been working at Rivarde 2+ years and has not received any training on suicidality.</i>

c. Qualified mental health staff evaluate suicide risk.
<i>Justification: MH professional reviewed admissions screening. The MH professional was not licensed.</i>
d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals.
<i>Justification: Youth were assessed, but without any standardized instrument. Youth were seen every day.</i>
e. Staff document contemporaneously the monitoring of youth on suicide watch.
<i>Justification: Staff documented hourly, but the detail was minimal.</i>
f. Staff monitor actively suicidal youth one-on-one on a continuous basis or transfer youth to a mental health facility. Youth who have been on continuous one-to-one monitoring for suicide precautions for three days are assessed by a psychiatrist to determine whether there is a need for hospitalization.
<i>Justification: Youth could be on suicide watch for weeks without assessment from psychiatrist. There was no true one-on-one monitoring. All staff monitor all youth on suicide watch.</i>
h. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for in-person one-on-one staff monitoring.
<i>Justification: There was no one-on-one monitoring, but staff did monitor youth directly.</i>
i. Youth at risk of suicide are engaged in social interaction and are not isolated. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff).
<i>Justification: Youth participated in school, but depending on the supervisor on duty, the youth did not engage with other youth at lunch or other recreational activities.</i>
j. Youth on suicide watch are not left naked, or clothed or housed in degrading, embarrassing, or uncomfortable garments or environments.
<i>Justification: Interviews with several youth and staff revealed that youth on suicide watch who were noncompliant were placed in embarrassing and degrading conditions. The rationale given by staff was to prevent self harm.</i>
m. Youth released from suicide watch have an individualized plan of care that is followed by mental health staff and communicated to all staff who come into contact with the youth.
<i>Justification: There were no individualized plans of care.</i>
n. Suicides or attempts at suicide are carefully documented and there is a process for administrative/medical review and debriefing after each such occurrence.
<i>Justification: Suicide attempts were recorded in daily progress sheets. There were no administrative reviews/debriefings after such occurrences according to the supervisors. The daily progress sheets were not very detailed.</i>
o. Staff promptly notify parents or guardians following any incident of suicidal behavior or self-harm.
<i>Justification: Parents were only notified if the youth was brought to the hospital for the suicide attempt. Supervisors would notify in those cases.</i>
F. Administration of Prescription Medications
1. Health or mental health professionals regularly monitor and document youth on psychotropic or other regular medications.
<i>Justification: Staff kept a log of who received their psychotropic meds. Nurse reportedly monitored, but there wasn't any monitoring of the youth on meds. No labs or vitals were monitored.</i>

3. Staff administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).
<i>Justification: This only occurred when the nurse was there. Otherwise, meds were administered "in the back pod area" by the supervisory staff.</i>
4. Youth with conditions that require immediate use of medication are permitted to keep their medication on their person (e.g., asthma inhalers) provided they have the maturity and mental competence to properly use the medication.
<i>Justification: Staff kept inhalers and other emergency medications. The meds were on the pod, but not on the youths' person.</i>
5. The medical authority complies with state and federal regulations procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. Written policies, procedures and actual practices cover:
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.
<i>Justification: The only meds used were those prescribed before youth entered the facility. There were no written policies.</i>
j. Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications.
<i>Justification: There were some outdated medications, but they were for juveniles that were no longer in the facility.</i>
k. Continuity of medication when youth enter and leave the facility.
<i>Justification: Staff attempted to acquire youth's meds and they were returned when youth left the facility.</i>
7. Mental health and medical staff 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 on-going oversight and care.
<i>Justification: Youth were rarely started on psychotropic meds in the facility, but staff did talk to the family about the importance of continuing their med regimen. The staff did not connect them to outside services.</i>
8. Medical staff maintain an adequate supply of antidotes and emergency medications, and easily accessible information (e.g., the phone number of poison control) in case of overdoses or toxicological emergencies.
<i>Justification: Benadryl, Epipen, and the poison control phone number were all kept in the nurse's office which is not easily accessible.</i>
G. Medical, Mental Health, and Dental Records
1. Written policies, procedures, and actual practices ensure that access to confidential information is limited to those staff with a demonstrable "need to know" consistent with applicable state and federal laws. Written policies, procedures, and actual practice ensure that staff share information where appropriate to provide for safety, security, health, treatment, and continuity of care for youth.
<i>Justification: Only medical staff had medical records. There were no per child progress notes of sessions with MH counselor, only a sheet indicating whether the child was on suicide precaution or watch. Counselor kept a notebook and there was a log of who was seen.</i>
2. Staff record and treat medical, mental health, substance abuse, and dental information as confidential.
<i>Justification: With the exception of suicidality, all other information was confidential. All MH admissions screens were available in child's facility record.</i>

<p>4. There is a record for each child that includes screening forms, assessment records, findings, diagnoses, treatments, prescribed medications, and records of administration, lab tests records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).</p>
<p><i>Justification: There was a screening form and med administration sheets, but there were no consent or refusal forms, noted discharge summaries, assessments, labs, or insurance forms.</i></p>
<p>5. Written policies, procedures, and actual practices ensure that staff transfer medical records with youth between facilities or placements so youth receive consistent and timely medical services.</p>
<p><i>Justification: Nurse reported that she transfers all medical records appropriately when youth are transferred to another facility. This was not in the policy manual however.</i></p>

<p>III. ACCESS ISSUES</p>
<p>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.</p>
<p>A. Mail</p>
<p>3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.</p>
<p><i>Justification: There was no policy or practice for this standard. Youth stated that letters are opened and then given to the youth. The agency administrator and staff supervisor, however, reported a recent change whereby letters are opened in front of youth.</i></p>
<p>4. Written policies, procedures, and actual practices ensure that both staff and youth understand any limitations on those persons with whom the youth may correspond.</p>
<p><i>Justification: There was nothing in the policy manual about limitations on who the youth may correspond with. Youth were not aware of any limitations.</i></p>
<p>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.</p>
<p><i>Justification: No policy was in place and there was no log of the mail, but there was a practice of placing mail in the youth's private property.</i></p>
<p>B. Telephone</p>
<p>1. Facility staff provide youth with reasonable access to telephones, and staff do not routinely listen in on record youth's conversations.</p>
<p><i>Justification: Youth did not have privacy when using the telephone.</i></p>

<p>2. Telephone calls are a minimum of 10 minutes in length (after a connection is established), at least twice a week. Staff may impose reasonable restrictions on length of calls beyond 10 minutes in order to accommodate all youth wishing to make telephone calls.</p>
<p><i>Justification: Policy said 15-20 minutes according to the facility administrator. Interviews with youth revealed that phone calls are limited to 5 minutes. Phone calls were scheduled for 3 times per week.</i></p>
<p>C. Visitation</p>
<p>1. Youth may visit with parents/guardians, adult relatives, and family friends. Staff encourage visitation with the youth's (male or female) own children, and the parent/child relationship is facilitated through phone and mail contact and appropriate visiting space. Younger relatives (siblings or cousins) may visit with approval of the youth's counselor or probation officer. Written policies clearly describe the approval procedure for special visitors.</p>
<p><i>Justification: Only immediate family members (e.g. parents/guardians, brothers, sisters) were able to visit the youth.</i></p>
<p>4. 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.</p>
<p><i>Justification: Policy did not specifically limit visits, but practice was 30 minutes.</i></p>
<p>5. Staff do not deprive youth on disciplinary status of visits as a punishment. Youth on disciplinary status may have visits with family members unless visits would pose an immediate threat to the safety and security of the facility.</p>
<p><i>Justification: Policy and practice both reflected that youth on disciplinary status were not eligible for visits.</i></p>
<p>7. If staff conduct searches 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.</p>
<p><i>Justification: Practice and procedure both reflected least intrusive searches, but policy did not state "least intrusive" searches would be performed.</i></p>
<p>10. There are regular family 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.</p>
<p><i>Justification: There was no policy, procedure, or practice regarding family forums.</i></p>
<p>D. Access to Counsel, the Courts, and Public Officials</p>
<p>1. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.</p>
<p><i>Justification: Policy, practice, or procedure did not reflect this standard. Any mail was opened by staff.</i></p>
<p>3. Attorneys other than the youth's delinquency attorney may visit, with the consent of the youth. Youth may have access to legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.</p>
<p><i>Justification: Youth only had access by their attorney or the prosecutor. Other attorneys, legal representatives, or paralegals were not allowed. There was no policy reflecting this statement. Legal research materials were reported by some staff to not be available and by the agency administrator to be available, but not used.</i></p>

<p>5. Youth are able to make and complete free and confidential phone calls to attorneys. Staff assist youth in obtaining the phone numbers of their attorneys if necessary.</p>
<p><i>Justification: Youth could make calls to attorneys, but the calls were not confidential. The policy reflected that the staff is to not listen to the conversation, but the staff is to remain in the same room with the youth while they make the call.</i></p>

<p>IV. PROGRAMMING</p>

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 proficiency. 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.

<p>A. Education</p>

<p>5. The facility school operates twelve months a year.</p>
<p><i>Justification: Although the youth continued to attend class twelve months a year, the actual school only operated nine months. During the summer, the youth learned life skills as opposed to academics. The summer session was not handled by the public school system, although the teachers were mostly retired teachers.</i></p>
<p>7. The facility school has adequate staff (including special education staff) to meet state student-to-teacher ratios for education. Please list the teacher - general education student ratio, teacher - special education ratio, and the special education staffing required by state law, as well as the ratios in the facility.</p>
<p><i>Justification: Staff had 15+ students and lacked aides.</i></p>
<p>8. The facility school identifies youth with limited English proficiency and provides appropriate instruction for those students to allow for meaningful access to the curriculum. Please list the teaching staff available for youth with limited English proficiency to the facility.</p>
<p><i>Justification: When a non-English speaking student entered the facility, the workers searched for staff that speak that language in other departments (not detention staff).</i></p>
<p>11. 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.</p>
<p><i>Justification: The school could not offer units/credits for classes taken.</i></p>
<p>12. The facility school awards credit (including partial credit) for work completed, and forwards the youth's education records from the facility to other school upon exit from the facility.</p>
<p><i>Justification: The facility school could not offer units/credits, but regular schools could request the youth's grades from the facility school.</i></p>

13. The facility school complies with the federal special education law (IDEA) and comparable state requirements for students with educational disabilities.
a. The facility school has procedures to determine which youth have previously been identified as having educational disabilities, and to promptly obtain special education records for such students.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
b. The facility school had procedures in place to identify and assess youth who potentially have a disability, in conformity with state and federal requirements for special education.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
c. An Individualized Education Plan (IEP) is in place for each student with identified disabilities. Students entering with an existing IEP receive interim services that match the IEP as closely as possible.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
d. The process for developing or modifying IEP's at the facility school is the same as that used in public school settings.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
e. The facility school provides special education students with a full continuum of regular education classes, special classes, and supplementary services. Special education students are allowed to participate in regular school programs to the maximum extent appropriate.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
g. 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.
<i>Justification: Speech Pathology and audiology physical therapy were offered via computer programs, but not the rest of the services.</i>
h. Transition services are provided as required by the IEP.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
i. Parents are permitted to participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone conferences to permit parental involvement.
<i>Justification: Parents were not involved in any of the facility school activities.</i>
j. The facility school secures parent surrogates when parents are unavailable to participate in special education decisions.
<i>Justification: Parents were not involved in any of the facility school activities.</i>
k. The facility school complies with legally required timelines for assessment and IEP development.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>
l. The facility school complies with IDEA requirements for notice and due process.
<i>Justification: The IEP teacher could not be reached are the time of the assessment.</i>

m. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities.
<i>Justification: There was no evidence that this takes place. Staff stated that if youth act up, regardless of their disabilities, they are taken back to the pod and placed on lockdown.</i>
14. Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.
<i>Justification: The IEP teacher could not be reached at the time of the assessment.</i>
15. The facility school provides GED programs, preparation, and testing for appropriate youth.
<i>Justification: There are no GED tests offered at the facility. There were, however, prep tests and materials available.</i>
16. Youth in restricted disciplinary or high security units receive an education program comparable to youth in other units in the facility. For example, dropped off packets of work without adequate instructions, follow-up, or grading are not sufficient to meet this standard.
<i>Justification: Youth on lockdown did not attend class and they did not receive any work to complete while in their rooms.</i>
18. Behavior intervention plans are developed for youth whose behavior interferes with their school attendance and progress.
<i>Justification: No behavior intervention plans were in place. Staff dealt with each youth individually.</i>
19. The facility has a library with reading materials geared to the reading levels, interests, and primary languages of confined youth. Youth have regular access to the library.
<i>Justification: The library was used in the regular school year and only within the normal class hours. During the summer, the youth had access to books, but not the library.</i>
B. Exercise, Recreation and Other Programming
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.
<i>Justification: Youth stated that they rarely go outside although it is posted on their schedules.</i>
4. Staff, volunteers, and community groups provide additional programming reflecting the interests and needs of various racial and cultural groups within the facility, and is gender-responsive. The facility offers a range of activities such as art, music, drama, writing, health, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based programs that offer the opportunity for continuity once the youth is released.
<i>Justification: While there were several community groups that provided programming to the facility, there was not a wide range of activities that were offered. They were mostly religious groups.</i>
6. Youth in the facility, including youth on disciplinary or restricted status receive at least one hour of large muscle exercise everyday. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.
<i>Justification: Youth on lockdown were not allowed to go out and get any exercise.</i>

7. Youth in the facility go outside for exercise/recreation at least one hour every day, weather permitting (e.g., not too hot or too cold).
<i>Justification: Youth stated that they don't go outside very often. There is a PE teacher that comes sometimes during the regular school year, but during the summer, they watch TV. The TV show that the youth were watching was inappropriate ("The First 48").</i>
8. 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, they are participating with staff or volunteers in structured recreational, cultural, or educational activities. Youth are also provided with some unstructured free time as well.
<i>Justification: After the youth leave the classroom for the day, the youth stay in their room during shift change until dinner time.</i>
10. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.
<i>Justification: There were several balls and a lot of equipment, but most of the balls were flat or otherwise unable to be used.</i>
11. Written policies, procedures, and actual practices 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.
<i>Justification: There were no written policies about reading materials.</i>
12. Reading materials appropriate for the age, interests, and literacy levels of youth are available in sufficient variety and quantity to the youth. Youth may keep reading materials in their rooms.
<i>Justification: Most of the books in the library were either magazines or on a relatively high reading level. Youth can only keep Bibles in their rooms.</i>
C. Religion
2. Youth have the opportunity to meet with clergy of the religion of their choice.
<i>Justification: Youth stated that they can request a clergy member, but only if they are Christian.</i>
4. Staff permit youth to have religion books and reading materials in their rooms.
<i>Justification: Youth stated that Bibles are permitted in their rooms, but only Bibles. Staff stated that youth can have other religious books, but they have to provide their own materials.</i>
D. Positive Behavior Management
2. Youth understand the rewards and sanctions system and how it works.
<i>Justification: Youth did not know how they earned points for specific activities. Some youth could not explain the point card system.</i>
5. To the extent possible, the culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.
<i>Justification: Youth had to use points to buy essentials like toiletries and supplies for positive behaviors like letter writing. The youth did however have several opportunities to earn positive points.</i>

V. TRAINING AND SUPERVISION OF EMPLOYEES

The quality of any facility rests heavily upon the people who work in it. This section requires that properly qualified staff are hired, and that they receive the 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 the facility engages in ongoing quality assurance and self-improvement through documentation of serious incidents, citizen complaints, and child abuse reports.

A. Qualification for Institutional Staff Positions

- 1. Staff are hired to serve as positive role models for youth. Employees hired 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.**

Justification: No documentation provided to support that all staff met these qualifications

- 4. Employees undergo a criminal record check in accordance with state and federal laws. Staff are not hired unless and until an exemption is granted for any disqualifying offense. There is a periodic re-screening for all staff.**

Justification: There was an initial check, yet there was no follow-up check.

B. Staffing

- 7. 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 and youth with limited English proficiency.**

Justification: All English-speaking staff. The facility did try to accommodate with staff from other cooperating agencies, yet no one was present for emergencies.

C. Training for Institutional Staff

- 1. Staff possess the information and skills necessary to carry out their duties.**

Justification: There was no supporting documentation of training.

- 2. Written policies, procedures, and actual practices 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, and additional 120 hours of training during the first year of employment, and 40 hours 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.**

Justification: There was no policy, procedure or documentation to support. Manual dated 2003 did not address number of hours training or areas needed.

- 3. Facility staff receive training on policies and practices regarding:
a. Discipline and basic rights of incarcerated youth.**

Justification: Reports were not consistent. Incident reports indicated the same consequences for various violations (usually lockdown for all behavior violations).

<p>c. Conflict management, de-escalation techniques, and management of assaultive behavior, including when, how, what kind, and under what conditions physical force, mechanical restraints, and isolation may be used.</p>
<p><i>Justification: Youth reported that when a rule is broken the staff will warn youth 3 times. If the behavior continued, the youth would be placed in his/her room on lockdown. Some infractions may lead to loss of phone and mail privileges. There was no documentation to support use of these techniques.</i></p>
<p>d. Suicide prevention and emergency procedures in case of suicide attempt.</p>
<p><i>Justification: Youth described what they called a suicide attempt the night before the interview. Minor was placed on suicide watch which means that the youth goes to a different pod during the day while the others are at school. Minor will return to regular pod when the rest of the youth return to the pod for the evening. Youth states that "someone" comes and talks to the kids on suicide watch. Staff verbalized the suicide procedure, yet no written policy or supporting documentation could be found.</i></p>
<p>e. Prevention of youth victimization (e.g., inappropriate relationships with or behavior towards youth by other youth or staff).</p>
<p><i>Justification: Youth stated that staff knew who the trouble makers were and they addressed these kids, usually by locking the threat makers in their rooms. "Some staff really care and talk to kids...others just send them to their rooms." There was no policy or documentation to support this.</i></p>
<p>f. Adolescent development for girls and boys, communication skills, counseling techniques.</p>
<p><i>Justification: There was no documentation of education on these issues.</i></p>
<p>g. Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation and gender identity, disability, or youth with limited English proficiency) within the facility.</p>
<p><i>Justification: There was no documentation of education on these issues.</i></p>
<p>h. Non-discrimination policy.</p>
<p><i>Justification: There was no documentation of education on these issues.</i></p>
<p>i. Proper administration of CPR/first aid.</p>
<p><i>Justification: No documentation to support this training had taken place. Documentation indicated training was scheduled, yet individuals did not attend. There was no follow up on this training.</i></p>
<p>j. Universal safety precautions for HIV, hepatitis, and tuberculosis.</p>
<p><i>Justification: There was no documentation to support that this had occurred.</i></p>
<p>k. Facility operations, security procedures, fire and emergency procedures, safety procedures, and effective report writing.</p>
<p><i>Justification: There was no documentation to support that this had occurred. Staff did, however, verbalize the security process.</i></p>
<p>4. If the facility relies on health staff who are not 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.</p>
<p><i>Justification: Staff verbalized procedures, yet there was no written policy or follow up documentation.</i></p>

6.	Training personnel incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula.
	<i>Justification: There was no documentation to support that this had occurred.</i>
D. Training for Institutional Staff	
2.	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.
	<i>Justification: Staff verbalized procedures are in place, however, there was no evidence of written policy and follow up documentation. In addition, several staff indicated that immediate action is taken when there is an employee who demonstrates inappropriate behavior.</i>
3.	Administrators regularly review logbooks; special incident reports; records of force, restraints and isolation; grievances; recreation records; and provide feedback to staff on areas of concern.
	<i>Justification: Supervisors were responsible for reviewing incident reports not the administrator.</i>
4.	The facility administrator annually reviews all facility operating procedures and updates them as needed.
	<i>Justification: Operating procedures were not in written form.</i>
5.	The facility administrator regularly schedules meeting 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.
	<i>Justification: There was no documentation to support that this has occurred.</i>
6.	Written policies, procedures, and actual practices ensure that: 1) staff model social skills for youth and do not use profanity, threats, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth; and 2) facility management addresses violations of standards of conduct.
	<i>Justification: No documentation to support this. Youth reported cursing does occur.</i>
E. Child Abuse Reports, Incident Reports, and Complaints	
1.	The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse.
	<i>Justification: Staff recognized this issue and has a plan for future, but there was no current documentation.</i>
3.	The facility administrator or designee maintains, reviews, and when appropriate, fully investigates all reports of major incidents at the facility, including all uses of physical force, all uses of restraints or isolation, all incidents involving contraband, and all significant property damage by youth. Staff alleged to be involved in the incident in the do not conduct the investigation.
	<i>Justification: Supervisors were responsible for reviewing incident reports not the administrator.</i>
4.	Written policies, procedures, and actual practices ensure that the facility administrator or designee advises those making complaints of the results of the complaints or child abuse reports that they file.
	<i>Justification: There was no documentation that this had occurred.</i>
5.	The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff that fail to adhere to the code of conduct face appropriate discipline.
	<i>Justification: There was no documentation that this had occurred.</i>

6. Staff receives specific training in handling disclosures of victimization or other sensitive information made to them by youth.
<i>Justification: There was no documentation that this had occurred.</i>

VI. ENVIRONMENTAL ISSUES

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, 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, normal eating experiences; and that they may have personal items and some measure of privacy.

A. Positive Institutional Atmosphere

3. Furnishings and other decorations reflect a home-like, non-penal environment to the maximum extent possible.
<i>Justification: Furnishings did not reflect a home like atmosphere. Rooms were cold and impersonal and the youth were not allowed to have any decorations.</i>

5. Staff allow youth to decorate and personalize their own living space.
<i>Justification: Youth were not allowed to decorate or personalize their space. No pictures or any personal items were allowed in rooms.</i>

6. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.
<i>Justification: Staff did not recognize important holidays or birthdays. They stated it would be too hard to keep up with those things.</i>

7. The décor and programming acknowledge and value the diverse population of youth in the facility.
<i>Justification: The décor was very sparse and looks outdated. The school area was the only place where there appeared to be some décor and recognized diversity but it was also outdated.</i>

B. Sanitation

2. Youth are encouraged, enabled, and expected to keep themselves, their rooms, and communal areas clean. In order to achieve this, youth are given instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.
<i>Justification: Youth were expected to clean up the pods and the hallways. They were given necessary items to complete this task, but not protective gear.</i>

3. Rooms, bathrooms, and common areas are clean and free of mold and debris.
<i>Justification: Rooms had dust and dirt in the ventilation and the surface of the vents. Carpeting in the common area was soiled and showed signs of mildew from where water leaked in. Shower stalls and shower heads also had mildew.</i>

4. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.
<i>Justification: The youth cleaned pods, hallways, assigned chore areas, the cafeteria and the multi purpose room. There was no regular janitorial service that comes into the facility as reported by one of the staff members.</i>
9. 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 twelve youth.
<i>Justification: In each of the sinks tested there was only one working valve and the water was barely lukewarm.</i>
10. 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.
<i>Justification: Shower water was cold and if it did get warm it was just barely warm. Showers were dirty with lots of mold and mildew.</i>
11. The facility is free of insect and/or rodent infestation.
<i>Justification: Although there were no live insects found, there was evidence of the previous presence of insects and rodents. Juveniles reported that they could hear rodents at night in the vents.</i>
17. Staff disinfect mattress covers after each youth moves out of the room, before the next youth occupies the room. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.
<i>Justification: Mattresses were only washed every Saturday. Mattresses had holes and rips in them.</i>
18. The furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).
<i>Justification: Mattresses had holes in them and were very thin. When youth sit on them they reported sinking into the concrete of the bed because there was no firmness.</i>
C. Food
1. The facility's food services comply with applicable local, state and federal sanitation and health codes, and have documentation demonstrating such compliance.
<i>Justification: They were last inspected on 11/24/09. The inspection report is usually on the wall in the office of the kitchen but, at the time of the self-assessment, staff reported the agency administrator had the report. A copy was not given to the kitchen supervisor for posting.</i>
6. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).
<i>Justification: Although no live rodents or insects were found, there was evidence of rodents and insects under a cabinet in the storage room.</i>
D. Temperature, Ventilation, and Noise
1. Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.
<i>Justification: The rooms and common areas felt very stuffy. Some other areas, such as the classrooms, were very cold. Some of the juveniles complained that they could not sleep at night because it is so stuffy in their rooms.</i>
2. There is adequate ventilation in indoor areas.
<i>Justification: Ventilation was not good and the vents were very dirty and full of dust.</i>

E. Emergency Preparedness and Fire Safety	
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 issues, and medical emergencies. The plan covers:	
f. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	
	<i>Justification: No evidence of this was discovered and staff questioned said there is no set plan that they knew of.</i>
2. All occupied areas of the facility have at least two means of egress.	
	<i>Justification: Areas such as the common areas within the pod had a door out to a little grassy area, however, there was no where to go from there. In case of fire, the youth and staff would be stuck if they escaped to those areas. It also looked as if the doors had not been opened in a long time. Classrooms have one door in and one door out which was found to be the case within the pods.</i>
3. The facility has identification and lighting of all exits, including during emergencies.	
	<i>Justification: Some areas of the facility did while others did not. In the pod areas there were no exit signs above the doors or in some hallways. In places where there were exit signs, some were not lit.</i>
5. The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in the use of fire extinguishers. Staff regularly check and service fire extinguishers, and document the servicing.	
	<i>Justification: There were three fire extinguishers in the kitchen area that had been inspected April/May 2010. There was one in the laundry area and one in the recreational room. In one pod, the fire extinguisher was buried under a mound of papers and other clutter. Many of the areas where there were signs for fire extinguishers could not be accessed because doors were locked and staff did not have keys. There was an area in the art room where a sign stated that said there was a fire extinguisher but there was none to be found. The kitchen staff also reported that they are not trained in using the fire extinguisher. The staff in the laundry and pod stated they did know how to use them.</i>
6. The facility has self-contained breathing apparatus (SCBA) in appropriate locations and in good working condition for use in a fire or smoke emergency. Staff receive training in use of SCBA. Staff regularly check and service SCBA, and document the servicing.	
	<i>Justification: Even though a sign stated that there was a breathing apparatus in the closet of the Pod, there were no signs of it and the staff stated that as long as they had been there they have never seen any breathing apparatus.</i>
7. The facility has fire extinguishers in appropriate locations and in working condition. Staff receive training in the use of fire extinguishers. Staff regularly check and service fire extinguishers, and document the servicing.	
	<i>Justification: Staff in pods were trained but staff in kitchen stated they had not been trained and many do not know how to use them. Documentation showing when they were last inspected is on each fire extinguisher.</i>
8. First aid kits are immediately available and fully stocked with non-expired items.	
	<i>Justification: There was a first aid kit in each pod which was sort of a tackle box. The items in the first aid kit were old and expired. One of them had a bottle of medicine that expired in 1997. A tube of peroxide gel was hard and could hardly be read. There was barely anything in them and what was in them was dirty and outdated. Staff stated they do not deal with the first aid kit because that is what the nurse is for so they do not worry about it.</i>
9. Potentially hazardous or flammable compounds are properly stored and secured.	
	<i>Justification: Cleaners were all stored in one cabinet with the hygiene products. Toothpaste and deodorant was stored with the floor cleaner.</i>

F. Lighting	
1. Individual rooms have adequate lighting, sufficient for reading.	<i>Justification: Rooms were dark and dingy and the lights only come on when staff put them on. Natural light was minimal.</i>
3. Dayroom and/or common areas used for recreation are adequately lit, and include the use of natural light as much as possible.	<i>Justification: The only natural light in the pod was from the door which leads out to a small grassy area. The lights were fluorescent and not very bright.</i>
G. Clothing and Personal Items	
1. Youth wear shirts or sweatshirts, and pants or sweatpants that are appropriate in size. Youth do not wear prison-like jumpsuits or smocks.	<i>Justification: Youth wore jumpsuits that are not sized for each individual, so many of them are big. They have shirts for females and males.</i>
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. The facility allows transgender youth to wear underwear appropriate to their gender identity.	<i>Justification: Youth did not get new underwear upon their arrival at Rivarde. The underwear is cleaned and ready for use when another juvenile enters the facility. Staff stated they only order new underwear when the old ones cannot be worn anymore because of holes. The underwear that the youth wear may be clean because they were washed but they were dirty in color and many have stains. The bras were stretched and the sizes could barely be read on the tags.</i>
4. Youth may keep a reasonable amount of personal items in their rooms.	<i>Justification: They were not allowed to keep any personal items in their room except two letters from home.</i>
6. The facility provides adequate and appropriate hair care services and supplies for youth.	<i>Justification: Staff reported that there are barbers who come in for the boys but they do not have a hairdresser come in for the girls.</i>
7. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls is girls are detained in the facility. Items that could allow for spread of germs are not shared among youth (e.g., common toothpaste tube, tub of deodorant).	<i>Justification: Girls were supplied with feminine products if needed. Each juvenile received a toothbrush. However, the toothpaste and deodorant are shared by all youth on the pod.</i>
I. Overcrowding, Adequate Living Space, and Privacy	
1. The total population of the facility and the population per unit does not exceed maximum rated capacity.	<i>Justification: There were folded mattresses and blankets on the floor of many of the girls' rooms. Because the facility was beyond capacity, some youth reported sleeping on the floor of the common area outside of the rooms. We saw at least 5 different occurrences of this. There were also girls in boys' pods due to an overage of girls.</i>
3. Living units are primarily designed for single occupancy sleeping rooms; multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit. Rooms are not occupied by more youth than the rated capacity allows.	<i>Justification: Staff stated one child per room but the facility was overcrowded and some juveniles reported sleeping on mattresses on the floor in the common area.</i>

5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.
<i>Justification: The rooms appeared to be roomy enough for one youth, but at the time of assessment, some of the rooms had an extra mattress, blankets, and pillow on the floor of the room because of overcrowding.</i>

VII. RESTRAINTS

Security and good order in a facility are best exercised when expectations are clear; 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, and force, restraint, room confinement or isolation must be used. This section includes the facility's rules for discipline, provisions for due process, and discipline sanctions. Finally, this section addresses the facility response to concerns and complaints by youth through an effective grievance process.

A. Physical Force, Mechanical Restraints, and Chemical Agents

1. Written policies, procedures, and actual practices ensure that:

a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, and the facility's continuum of methods of control.

Justification: Staff did not receive regular training on a consistent basis in reference to conflict management, de-escalation of confrontations, crisis intervention, management of assaultive behavior, or the facility's continuum of methods of control. Administrator advised that staff are supposed to receive training on a yearly basis, however, training records were accidentally discarded.

b. Facility staff receive regular training on situations in which use of physical force and restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.

Justification: Staff did not receive regular training on situations in which use of physical force and restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, or guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. Administrator advised that in the event that the use of physical force and restraints are used, it must be approved by a supervisor; however, regular training is not implemented.

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 force or restraints, and permit only that amount of force needed to ensure the safety of the minor and others.

Justification: Youth reported that there is no graduated set of interventions and that they have seen physical force used when they didn't feel it was necessary. The mechanical restraints (handcuffs and shackles) policy does not address the use of interventions or the implementation of interventions prior to the use of mechanical restraints or physical force. Staff stated they follow a graduated set of interventions that avoids the use of physical force or mechanical restraints; however, it is at the counselor's discretion when to use restraints that must be approved by a supervisor.

<p>d. Only staff specifically trained in the application of physical force and mechanical restraints may use such techniques or devices; staff only use approved techniques or devices.</p>
<p><i>Justification: Youth reported that they have been subject to physical force by staff. The administrator advised that there are no staff members specifically trained in the application of physical force and mechanical restraints or who are authorized to use such techniques or devices. However, the policy and practice was that all staff who use physical force or mechanical restraints must get a supervisor's approval first.</i></p>
<p>2. Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints:</p>
<p>b. Except for handcuffs used during transportation or facility emergencies, the only mechanical restraints that staff may use in the facility are soft or "therapeutic" restraints: fleece-lined leather, rubber, or canvas hand and leg restraints, and only with physician or mental health authorization as provided in this section.</p>
<p><i>Justification: Youth reported that she was kept in her room in regular handcuffs from 9am to approximately 9pm. Handcuff and shackles policy did address the use of handcuffs during transportation, but it did not address the use of handcuffs during facility emergencies. There was no separate policy in place to address the use of mechanical restraints during facility emergencies.</i></p>
<p>c. Staff only use physical force or mechanical restraints in the degree and for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff must stop using physical force or mechanical restraints.</p>
<p><i>Justification: Staff advised that they only use the amount of force necessary to bring a situation under control, but that it's never excessive. Most times youth are placed on lockdown until the youth regains self-control, at which time the staff member will stop using physical force or mechanical restraints and the youth will be released from lockdown. (However, youth interviews indicate otherwise)</i></p>
<p>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 on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.</p>
<p><i>Justification: Youth were handcuffed to walk to court, including leg shackles, belly belts, and chained to one another. Youth reported that pregnant girls are handcuffed in the same manner as other youth. Policy states that "detainees should be handcuffed/shackled to themselves or to another detainee...If transferring three or more detainees, handcuff them to an interconnecting chain. If transferring two detainees, handcuff them together." Staff advised that belly chains are used on pregnant girls during transportation, however, they use discretion depending on "how far along they are."</i></p>
<p>e. During facility emergencies, 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. In the rare instances in which the youth remains out of control, staff seek physician or mental health authorization for the use of soft restraints.</p>
<p><i>Justification: During facility emergencies, staff reported that they do not use handcuffs because they are trying to move the juveniles as quickly as possible. They are transported to the multi-use area where there are fire doors. Staff advised that if a youth is transported with handcuffs, they are promptly removed once inside of the facility. Youth interviews revealed that youth can be placed in handcuffs while on lockdown.</i></p>

f. If use of force is necessary, staff use approved defensive physical force techniques including evasion and deflection maneuvers or holding techniques that immobilize the body without locking joints or using pressure points.
<i>Justification: Staff advised they only use the amount of force necessary that is approved by supervisor's to ensure the juvenile regains self-control. Youth interviews revealed that sometimes the amount of force used is excessive.</i>
3. Written policies, procedures, and actual practices prohibit:
c. Hitting youth with a closed fist, kicking or striking youth; or using chokeholds or blows to the head on youth.
<i>Justification: At no given time was staff allowed to hit the youth with a closed fist, kick, or strike youth, or use chokeholds or blows to the head of a youth. Youth interviews revealed that sometimes the amount of force used is excessive.</i>
d. Use of four or five-point restraints, straightjackets, or restraint chairs.
<i>Justification: Youth did not report the use of any additional types of restraints. Policy, however, did not specifically address that five-point restraints, straightjackets, or restraints chairs should not be used.</i>
e. Hogtying youth or placing youth in restraints in other uncomfortable positions.
<i>Justification: Youth did not report being hogtied or restrained in uncomfortable bodily positions. However, a youth reported being restrained in a cell while wearing only underclothes. Practice appeared to be that youth are not hogtied, but there is no policy in place that specifically prohibits against the practice.</i>
f. Restraining youth to fixed objects, including beds, walls or vehicles.
<i>Justification: Youth interviews, staff interviews, and observance did not indicate that youth are ever restrained to fixed objects. However, there was no policy that specifically prohibits the practice.</i>
g. Restraining youth in a prone position and putting pressure on the youth's back.
<i>Justification: Youth interviews, staff interviews, and observance did not indicate that youth are restrained in a prone position or by putting pressure on the youth's back. However, again there was no policy that specifically prohibits the practice.</i>
h. Using physical force or mechanical restraints for punishment, discipline or treatment.
<i>Justification: Youths reported being placed in their rooms in handcuffs from 9am to 9pm with the door open. Staff indicated that youth can be handcuffed and restrained as a form of punishment. Policy does not prohibit this action.</i>
i. Use of belly belts or chains on pregnant girls.
<i>Justification: According to youth, pregnant girls were placed in restraints no differently than other youth. All youth were placed in belly belts and chains while going to court. Handcuff and shackles/ transportation policy did not address the use of belly chains on pregnant girls, nor was there a separate policy to address the use of belly chains on pregnant girls.</i>
4. Written policies and procedures in the facility set forth the principles below for use of soft restraints:
a. Staff may only use soft restraints where a youth's behavior threatens imminent harm to self or others.
<i>Justification: Policy did not address the use of soft restraints, nor was there a separate policy on soft restraints. Staff and youth indicated that soft restraints are not used at Rivarde Detention Center.</i>

<p>b. Except in a clear emergency, only a physician or qualified mental health professional may authorize use of soft restraints. In a clear emergency, where neither time nor availability permit authorization by a physician or qualified mental health professional, facility staff who have been certified by the physician or psychiatrist may authorize the temporary use of soft restraints. The only facility staff who may be so certified and who may authorize the temporary use of soft restraints are the facility administrator, the deputy administrator, the officer in charge of the facility, or a unit supervisor. If any of these facility staff authorize the use of restraints in an emergency situation, they must immediately contact a qualified mental health professional for consultation and crisis intervention.</p>
<p><i>Justification: Policy did not address the use of soft restraints, nor was there a separate policy on soft restraints. Staff and youth indicated that soft restraints are not used at Rivarde Detention Center.</i></p>
<p>c. Staff do not use soft restraints unless and until they try less restrictive techniques, such as talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth, and such less restrictive techniques have proven ineffective. At the time restraints are applied, staff must tell the youth the reason for using the restraints and that they will remove the restraints as soon as the youth regains self-control. Except in emergencies, staff may not use soft restraints on girls who are pregnant.</p>
<p><i>Justification: Policy did not address the use of soft restraints, nor was there a separate policy on soft restraints. Staff and youth indicated that soft restraints are not used at Rivarde Detention Center.</i></p>
<p>d. During any time that a youth is in restraints, staff provide one-on-one crisis intervention and observation. The staff member shall be either in the cell with the youth, or directly outside the cell providing constant observation of the youth and interaction as appropriate.</p>
<p><i>Justification: Policy did not state that staff should provide one on one intervention for youth in restraints.</i></p>
<p>e. Staff do not place a youth in restraints for any fixed period of time. Staff must release a youth from restraints as soon as the youth's behavior ceases to threaten imminent harm to self or others.</p>
<p><i>Justification: No policy was in place relative to the amount of time a youth should be in restraints.</i></p>
<p>f. A medical professional or health-trained staff directly monitors any youth in restraints at least every 15 minutes, for as long as the youth is in restraints. A qualified mental health professional must directly monitor any youth held in restraints for longer than 15 minutes. If a youth is in restraints for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in restraints.</p>
<p><i>Justification: Policy did not state that a youth who is being restrained should be monitored by mental health professional.</i></p>
<p>g. A qualified health professional may not authorize the use of soft restraints for longer than four hours. If a qualified mental health professional determines that a youth needs to be in soft restraints for longer than four hours, staff shall transport the youth to a mental health facility.</p>
<p><i>Justification: No policy was in place relative to soft restraints.</i></p>
<p>h. Youth in restraints have reasonable access to water, toilet facilities, and hygiene supplies.</p>
<p><i>Justification: Policy was in place, however, the policy did not specifically state that the above mention items should not be withheld.</i></p>

5. Facility staff document all incidents (except for handcuffs used in transportation) in which physical force or mechanical restraints are used including:
b. Date and time physical force or mechanical restraints were used on youth.
<i>Justification: There was a universal incident form used when there is an incident at the facility. It did not have a place to indicate whether or not restraints were used.</i>
c. Date and time youth were released from mechanical restraints.
<i>Justification: There was a universal incident form used when there is an incident at the facility. It did not have a place to indicate whether or not restraints were used or a time that youth were released from the restraints.</i>
d. The person authorizing placement of the youth in restraints.
<i>Justification: There was a universal incident form used when there is an incident at the facility. It did not have a place to indicate whether or not restraints were used or the person that authorized the use of restraints.</i>
e. A description of the circumstances leading up to the application of force or restraints.
<i>Justification: There was a universal incident form used when there is an incident at the facility. It did not have a place to indicate whether or not restraints were used.</i>
g. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.
<i>Justification: There was no space for listing alternative interventions used or progressive sanctioning.</i>
h. The type of physical force or mechanical restraints used.
<i>Justification: There was a general incident form, but it did not cover the use of restraints.</i>
i. Referrals or contacts with medical and mental health staff including the date and time such persons were contacted.
<i>Justification: There was a general incident form, but it did not cover the use of restraints.</i>
6. Medical and mental health staff document all contact with youth subjected to physical force or soft restraints, including the name and position of medical or mental health staff, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.
<i>Justification: Medical and mental health staff were not contacted or involved with all youth subjected to physical force or restraints. It is determined on a case-by-case basis.</i>
7. Staff and youth involved in use of force or restraint incidents undergo an immediate debriefing process with supervisory staff and mental health staff to explore what might have prevented the need for force or restraint and alternative ways of handling the situation. Staff also notify parents of use of force or restrain incidents and ask for input and support on ways to prevent future such incidents.
<i>Justification: Staff and youth were involved in an immediate debriefing process in which a supervisor is involved. However, a mental health staff member is not automatically involved in this process; it is determined on a case-by-case basis. Parents do not seem to be notified or consulted.</i>
8. 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 incidents in which youth are subjected to physical force or placed in restraints.
<i>Justification: The facility administrator did not review and maintain an active file in his office for a period of one year after the incident, and reports on all incidents in which the youth are subjected to physical force or placed in restraints. They only keep active incidents report on file in their offices.</i>

<p>9. A restraint review committee, which includes the facility administrator or designee, training staff, mental health staff, and line staff, regularly reviews all 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>
<p><i>Justification: A restraint review committee or trained staff were not active in the facility. There were no regular reviews of any use of force and/or restraints.</i></p>
<p>B. Isolation</p>
<p>1. Isolation is defined in this instrument as placing a youth in a room because of his or her <u>current</u> acting-out behavior. Isolation is not to be confused with room confinement, defined in this instrument as a disciplinary sanction discussed in a separate section below. Written policies and procedures in the facility set forth the following principles for the use of isolation:</p>
<p>a. Staff only use isolation if a youth's behavior threatens imminent harm to self or others or serious destruction of property.</p>
<p><i>Justification: Youth did not report the use of isolation other than being placed on lockdown (i.e., room confinement). When youth did report that they were placed in their rooms for their behavior, they were kept in their rooms for up to 24-72 hours for disciplinary purposes.</i></p>
<p>b. Prior to using isolation, staff utilize less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, mental health professionals, or other youth to talk with the youth. Prior to using isolation, staff will explain to the youth the reasons for the isolation, and the fact that he or she will be released upon regaining self-control.</p>
<p><i>Justification: Staff tried communication techniques in which they speak with the juvenile to try and de-escalate the situation. They were explained throughout the process what will happen next and if isolated, the reason why the isolation occurred and what actions the youth needs to display to be released from isolation. (However, staff interviews, youth interviews, and policy review identify any distinction between "isolation" and "room confinement".)</i></p>
<p>c. Staff only keep youth in isolation for the amount of time necessary for the youth to regain self-control and no longer pose a threat. As soon as the youth's behavior ceases to threaten imminent harm to self or others or serious destruction of property, staff shall release the youth back to programming.</p>
<p><i>Justification: There was no distinction between isolation and room confinement. Youth were kept on lockdown between 24 and 72 hours.</i></p>
<p>d. Staff notify the unit supervisor as soon as a youth is placed in isolation. Youth are not kept in isolation for longer than one hour without explicit approval of the unit supervisor.</p>
<p><i>Justification: There was no distinction between isolation and room confinement. Youth were kept on lockdown between 24 and 72 hours. Further, the JDAI standard does not allow for a youth to be kept in isolation for more than one hour without supervisor approval; whereas, the policy stated that a youth should not be kept in isolation for more than 24 hrs without supervisor's approval.</i></p>
<p>e. During the time that a youth is in isolation, staff provide one-on-one crisis intervention and observation. The staff member should be either in the cell with the youth or directly outside the cell providing constant observation of the youth and interaction as appropriate.</p>
<p><i>Justification: There was no distinction between isolation and room confinement and staff did not provide one-on-one observation.</i></p>

<p>f. A medical professional or health-trained staff directly monitors any youth in isolation at least every 15 minutes. A qualified mental health professional must directly monitor any youth held in isolation for longer than 30 minutes. If a youth is in isolation for longer than one hour, a qualified mental health professional must directly monitor the youth at least once every hour the youth is in isolation.</p>
<p><i>Justification: The policy stated that a youth in lockdown is monitored every 15 minutes if he or she is "in distress." If the youth is not in distress he or she is monitored every two hours.</i></p>
<p>g. Staff may not hold a youth in isolation for longer than four hours. If a qualified mental health professional determines that a youth needs to be in isolation for longer than four hours, staff shall transport the youth to a mental health facility or handle the youth through procedures for youth on suicide watch.</p>
<p><i>Justification: Youth on "suicide watch" consisted of youths sleeping on mats in the dayroom, sometimes without sheets, so that they could be observed simultaneously. Youth reported that a mental health professional checks on youth on suicide watch daily. According to the policy, a youth cannot be held in isolation longer than 24 hours without consulting with a supervisor who can extend the time. The policy does not state a mental health professional should be consulted with to determine if the youth should remain in isolation or be transported to a mental health facility.</i></p>
<p>h. If at any time during isolation 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).</p>
<p><i>Justification: Policy did not address consultation with a mental health professional to determine if a youth needs more intensive services which is not available in the current environment.</i></p>
<p>3. Designated isolation rooms are suicide-resistant and protrusion-free.</p>
<p><i>Justification: Youth and staff did not report having designated isolation rooms. However, G-Pod and individual rooms were "safe," but it should be noted that youth deemed at-risk for suicide or self-harm are not kept in rooms but on the floor in the Pod.</i></p>
<p>6. The facility administrator regularly reviews the use of isolation and 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 isolation.</p>
<p><i>Justification: The facility administrator did not regularly review the use of isolation and maintain a file in his office for a period of at least one year after the incident.</i></p>
<p>7. The facility administrator, in conjunction with mental health staff, reviews all uses of isolation to identify departures from policy and provide feedback to staff on effective crisis management.</p>
<p><i>Justification: The facility administrator reviewed all uses of isolation but not with a mental health professional in all cases.</i></p>
<p>C. Voluntary Time Outs</p>
<p>1. Staff allow youth to have a voluntary time out for a short period of time at the youth's request. A voluntary time out is defined as a youth choosing to remove him or herself from programming to "cool off"; the youth is allowed to return to programming automatically without needing staff permission.</p>
<p><i>Justification: One youth reported staff refusing to let them out of their room after they had taken a voluntary time-out. Another youth reported that it depended on which staff was working if they would be allowed room time to "cool off." Another youth said that youths could go in their rooms if they were about to "click out," but may have to spend 24 hours in there. Further, according to a behavior report in a youth's folder, the youth was placed on lockdown for the rest of the day when the youth asked to go to his/her room for a voluntary time out.</i></p>

2. Staff document voluntary time outs in the unit log.
<i>Justification: Staff did not document voluntary time outs in the unit log. Youth stated if they request a voluntary time out and later request to be released, they are denied release.</i>
D. Due Process in Discipline
1. Staff provide youth with a list of prohibited behaviors and the sanctions or consequences of such behaviors. Staff post the rules of the institution in all living units. Staff provide verbal explanation of the rules of the institution for youth with reading difficulties or limited English proficiency. Sanctions include less restrictions in addition to room confinement.
<i>Justification: Youth reported no list of rules. No list of rules were observed in the rooms other than not leaning back on chairs. No set of sanctions were observed or reported by youth. Youth reported that sanctions were dependant on which staff was working and highly subjective. For example, one staff may tease or joke with youth; however, another staff may perceive a youth's joking to be disrespectful and place them on lockdown for the same behavior that was encouraged the day before.</i>
2. Youth receive procedural due process protections during discipline, including:
a. Written notice of specific alleged misbehavior or violations of institutional rules.
<i>Justification: Youth reported that they are "written up" but not given a chance to read or sign their "write ups." There is no document in place to inform youth of misbehavior or violations of institutional rules. A youth is given a verbal explanation of the reason he/she is being disciplined.</i>
b. An opportunity to present their side of the incident before a person who was not directly involved in the incident.
<i>Justification: Youth reported no mechanism by which they can share their side of the story or any kind of disciplinary hearing/ due process procedure. Policy stated a youth can verbally explain his/her side of the incident, but there is no document in place for a youth to write his or her side of the incident.</i>
c. The assistance of staff or other youth if requested.
<i>Justification: There was no due process policy.</i>
d. An opportunity to present information to rebut the allegations (e.g., statements from other youth or staff.)
<i>Justification: There was no document in place to adhere to the process associated with due process in discipline. The policy stated that a youth can rebut allegations; however, there was no formal process to do so.</i>
e. A written statement of findings in the matter and the evidence relied upon by the decision maker.
<i>Justification: There was no document or formal process in place to follow through with due process in discipline. The policy also did not state that a youth should receive a written statement of the findings.</i>
f. An opportunity to appeal the ruling to the superintendent/facility administrator or deputy superintendent.
<i>Justification: There was no document or formal process in place to follow through with due process in discipline. The policy also did not state that a youth should receive a written statement of the findings.</i>
g. A right to a decision before the youth receives the confinement time or other sanction.
<i>Justification: There was no document or formal process in place to follow through with due process in discipline. The policy also did not state that a youth should receive a written statement of the findings.</i>

3. Due process protections apply when youth may be subject to discipline for major rule violations (i.e., when room confinement may last longer than 4 hours). Staff provide due process hearings within 24 hours of the incident and before the youth serves the room confinement time for a sanction.
<i>Justification: No policy was in place relative to a 24hr due process hearing nor was there a form in place to support a hearing or record the results of a hearing.</i>
4. Under no circumstances may a youth be deprived of his or her basic rights as part of discipline. Basic rights include:
b. Full meals and evening snacks.
<i>Justification: Youth reported that they receive full meals in their rooms while on lockdown but do not receive evening snacks. Policy stated that meals should not be withheld from a youth as a part of discipline, however, the policy did not address the issue of evening snacks being held as a part of discipline. After speaking with child in the facility it was stated that evening snacks are withheld from youth as a part of discipline.</i>
d. Parental and attorney visits.
<i>Justification: Youth reported they are not allowed family visits while on lockdown or attorney visits (though no youth reported an attorney requesting to see them and being denied.) Policy did not specifically state that attorney visits and parental visits should not be withheld as a part of discipline.</i>
f. Daily opportunity for exercise.
<i>Justification: Youth reported not being allowed opportunity for exercise while on lockdown. (In fact, one girl reported no exercise at all and being told that they were not allowed to do sit ups or jog-in-place while in the day room.) Discipline policy did not specifically state that daily exercise should not be withheld as a part of discipline</i>
g. Telephone contacts with attorney.
<i>Justification: Youth reported that they are only allowed attorney phone calls on designated phone call days, Tuesday and Thursday. Discipline policy did not specifically state that telephone contacts with an attorney should not be withheld as part of discipline</i>
h. The right to receive and send mail.
<i>Justification: According to interview with staff, youth cannot send or receive mail while on isolation.</i>
i. A regular daily education program.
<i>Justification: Youth were not allowed to attend school while on lockdown and are not provided any homework, make-up work, or individual instruction. Staff confirmed this as well as general observance.</i>
k. An opportunity to attend religious services and/or obtain religious counseling of the youth's choice.
<i>Justification: Youth reported they are not allowed church services while on lockdown. Staff indicated that youth are not allowed to attend religious services, however, they are allowed to speak with a religious representative in the room and they are allowed to speak with religious personnel in their room. Nothing indicated that a variety of religious services were offered.</i>
l. Clean and sanitary living conditions.
<i>Justification: Rooms appeared clean and sanitary. However, a youth reported that someone had scabies recently and that they noticed bugs in their room. No further evidence was found related to a scabies outbreak.</i>
m. Access to reading materials.
<i>Justification: Youth were not allowed reading materials while on lockdown and must put any books in the day room area. Staff indicated that youth have access to the Bible while on lockdown but youth refuted this and observation showed that youth were not allowed any reading materials whatsoever in their rooms while on lockdown.</i>

5. Staff provide explanations of all rules and sanctions for non-English speaking youth in their native language.
<i>Justification: Nothing indicated that there were any provisions made for non-English speaking youth.</i>
6. Staff do not use group punishment as a sanction for the misbehavior of individual youth.
<i>Justification: Youth reported being subjected to group punishment.</i>
E. Room Confinement
1. Prior to any imposition of room confinement, staff provide the components of due process set forth above. Room confinement is defined in this instrument as a disciplinary sanction requiring youth to remain in a room <u>after</u> a youth has violated a rule. Room confinement should not be confused with isolation, which is defined in this instrument as placing youth in a room because of his or her <u>current</u> acting-out behavior.
<i>Justification: Youth knew of no disciplinary hearings/ due process procedures in the facility. Room confinement and isolation were used in the same manner. The term used in the detention center is "lockdown". A separate policy for room confinement was not used at the detention center.</i>
2. As soon as staff place a youth in room confinement, staff shall notify the unit supervisor. Staff may not keep youth in room confinement longer than one hour without explicit approval of the unit supervisor. Staff may not keep youth in room confinement longer than 4 hours without explicit approval of the facility administrator or designee.
<i>Justification: There was no policy in place relative to room confinement.</i>
3. Room confinement for 24 hours or longer is not routinely imposed. Room confinement of more than 24 hours is reserved for the most serious violations, must be approved by the facility administrator, and is not imposed for more than 72 hours continuously.
<i>Justification: Several youth reported being held on lockdown for 24 hours, some as long as 72 hours. One youth was observed sitting out of the room during lockdown while other youth were in school. However, this was noted to not be the usual practice. Again, there was no policy in place relative to room confinement.</i>
4. If a youth is in room confinement longer than 24 hours, at least every 24 hours the facility administrator or a designee who was not involved in the incident must review and determine whether it is appropriate to authorize release.
<i>Justification: Room confinement and isolation were used in the same manner. The term used in the detention center is "lockdown". A separate policy for room confinement was not used at the detention center.</i>
5. If a youth is in room confinement longer than 24 hours, qualified mental health or health professionals visit the youth daily.
<i>Justification: Room confinement and isolation were used in the same manner. The term used in the detention center is "lockdown". A separate policy for room confinement was not used at the detention center.</i>
6. If the youth repeatedly engages in behavior that results in room confinement, staff convene a multi-disciplinary team to develop an individualized behavior plan for the youth.
<i>Justification: Youth who reported being detained in their room frequently did not report any individualized behavior plans. However, one youth was observed to be in a meeting with several probation officers and other staff due to continuously acting out in unpredictable ways.</i>

7. Staff shall document all incidents in which a youth is placed in room confinement including the name of the youth, the date and time the youth was placed in room confinement, the circumstances leading up the confinement, less restrictive sanctions considered, the person authorizing placement in room confinement, the staff or youth involved in the incident, and the date and time the youth was released from the confinement.
<i>Justification: The same form was used for all incidents, including lockdown, room confinement, or isolation. There was no space for indicating that less restrictive sanctions were considered.</i>
8. The facility administrator shall regularly review and analyze the use of room confinement and maintain a file in his or her office for a period of at least a year after the incident, of reports on all incidents in which youth are placed in room confinement.
<i>Justification: The facility administrator did not review and analyze the use of room confinement and maintain a file in his or her office for a period of at least a year after the incident and the event in which a youth is place in room confinement. Only active incidents are kept.</i>
9. Facility staff shall receive regular training on the appropriate use of, and alternatives to, room confinement.
<i>Justification: Staff did not receive regular training on the use of and alternatives to room confinement.</i>
10. During any time that a youth is in room confinement, staff monitor the youth at intervals not to exceed 15 minutes. If the youth appears in need of mental health services, mental health staff are called and promptly visit the youth.
<i>Justification: Room confinement and isolation were used in the same manner. The term used in the detention center is "lockdown". A separate policy for room confinement was not used at the detention center.</i>
11. Youth in room confinement shall have reasonable access to water, toilet facilities, and hygiene supplies.
<i>Justification: Youth on lockdown/room confinement had access to the toilet, showers, and the sink in their rooms, but there was no policy that ensures this.</i>
F. Corporal Punishment
1. Staff may not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.
<i>Justification: Policy review did not indicate that there is a specific policy prohibiting the use of corporal punishment, or cruel or degrading punishment, either physical or psychological.</i>
G. Grievance Procedures
1. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints. Staff inform each youth of the existence of the grievance procedure, the steps that must be taken to use it, and the name of the person or position designated to resolve grievances. Staff ask youth whether they understand the grievance process.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
2. 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.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>

3. Youth may request staff assistance to complete the grievance form if necessary.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There is no formal grievance process in place at the detention center. Grievances are taken verbally; therefore, there are no documents to review relative to the grievance process.</i>
4. Facility administrators ensure that youth receive no reprisals for utilizing grievance procedures.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
5. Facility staff, administrators, ombudsperson or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance. Staff alleged to be involved do not conduct the investigation.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
6. Facility staff, administrators, ombudsperson or other personnel provide prompt written notice to the youth of the results of the investigation.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
7. Youth receive responses to the grievances that are respectful, legible, and address the issues raised.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
8. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators respond to appeals promptly and fairly.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
9. If a grievance is found 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.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>
10. Facility staff, administrators, ombudsperson or other personnel fully document grievances and the results of grievance investigations.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>

11. Facility administrators regularly analyze grievance forms (granted and denied) for patterns or trends.
<i>Justification: Youth reported not knowing of any grievance or complaint procedure. No grievances or grievance boxes were observed on the units. There was no formal grievance process in place at the detention center. Grievances were taken verbally; therefore, there were no documents to review relative to the grievance process.</i>

VIII. SAFETY

Although safety is the last section of this assessment tool, safety for youth and staff is the overarching principle underlying all of the other sections. This section reinforces the facility's oversight and protections in relation to use of excessive force, sexual assault and harassment, intimidation, and weapons in the facility. The standards in this section require that proper oversight and action occur with respect to safety issues.

A. Youth are safe from physical assault, sexual assault and harassment, and intimidation by staff.

1. Written policies, procedures, and actual practices ensure that facility administrators regularly review, and appropriately respond to incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of inappropriate behavior by staff.

<i>Justification: There was no documentation to support that this takes place.</i>
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2. The facility administrator compiles and analyzes monthly statistics of violence, use of restraints, use of isolation, and use of physical force.
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<i>Justification: There was a report generated by data base, not administrator generated and used on a monthly basis.</i>

4. The facility has a plan for prevention, detection, reporting, and investigation of sexual harassment and sexual misconduct. Staff understand the plan and have the skills necessary to implement the plan (e.g., staff who conduct investigations have skills to properly investigate sexual misconduct.)

<i>Justification: There was no plan documented in this regard.</i>
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7. Staff provide appropriate support to youth during the investigation stage following allegations of abuse.

<i>Justification: There was no documentation to support that this takes place.</i>
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B. Youth are safe from physical assault, sexual assault and harassment, and intimidation by other youth.

1. Written policies, procedures, and actual practices 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 assault/harassment (including medical reports), by youth on other youth.
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<i>Justification: There was no documentation to support that this takes place.</i>
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2. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes.
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<i>Justification: Youth reported that different staff do room checks at different intervals. A youth reported, "Some check on you once a night, some only in the morning, some not at all."</i>

5. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.
<i>Justification: Youth reported that everyone gets treated the same. Everyone receives lockdown or loss of privileges. There was no documentation to support that an individual management plan exists.</i>
6. There are regular opportunities for youth to provide input on how the facility can be made safer.
<i>Justification: Youth report that no one has ever asked them how to make the facility safer. There was no documentation to support that this had taken place.</i>
C. Staff in the facility are safe from physical or sexual assaults by youth.
1. Written policies, procedures, and actual practices ensure that facility administrators regularly review, and appropriately respond to incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of physical or sexual assaults (including medical reports), by youth on staff.
<i>Justification: There was no documentation to support that this takes place.</i>
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.
<i>Justification: Staff felt that back up was available, yet there was no consistent training and confidence in behavior management techniques.</i>
D. Weapons are prohibited in the facility.
1. The facility has adequate security measures to ensure that neither youth nor staff bring weapons into the facility.
<i>Justification: Youth described the admission process as respectful and that they are screened for weapons by metal detector and full body search. (However, a report indicated that a youth was discovered in possession of a weapon.)</i>
2. The facility properly stores and secures objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).
<i>Justification: Youth reported that they had no way to access objects that can be used as weapons. A youth stated, "You have to eat everything with a spoon. You cannot get to the kitchen stuff." Youth reported that another youth was able to get an aerosol deodorant into a room and attempt to inhale it.</i>

APPENDIX 2

RECOMMENDED ACTIONS

Below is a list of recommended revisions to increase conformance to JDAI Self-Assessment standards based on self-assessment activities performed June 1 through June 30, 2010. It is estimated that making these revisions in accordance with the corresponding standards will increase compliance to standards from 38% to 69%.

The below list is divided into four sections: Form Revisions, Policy Revisions, Records/Files Required, and Trainings Required. Each section contains several sub-sections that follow the CHAPTERS sections. If there are no sub-sections mentioned, there were no standards applicable to that specific section. For example, if there are no Classification standards mentioned in the Training Required section, then there were either no applicable standards or all standards were in compliance. Following each recommended revision is a standard number that corresponds to the applicable standard in each subsection.

Form Revisions

I. Classification and Intake

- Screening form needs to include (IC1 and IC3):
 - Family history
 - Education status
 - Delinquency history
 - Section to list disabilities
- Orientation sheet needs to include (IC5 a-o):
 - Identification of key staff and their roles
 - Rules on search procedures
 - Review of behavior expectations
 - Consequences and due process
 - Access to mental health care
 - Housing arrangements
 - Opportunities for personal hygiene
 - Rules on visiting, correspondence and telephone use
 - Access to education, religious services, programs and recreational materials
 - Policies on use of force, restraints, and isolation
 - The positive behavior incentives
 - Emergency procedures
 - The right to be free from physical, verbal, or sexual assault by other youth or staff
 - Non-discrimination policies
- Incident report should include (IE7):

- Supervisor signature

II. Health Care

- Screening form needs to include (IIC1 and IIC3):
 - Family history
 - Education status
 - Delinquency history
 - Section to list disabilities
- Orientation sheet needs to include (IIC5 a-o):
 - Identification of key staff and their roles
 - Rules on search procedures
 - Review of behavior expectations
 - Consequences and due process
 - Access to mental health care
 - Housing arrangements
 - Opportunities for personal hygiene
 - Rules on visiting, correspondence and telephone use
 - Access to education, religious services, programs and recreational materials
 - Policies on use of force, restraints, and isolation
 - The positive behavior incentives
 - Emergency procedures
 - The right to be free from physical, verbal, or sexual assault by other youth or staff
 - Non-discrimination policies
- Incident report should include (IIE7):
 - Supervisor signature

VII. Restraints, Due Process, Isolation and Grievances

- All incident report forms should indicate whether or not restraints were used. (VIIA5a-i)
- Youth should be provided with a list of rules and prohibited behaviors along with the consequences for such behavior at the time of arrival. (VIID1)
- There needs to be a form to document the due process of youth when room confinement is put into place. (VIIE3)

VIII. Safety

- There needs to be an input form that is available to youth for them to give feedback on how to make the facility safer. (VIII A6)
-

Policy Revisions

I. Classification and Intake

- There needs to be a policy that states that if the facility cannot accommodate youth with disabilities, then they are transferred to a placement that can better meet the youth's needs. (IA3)
- Policy for limited English proficient youth to have translation services. (IB4)
- Policy against the use of youth to serve as translators for their parents. (IB5)
- Policy regarding asking youth about disabilities upon intake screening. (IC3)
- Policy changed to reflect that youth can receive two phone calls after admission instead of one. (IC4)
- Policy on how housing and programming decisions are made. (IE1)
- Clarify the policy surrounding separation of younger youth from older youth. (IE2a)
- Policy on separating violent youth from non-violent youth. (IE2c)
- Policy on separating youth based on maturity. (IE2d)
- Policy on separating youth based on alleged sex offense. (IE2g)
- Policy including specific information about youth who need to be separated from each other (not just general gang affiliation). (IE2h)
- Policy that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation act of 1973. (IE7)

II. Health Care

- Policy on youth receiving education about, detection of, and treatment of sexually transmitted diseases. (IIC25)
- Policy that youth are tested for HIV based on risk and recommendations of the US Preventive Health Services Task Force. (IIC26a)
- Policy that youth with HIV/AIDS are not automatically segregated from other youth in the facility. (IIC26b)
- Policy that all incidents of injury will be investigated beyond just the reporting youth. (IIC29)
- Policy that the treatment plan that the nurse implements includes (IIE2a-i):
 - Identification of mental and/or behavioral issues to be addressed.
 - Any medication or medical course of action to be pursued.
 - Planned activities to monitor the efficacy of any medication or the possibility of side effects.
 - A description of any behavioral management plan or strategies to be undertaken.
 - A description of any counseling or psychotherapy to be provided.
 - A determination of whether the type or level of treatment can be provided in the detention center.

- A plan for monitoring the course of treatment.
- Any necessary modifications to the standard use of force and restraint procedures.
- A transition plan for when the youth leaves the care of the facility.
- Youth on suicide watch have individualized plans of care that is followed by mental health staff and communicated to all staff who come into contact with the youth. (IIE10m)
- Policy describing the protocol for procurement, dispensing, accounting, administration and disposal of pharmaceuticals. (IIF5b)
- Policy addressing the transfer of medical records once youth leaves the facility. (IIG5)

III. Access Issues

- Policy on youth receiving education about, detection of, and treatment of sexually transmitted diseases. (IIIC25)
- Policy that youth are tested for HIV based on risk and recommendations of the US Preventive Health Services Task Force. (IIIC26a)
- Policy that youth with HIV/AIDS are not automatically segregated from other youth in the facility. (IIIC26b)
- Policy that all incidents of injury will be investigated beyond just the reporting youth. (IIIC29)
- Policy that the treatment plan that the nurse implements includes (IIIE2a-i):
 - Identification of mental and/or behavioral issues to be addressed.
 - Any medication or medical course of action to be pursued.
 - Planned activities to monitor the efficacy of any medication or the possibility of side effects.
 - A description of any behavioral management plan or strategies to be undertaken.
 - A description of any counseling or psychotherapy to be provided.
 - A determination of whether the type or level of treatment can be provided in the detention center.
 - A plan for monitoring the course of treatment.
 - Any necessary modifications to the standard use of force and restraint procedures.
 - A transition plan for when the youth leaves the care of the facility.
- Youth on suicide watch have individualized plans of care that is followed by mental health staff and communicated to all staff who come into contact with the youth. (IIIE10m)
- Policy describing the protocol for procurement, dispensing, accounting, administration and disposal of pharmaceuticals. (IIIF5b)
- Policy addressing the transfer of medical records once youth leaves the facility. (IIIG5)

IV. Programming

- Policy that staff only open mail in the presence of youth and only to inspect for contraband. (IVA3)
- Policy that sets limitations on with whom the youth can correspond. (IVA4)
- Policy on why mail can be withheld and how mail will be stored until the youth is released from the facility. (IVA5)
- Policy stating that youth may have visits from their own children, along with other adult family members outside of their immediate family. (IVC1)
- Change policy to reflect that even youth on disciplinary status may still have visits. (IVC5)
- Policy stating that the “least-intrusive” searches will be performed after visits. (IVC7)
- Policy stating that mail to and from the courts, attorneys, or public officials is privileged and will not be opened by staff. (IVD3)
- Policy that attorneys other than the youth’s attorney may visit with the consent of the youth. (IVD3)

V. Training and Supervision of Employees

- Policy that the mental health authority of the facility approves any mental health staff that are not mental health professionals and ensures that they have received adequate training to perform their job duties. (VC4)
- Policy stating that staff are to model social skills for youth and do not use profanity, threats, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth and that the administrator will address violations of the standards of conduct. (VD6)
- Policy that youth and staff can confidentially report suspected child abuse. (VE1)
- Policy that there is a code of conduct requiring staff to report misconduct of other staff members and that staff that fail to adhere to the code of conduct face appropriate discipline. (VE5)

VI. Environmental Issues

- Policy that allows youth to decorate and personalize their own space. (VIA5)
- Policy that youth receive new and unused underwear while in the facility. (VIG2)
- Policy that toiletries should not be shared amongst youth (i.e., toothpaste and deodorant). (VIG7)

VII. Restraints, Due Process, Isolation and Grievances

- Policy that room confinement (after due process) is not to be longer than 24 hours without supervisor permission. (VIIE3)

VIII. Safety

- Policy for plan of prevention, detection, reporting and investigation of sexual harassment and sexual misconduct. (VIII A4)
 - Policy that administrator will review and respond appropriately to incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of inappropriate behavior by staff. (VIII A1)
 - Policy that administrator will review and respond appropriately to incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual harassment by youth on other youth. (VIII B1)
 - Policy that administrator will review and respond appropriately to incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual harassment by youth on staff. (VIII C)
-
-

Records/Files Required

II. Health Care

- Professional and mental health care staff receive continuing education of at least 12 hours annually in courses relevant to their positions. (IIC14)
- Those serving as “health trained staff” are properly trained to fulfill their job duties. (IIC16)

IV. Programming

- All teachers should have access to youth’s IEP records, not just the IEP teacher.

V. Training and Supervision of Employees

- All teachers should have access to youth’s IEP records, not just the IEP teacher.

VII. Restraints, Due Process, Isolation and Grievances

- Administrator keeps a file in his office for a period of one year following an incident all reports of the incident in which youth are subjected to physical force or placed in restraints. (VII A8)
- Administrator keeps a file in his office for a period of one year following an incident all reports of the incident in which youth are placed in isolation. (VII B6)

VIII. Safety

- Need a record that the facility administrator regularly reviews and responds to all incident reports of staff behavior towards youth. (VIII A1)

- Need a record that the facility administrator regularly reviews and responds to all incident reports of youth behavior towards other youth. (VIII B1)
- Need a record that the facility administrator regularly reviews and responds to all incident reports of youth behavior towards staff. (VIII C1)

Trainings Required

II. Health Care

- Health staff receive 12 hours annually and as required by state law in courses relevant to their positions. (IIC14)
- CPR for all staff should be current. (IIC14)

V. Training and Supervision of Employees

- Staff possess the information and skills necessary to carry out their job duties. (VC1)
- Forty (40) hours of training prior to assuming any job duties, 120 hours in their first year, 40 hours annually thereafter. (VC2) Training to include:
 - Discipline and basic right of incarcerated youth (VC3a)
 - Conflict management (VC3c)
 - De-escalation techniques (VC3c)
 - Management of assaultive behavior (VC3c)
 - When to use physical force, mechanical restraints, and isolation (VC3c)
 - Suicide prevention and emergency procedures (VC3d)
 - Prevention of youth victimization (VC3e)
 - Adolescent development for girls and boys (VC3f)
 - Communication skills (VC3f)
 - Counseling techniques (VC3f)
 - Needs of special populations (VC3g)
 - Race, gender, ethnicity, sexual orientation and gender identity, youth with limited English proficiency
 - Non-discrimination policy (VC3h)
 - CPR and first aid (VC3i)
 - Universal safety precautions for HIV, hepatitis, and tuberculosis (VC3j)
 - Facility operations (VC3k)
 - Security procedures (VC3k)
 - Fire and emergency procedures (VC3k)
 - Safety procedures (VC3k)
 - Effective report writing (VC3k)
 - Handling disclosures of victimization or other sensitive information (VE6)

VI. Environmental Issues

- Staff needs to be trained on the location of all fire extinguishers and self-contained breathing apparatus. (VIE5 and VIE6)
- Staff needs to be trained on emergency preparedness plans (i.e., who will let the youth out of locked rooms in the event of an emergency). (VIE1f)

VII. Restraints, Due Process, Isolation and Grievances

- Staff training includes:
 - Conflict management (VIIA1a)
 - De-escalation of confrontations (VIIA1a)
 - Crisis intervention (VIIA1a)
 - Management of assaultive behavior (VIIA1a)
 - When to use physical force, restraints; permitted methods of physical force and restraints; appropriate application of force and restraints; and guidance to staff in deciding what level of physical force or restraints to use if necessary (VIIA1b)
 - Graduated set of interventions to use before using force or restraints (VIIAc)

VIII. Safety

- Staff training includes:
 - Behavior management techniques (VIIC2)
 - How to investigate sexual harassment and sexual misconduct (VIIIA4)
 - How to support youth during investigations of abuse (VIIIA7)
-

APPENDIX 3

Self-Assessment Remediation Plan

Self-Assessment Coordinators met with the Detention Home Supervisor to discuss the most appropriate approach to address conformance of standards. A major obstacle was the overwhelming amount of effort required and the lack of a structure to achieve sustained remediation activities. The discussion centered on dividing standards into manageable units that can be assigned to supervisory staff with expertise in that particular unit. Having agreed upon a loosely defined approach, this team discussed the need for regular follow up meetings to discuss barriers and progress. Lastly, a timeline was discussed to provide ample opportunity for sustainable resolution of facility needs.

Four areas were identified through this discussion: Policies, Trainings, Forms, and Physical Plant. Area experts were considered to take part in each of these areas due to the overlapping needs of each area (e.g., the facility nurse will be involved in all medical standards). However, supervisory staff assigned to each of the four areas have primary responsibility for the completion of the standards assigned to them.

Due to the time consuming nature of many standards, it was recommended that the facility staff begin by focusing on the Recommended Actions in Appendix 2. These would provide the greatest increase in compliance in the shortest amount of time. A goal established for this work is six months starting from October 1, 2010. Afterwards, the facility can focus on achieving additional standard compliance.

A monitoring plan was developed that included regular meetings with supervisors responsible for remediating standards. A weekly meeting between the Detention Home Supervisor, the supervisors assigned standards, and any other relevant staff member will be held to discuss progress, barriers, and resources needed to achieve conformance of standards. Also, a quarterly report will be provided to the Director of the department by the Detention Home Supervisor detailing the number of standards completed to date and any resources needed. A copy of that report format is included on page 64.

Following is a list of standards for each area to facilitate assignment to the appropriate facility supervisor:

Policies

I. Classification System and Intake

IA3; IA7

IB4; IB5

IC2; IC4; IC6

IE1; IE2a; IE2c; IE2d; IE2g; IE2h; IE5; IE7

II. Health Care

IIA3c; IIA6
IIB2a; IIB2d; IIB2e; IIB2g; IIB2i
IIC12; IIC21; IIC22; IIC25; IIC26a; IIC26b; IIC27; IIC29; IIC32
IID1a; IIDb; IID2a; IID2b; IID2c; IID2d; IIDe; IID3; IID4; IID5; IID6; IID7
IIE1; IIE2a; IIE2b; IIE2d; IIE2e; IIE2f; IIE2i; IIE3; IIE4; IIE5; IIE6; IIE7;
IIE8 IIE9; IIE10c; IIE10d; IIE10f; IIE10h IIE10i; IIE10j; IIE10m; IIE10n;
IIE10o
IIF1; IIF3; IIF4; IIF5b; IIF5j; IIF5k; IIF7; IIF8
IIG2; IIG5

III. Access Issues

IIIA3; IIIA4; IIIA5
IIIB1; IIIB2
IIIC1; IIIC4; IIIC5; IIIC7; IIIC10
IIID1; IIID3; IIID5

IV. Programming

IVA5; IVA7; IVA8; IVA11; IVA12; IVA13a; IVA13b; IVA13c; IVA13d;
IVA13e; IVA13g; IVA13h; IVA13i; IVA13j; IVA13k; IVA13l; IVA13m;
IVA14; IVA15; IVA16; IVA18; IVA19
IVB1; IVB4; IVB6; IVB7; IVB8; IVB10; IVB11; IVB12
IVC2; IVC4
IVD2; IVD5

V. Training and Supervision of Employees

VA4
VB7
VC2; VC4
VD2; VD3; VD4; VD5; VD6
VE1; VE3; VE4; VE5; VE6

VI. Environmental Issues

VIA3; VIA5; VIA6; VIA7
VIB2
VIC1
VIE1f; VIE6; VIE8; VIE9
VIG1; VIG2; VIG4; VIG6; VIG7
VI I1; VI I3; VI I5

VII. Restraints

VIIA1c; VIIA2b; VIIA2c; VIIA2d; VIIA2e; VIIA2f; VIIA3c; VIIA3d; VIIA3e;
VIIA3f; VIIA3g; VIIA3h; VIIA3i; VIIA4a; VIIA4b; VIIA4c; VIIA4d; VIIA4e;
VIIA4f; VIIA4g; VIIA4h; VIIA6; VIIA7; VIIA8; VIIA9

VIIB1a; VIIB1b; VIIB1c; VIIB1d; VIIB1e; VIIB1f; VIIB1g; VIIB1h; VIIB3;
VIIB6; VIIB7
VIIC1
VIID1; VIID2a; VIID2b; VIID2c; VIID2d; VIID2e; VIID2f; VIID2g; VIID3;
VIID4b; VIID4d; VIID4f; VIID4g; VIID4h; VIID4i; VIID4k; VIID4m; VIID5;
VIID6
VIIE1; VIIE2; VIIE3; VIIE4; VIIE5; VIIE6; VIIE7; VIIE8; VIIE10; VIIE11
VIIF1
VIIG1; VIIG2; VIIG3; VIIG4; VIIG5; VIIG6; VIIG7; VIIG8; VIIG9; VIIG10;
VIIG11

VIII. Safety

VIIIA1; VIIIA2; VIIIA4; VIIIA7
VIIIB1; VIIIB2; VIIIB5; VIIIB6
VIIC1
VIID1; VIID2

Trainings

II. Health Care

IIA1
IIB5
IIC14; IIC15a; IIC15c; IIC15d; IIC15e; IIC15f; IIC15g; IIC15h; IIC16;
IIC26e
IIE2c; IIE10a

V. Training and Supervision of Employees

VC1; VC3a; VC3c; VC3d; VC3e; VC3f; VC3g; VC3h; VC3i; VC3j;
VC3k; VC6

VI. Environmental Issues

VIE5; VIE7

VII. Restraints

VIIA1a; VIIA1b; VIIA1d
VIIE9

VIII. Safety

VIIC2

Forms

I. Classification System and Intake

IC1; IC3; IC5a; IC5b; IC5c; IC5e; IC5f; IC5g; IC5h; IC5i; IC5j; IC5k;
IC5l; IC5m; IC5o

II. Health Care

IIA2a1; IIA2a4

IIB2c; IIB3a; IIB3b; IIB3e; IIB3f; IIB3g; IIB3h; IIB3k

IIC18a

IIE2g; IIE2h; IIE10e

IIG1; IIG4

V. Training and Supervision of Employees

VA1

VII. Restraints

VIIA5b; VIIA5c; VIIA5d; VIIA5e; VIIA5g; VIIA5h; VIIA5i

VIIC2

Physical Plant

VI. Environmental Issues

VIB3; VIB4; VIB9; VIB10; VIB11; VIB17; VIB18

VIC6

VID1; VID2

VIE2; VIE3

VIF1; VIF3

VII. Restraints

VIID4I

In order to ensure regular progress with standard remediation, the Detention Home Supervisor will hold weekly status meetings to provide guidance and monitoring to detention home supervisory staff. In addition, written quarterly reports will be provided to the Department Director by the Detention Home Supervisor beginning the last quarter of 2010 (October – December) and proceeding for two years.

These reports will utilize the following format:

Date of Report: _____

Quarter Observed: _____

Baseline Self-Assessment:

Total Number of Applicable Standards: 532

Number and Percent of Conforming Standards: 200 38%

Number and Percent of Non-Conforming Standards: 332 62%

Last Quarter Results:

Number of Standards Addressed: _____ %

Number and Percent* of Non-Conforming Standards: _____ %

Current Quarter Results:

Number of Standards Addressed: _____ %

Number and Percent* of Non-Conforming Standards: _____ %

Resources Required:

*Percent of total standards

APPENDIX 4

CODING: Words in struck through type are deletions from existing law; words underscored are additions.

Regular Session, 2010

ACT No. 863

HOUSE BILL NO. 1477 (Substitute for House Bill No. 1015 by Representative Baldone)
BY REPRESENTATIVE BALDONE

AN ACT

To amend and reenact R.S. 15:1110, relative to juvenile detention; to provide relative to juvenile detention facilities and procedures; to provide for the development of licensing standards; to provide for the creation of the Task Force on Juvenile Detention Standards and Licensing; to require the licensing of juvenile detention facilities; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 15:1110 is hereby amended and reenacted to read as follows:

§1110. Licensing Detention standards; licensing

A. It is the intent of the legislature to protect the health, safety, and well-being of the children of this state who are placed in juvenile detention facilities. Toward this end, it is the purpose of this Part to provide for the establishment of statewide standards for juvenile detention facilities, to ensure maintenance of these standards, and to regulate conditions in these facilities through a licensing program.

It shall be the policy of this state that all juvenile detention facilities provide temporary, safe, and secure custody of juveniles during the pendency of juvenile proceedings, when detention is the least restrictive alternative available to secure the appearance of the juvenile in court or to protect the safety of the child or the public.

B. The single state entity created pursuant to R.S. 46:2757 on or before July 1, 2011, the Louisiana Juvenile Detention Association shall develop and recommend uniform standards and licensing procedures for local juvenile detention facilities. These standards should facilities that comport with nationally recognized and accepted best practice standards for practice within the local juvenile detention facilities. In developing these standards, the Louisiana Juvenile Detention Association shall seek input and guidance from the Task Force on Juvenile Detention Standards and Licensing provided for in Subsection D of this Section. The uniform standards and licensing procedures shall address, but not be limited to the following areas:

- (1) Operational requirements.
- (2) Staff qualifications and training of local juvenile detention staff, which shall include educational programs designed to improve the quality of services and specific training in recognizing and reporting of child abuse and neglect.
- (3) The ratio of staff to children in each local juvenile detention facility.
- (4) Policies for admission, transfer, discharge, aftercare supervision, and

- follow-up services appropriate to the needs of the child.
- (5) Standards of care, including provisions to administer any early, periodic screening, diagnosis, and treatment program and to treat appropriately any condition revealed by screening.
 - (6) Treatment needs for those with substance abuse disabilities.
 - (7) Standards to assure a safe, humane, and caring environment.
 - (8) Access to required programs and services, including educational services.
 - (9) A risk and needs assessment for each child, including criteria for the placement of a child in a particular local juvenile detention center or in a nonsecure alternative.
 - (10) Criteria for determining population limits for each local juvenile detention facility which may not be exceeded except in emergency circumstances during which time staffing ratios and levels of services must be maintained.
 - (11) Competency and character development to assist children in becoming responsible and productive members of society.
 - (12) The accountability of the child to the victim and the community for offenses committed.
 - (13) Procedures to provide a program of treatment, training, and rehabilitation consistent with the child's best interests and the protection of public interest.
 - (14) The rights of children in a local juvenile detention facility, which shall include provisions relative to the right to privacy, visitors, use of telephones, and mail delivery.
 - (15) Procedures for reporting complaints.
 - (16) Prohibitions against the use of excessive force against a child.
 - (17) Internal auditing and monitoring of local programs and facilities in the juvenile justice system, including compliance with all regulations and procedures.
 - (18) Such other regulations or standards that will ensure proper care and treatment of children as may be deemed necessary for the effective administration of local juvenile detention facilities.

C. All agencies, departments, offices, and institutions of the state, including the state universities and the community and technical colleges, shall cooperate in developing and implementing these standards.

D. For purposes of this Part, detention includes detention of a child both before and after adjudication.

E. On or before January 1, 2012, the Department of Social Services shall develop and promulgate, in accordance with the provisions of the Administrative Procedure Act, rules governing the licensing of juvenile detention facilities consistent with the standards recommended by the Louisiana Juvenile Detention Association. In developing these rules, the department shall seek input and guidance from the Task Force on Juvenile Detention Standards and Licensing provided for in Subsection D of this Section.

F. The Task Force on Juvenile Detention Standards and Licensing shall include representation of the following organizations:

- (1) A representative of each of the existing juvenile detention facilities in this state.
- (2) The Louisiana Juvenile Detention Association.
- (3) The Louisiana District Attorneys Association.
- (4) The Louisiana Public Defenders Board.
- (5) The Louisiana Sheriffs' Association.
- (6) The Juvenile Justice Project of Louisiana.
- (7) The Department of Public Safety and Corrections, Office of Juvenile Justice.
- (8) The Louisiana Council of Juvenile and Family Court Judges.
- (9) The Department of Education.
- (10) The Department of Social Services.
- (11) The Department of Health and Hospitals.
- (12) The Louisiana Chapter of the American Academy of Pediatrics.
- (13) The Louisiana Municipal Association.
- (14) The Police Jury Association of Louisiana.
- (15) The Louisiana Commission on Law Enforcement and Administration of Criminal Justice.
- (16) Representatives from the juvenile drug court community.

G. On or before January 1, 2013, all juvenile detention facilities, including facilities owned or operated by any governmental, profit, nonprofit, private, or public agency, shall be licensed pursuant to the provisions of Subsection C of this Section.

SPEAKER OF THE HOUSE OF REPRESENTATIVES
PRESIDENT OF THE SENATE
GOVERNOR OF THE STATE OF LOUISIANA
APPROVED: