

**Hale Ho`omalua Juvenile Detention Facility
A Self-Assessment of the Conditions of Confinement**

January 2012

Acknowledgements

On behalf of the Judiciary, we would like to express our appreciation and gratitude to all the members of the assessment teams, who committed their time, energy, and expertise towards completing this important work. We deeply appreciate all of your efforts. In addition to the team members, we thank the staff at Hale Ho`omalua Juvenile Detention Facility who graciously welcomed the assessment teams into the facility and took the time to share their insights. Our acknowledgements would not be complete without recognizing the youth who openly shared their experiences, and our partner agencies University Clinical, Education and Research Associates (UCERA), Olomana School, and the Child and Adolescent Mental Health Division's Family Court Liaison Branch. We appreciate everyone's contributions toward ensuring a safe, healthy, and sanitary environment for all detained youth, along with access to quality education, mental health services, and rehabilitative experiences.

Introduction

The purpose of the self-assessment is to illustrate the current state of the conditions of confinement and to improve conditions where necessary. While jurisdictions are not required to conduct self-inspections, we believe in continuous quality improvement and elected to initiate this process. The Judiciary's Family Court invited volunteers from our stakeholder community to assist with the self-assessment process. Members from diverse professional backgrounds were invited to assure a comprehensive and objective process.

Overall, the HHJDF administration and staff have demonstrated a commitment towards ensuring detained youth are confined in a safe, healthy, and sanitary environment, along with access to quality education, health care services, and rehabilitative experiences. Clearly, this self-assessment identifies specific areas that are in need of improvement. These are ambitious standards to assess conditions, and improving quality is an on-going process.

Background

The Juvenile Detention Alternatives Initiative (JDAI) was started by the Annie E. Casey Foundation. This initiative was intended to reduce overcrowding in juvenile detention centers, thereby saving money and improving conditions of confinement. This initiative also expected that reducing the population in detention centers and fiscal savings could be achieved without jeopardizing public safety or court appearance rates. JDAI helped jurisdictions establish a data driven process and procedures to identify who is being detained and whether a community-based alternative would work instead.

Currently, JDAI has been adopted in over 113 jurisdictions across the nation. JDAI sites support a collaborative, rational, information-based approach to deciding on the detention of youth, and improving conditions and reducing over-crowding in juvenile detention facilities. JDAI is based on eight (8) core, interconnected strategies that address why juveniles are unnecessarily or inappropriately detained. The Casey Foundation provides JDAI sites with a comprehensive set of "tools" and technical assistance to advance juvenile justice reform.

The core value of JDAI is that court-involved youth should be served in the least restrictive environment possible. Services to youth should be delivered in their natural environment (e.g., home, school, community) whenever possible. When secure detention is necessary to protect the public, then youth should be confined in a detention facility that provides a safe, healthy, and sanitary environment, along with access to quality education, mental health treatment, and rehabilitative experiences.

The eight (8) core strategies of JDAI that Hawaii has committed to operationalize are as follows:

1. Interagency **collaboration** of key juvenile justice stakeholders to coordinate and plan reform activities.
2. Reliance on **data** to understand issues, problems, and how resources are allocated. Data will guide program and policy decisions.
3. Use of objective criteria to guide **objective detention admissions**.
4. **Alternatives to detention** increase options available for youth yet ensure they are held accountable for their behavior and the community is protected.
5. Expedited **case processing** to decrease lengths of stay and accelerate the case resolutions.
6. Analysis of **special detention cases** and developing strategies for managing difficult populations of youth who are detained unnecessarily.
7. **Reduce racial disparity** in the detention population.
8. Monitor the **conditions of confinement** in Hale Ho'omalua to identify problems that need correction. The emphasis is on maintaining safe and humane conditions of confinement.

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Self-Assessment Process

Orientation: Rockne Maunupau, Superintendent, Hale Ho`omalua Juvenile Detention Facility (HHJDF), invited volunteers from the 2009 self-assessment teams, stakeholders, and potential volunteers to a kick-off meeting in March 2011. At this meeting, volunteers were provided with an overview of the current state of the conditions of confinement at this recently (February 2010) occupied facility. The meeting ended with a tour of the facility.

Team Composition: Volunteers were organized into five (5) assessment teams:

Team 1:	Classification
Team 2:	Access and Environment
Team 3:	Health Care
Team 4:	Programming
Team 5:	Training & Supervision of Employees, Safety, Restraints, Grievances, Isolation, and Due Process

Training: To ensure integrity in the self-assessment process, the Annie E. Casey Foundation and the Youth Law Center created training videos that correspond to each chapter in the self-assessment guide. Some of the volunteers were trained by faculty from the Youth Law Center in November 2008.

Members were presented with an overview of the Juvenile Detention Alternatives Initiative (JDAI), purpose of the self-assessment, and the Self-Assessment Guide (Appendix A). Following the overview, members were asked to view the video that corresponded to their assigned team. The training focused on details of the standards in the Self-Assessment Guide and the process by which teams could request access to documents, staff, and youth; and the timeline and process for submitting completed data and the writing of the final report.

Following the training, the Superintendent notified detention staff that the teams were scheduled to perform site visits throughout the summer. Staff and youth were encouraged to voluntarily participate in interviews. Data gathering for this self-assessment was June through August 2011.

Confidentiality and Background Checks: Team members were instructed to maintain the confidentiality of youth at all times. Each member was required to sign a confidentiality agreement. Criminal history background checks were also conducted for each team member.

Review of Results: Upon completion of their assessment, teams were asked to draft a summary of its findings and debriefed its assessment with the Superintendent, Deputy Superintendents, Deputy Chief Court Administrator, and the JDAI Coordinator. The teams thus had an opportunity to discuss the results directly with the Superintendent.

Methodology

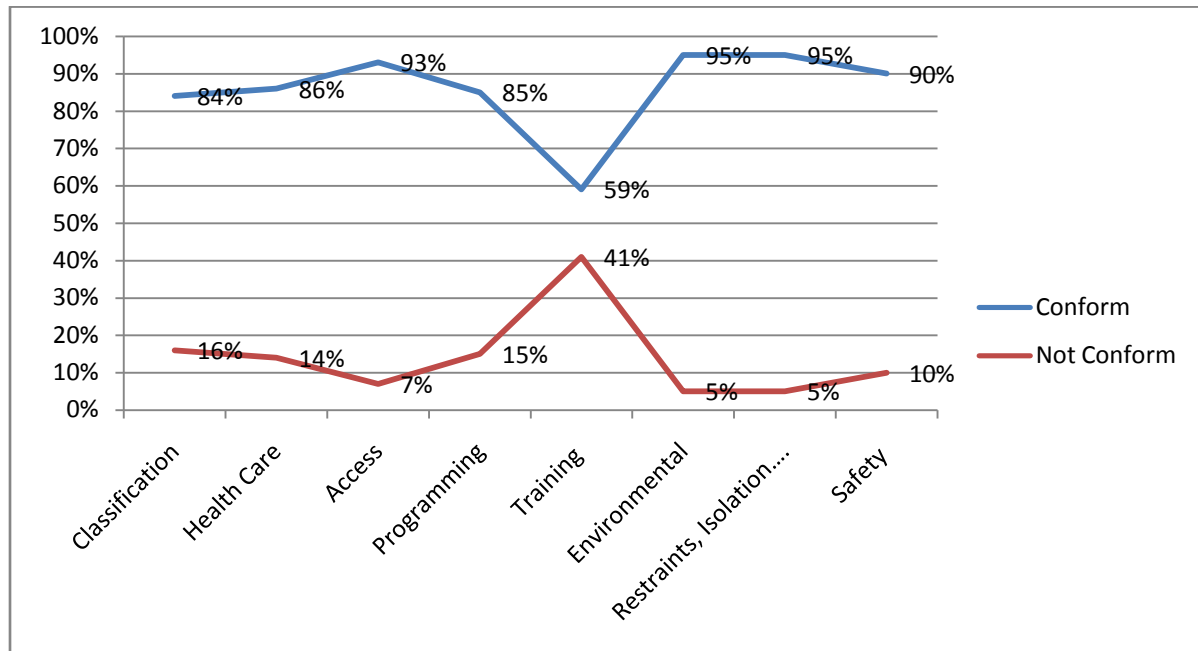
Criteria: The self-assessment is based on approximately 536 standards (including sub-parts) encompassing eleven areas of detention operations and practices:

- Classification
- Health Care
- Access
- Programming
- Training & Supervision of Staff
- Environment
- Restraints, Isolation, Grievances
- Safety

Data: Team members gathered data through on-site visits to the facility and observation of programs and activities. Interviews with families, administrative and line staff, detained youth, and other program staff were conducted. The teams reviewed documents that included policies and procedures, facility repair logs, daily schedules, activity logs, educational files, food service inspection reports, menus, health care forms and files, correspondence, meeting notes, etc. The quality of food prepared for youth was also assessed by a random sampling of meals.

Results

Overall results of the self-assessment demonstrate that the facility conforms to the majority of the JDAI standards. Of the total of **536 standards**, the facility **conformed to 469 (88%)** standards and **did not conform to 67 (12%)** standards.



Classification and Intake:

There are clear and specific criteria on admission to secure detention. The intake process is timely. Status offenders, non-offenders, youth under the age of 12, youth with serious medical or mental health needs, or youth who are severely intoxicated are not admitted into the facility (unless authorized or cleared by a medical professional). At the time of admission youth are oriented to their rights, rules of the facility, and other procedures.

Classification of youth is an area of concern as it relates to youth safety. Although youth occupy individual rooms they reside in modules of 12 youth. Classification decisions do not appear to separate youth by age (younger/ older), maturity, violence, or presence of physical or mental disabilities. Practice regarding the housing of transgender girls in the boys' module is an area that should be reviewed to allow placement in the most appropriate setting.

The team determined that **43 areas conform** and **8 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

- 1. Staff use a race and gender-neutral Risk Assessment Instrument (RAI) to determine the appropriate pre-dispositional placement or status to accomplish the purposes of detention.**
The RAI that is currently being piloted should be adopted upon completion of the evaluation of the pilot.
- 2. At the time of admission or shortly thereafter, youth receive a written and oral orientation to emergency procedures.**
- 3. Classification policies require consideration of potential safety concerns in housing and programming decisions, including:**
 - a. Separation of younger from older youth.**
 - b. Separation of violent from non-violent youth.**
 - c. Maturity.**
 - d. Presence of mental or physical disabilities.**
 - e. Alleged sex offenses.**
- 4. There are no automatic policies for housing or programming of gay, lesbian, bisexual, or transgender youth on the basis of their actual or perceived sexual orientation. Staff make any special housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for the particular treatment. The facility administrator or designee reviews each decision.**

Mixing less serious with serious offenders, especially when it is a technical probation violation (not new criminal activity) should be remedied as it is a genuine concern of staff that less serious youth may learn more serious negative behaviors such as where to pick up drugs, more violence, places to runaway, etc.

It is also recommended that the housing and programming for LGBT youth, especially transgender youth, should be individualized and should rely on consultation with medical and mental health staff.

Health Care:

Overall, there has been good effort to improve Health Care practices at HHJDF. The medical unit has the ability to utilize private nursing agencies for situations where facility nursing services are not available. Although still short from having 24-7 nursing coverage between the hours of 9:00 p.m. and 7:00 a.m., the utilization of private nursing agencies and the availability of 24-7 on-call physician consultation appear to be a viable but temporary alternative to 24 hour on-site coverage. The Department of Health Child and Adolescent Mental Health Division (CAMHD), continues to provide mental health services at the facility to treat residents and provide consultation to the detention staff on difficult cases. The facility is staffed with a full-time clinical social worker, full-time clinical psychologist, and a part time psychiatrist. The psychologist was relieved from other duties to devote her services full-time to the detention facility. The new and pending policies and procedures (Chapter 7: Medical and Mental Health Services) will serve as the impetus for guiding best practices and improving the standard of care of youth.

The team determined that **126 areas conform** and **21 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

1. **Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices guidelines.**
2. **History of psychiatric hospitalization and outpatient treatment.**
3. **History of sex offenses.**
4. **Special Education history.**
5. **History of services for mental retardation/developmental disability.**
6. **On-site nursing services are adequate to serve the number of youth in the facility.**
7. **The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding health and mental health care.**
8. **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.**
9. **All facility staff supervising youth are trained in and know how to address:**
 - a. **Signs and symptoms of cognitive, intellectual, and developmental disabilities.**
 - b. **Signs and symptoms of chemical dependency.**
 - c. **Signs and symptoms of child abuse (including sexual abuse) and trauma-related disorders.**
 - d. **Training must include protocols for boys and girls.**
10. **The health authority ensures that staff serving as “health-trained staff” to perform admission screenings are properly trained to fulfill those duties.**

- 11. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, STDs, and STD prevention, stress management, drug/alcohol/tobacco education, and physical fitness. LGBT youth receive training tailored to their particular health needs.**
- 12. Youth are tested for HIV based on risk and on recommendations of the US Preventative Health Services Task Force.**
- 13. Health care staff prepares discharge plans and provide follow-up or liaison services to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.**
- 14. Staffing for dental care is adequate for the number of youth in the facility.**
- 15. Dental professionals or dentally trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.**
- 16. Staff administers medications under circumstances that protect the youth's medical confidentiality (i.e., not in public space).**
- 17. Medical staff maintains an adequate supply of antidotes and emergency medications, and easily accessible information in case of overdose or toxicological emergencies.**
- 18. Written policies, procedures, and protocols ensure that staff transfer medical records with youth between facilities or placements so youth receive consistent and timely medical services.**

To address the aforementioned areas, the team recommends that there be improved internal communication among the medical unit staff and administration, other detention staff (i.e. staff providing direct supervision of youth), and partner/collaborative agencies. A memorandum of understanding (MOU) or written protocol can address methods of communication among partner agencies to more effectively coordinate medical and mental health services to all youth. A quality assurance plan needs to be developed, implemented and monitored. The Medical and Mental Health Services Team could be the group to help HHJDF Administration develop and monitor the QA plan. Administrative oversight of the medical unit needs to be clear, and establishing a supervising/head nurse position to oversee the overall services provided by the unit and interface with partner agencies should be considered.

Access:

In general, the team found the staff to be supportive of “kids doing well and getting the help they need.” Staff was open to feedback and ready to reflect on what is working well and what is in need of improvement.

Phone calls meet the standard (10 minutes) and staff “generously” allow youth to place telephone calls to approved persons. Staff noted their understanding of the importance of this contact noting that this contact often “helps youth on a bad day.”

The team found that families and youth do not have a clear understanding of policies and procedures related to correspondence and visitation. Specifically, families and youth do not know the facility “rules” on access to letter writing supplies, items youth may receive through mail, and general and special visitation hours.

The team determined that **26 areas conform** and **2 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

1. **If staff withhold mail for any reason, staff inform youth, log the date, time and reason for the action, place the mail in the youth's private property, and advise the youth that they may file a grievance over the withheld mail.**
2. **Facility staff provides youth with reasonable access to telephone, and staff do not routinely listen in.**

Staff generously allow youth to make calls to approved parties; however, staff cite security as the main reason they must monitor calls.

The team recommends that HHJDF review its policies and practices on withholding of mail and monitoring of calls.

Programming:

Olomana School, a nationally accredited (WASC) school, provides instruction to all youth detained at Hale Ho`omalua. Over the past three (3) years, the school has increased the number of highly qualified teachers and those licensed in special education. Public schools have an average student to teacher ratio of 26:1. However, to meet the needs of the student population in the facility, the student to teacher ratio rarely exceeds 12:1. Students with identified special needs are provided additional support services from Olomana staff, which often brings the student to teacher ratio lower than 12:1.

The curriculum is based on the Hawaii Content and Performance Standards (HCPS) III. Beginning in the summer of 2011, teachers will be trained on the crosswalks between the HCPS III and the Core Curriculum Standards. All students will be using Common Core by 2014, and all students in Hawaii, will be part of an aligned network shaping K-12 education throughout the country. The school maintains a library and allows youth to borrow books to read in their modules. All youth have access to all school curriculum programs including carpentry and woodshop. Olomana School staff volunteer their time to provide an after-school program for detained youth.

Random reviews of the daily schedules indicate a reliance on television in the dayroom, as opposed to other activities. Staff supports the need for more programming as they believe youth should be busier and not sitting around. Boys tend to play cards and there should be daily structured recreation time (at least one hour) for both girls and boys.

Representatives from community agencies indicated that staff are present at their activities and that staff are helpful, accommodating, and responsive. Staff spend a few minutes briefing and debriefing group sessions and there are few behavioral issues in the group sessions.

For youth, the Behavior Management Program standards were reviewed and staff noted that they are not fully in place at this time. It was difficult to consistently ascertain that there is a fair and positive focused disciplinary process that holds youth accountable, or that relies on a continuum of consequences that is proportional to the behavior. However, the file reviews and interviews indicate that there is an informal process in place. In terms of staff, the camera review seems to be helpful in assessing, commending, or correcting staff behavior, as appropriate. Most of the reviews were supportive of staff behavior and indicated that staff follow proper policies. In the relating few situations where it appeared that staff acted inappropriately, the supervisor took immediate and appropriate corrective action with the staff. There appeared to be good follow through in this regard.

The team determined that **46 areas conform** and **8 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

1. **The facility school operates twelve months a year.**
The facility operates on a 10-month schedule consistent with the majority of secondary public schools. Youth are admitted into the facility throughout the calendar year and should be afforded a twelve month educational program.
2. **Staff keep youth occupied through a comprehensive multi-disciplinary program.**
More resources are needed in this area (volunteers, funding, and supplies).
3. **Equivalent programming exists for male and female youth in the facility. “Equivalent” does not mean that programming is identical, but that girls have reasonable opportunities for similar activities.**
4. **Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every day.**
5. **Youth in the facility go outside for exercise/recreation at least one hour every day, weather permitting.**
Current logs indicate that youth have access to outdoor exercise and recreation for 45 minutes, and that girls appear to have less access to outdoor recreation time. When school is in session, this may be accomplished through physical education.
6. **Reading materials appropriate for age, interests, and literacy levels of youth are available in sufficient variety and quantity to the youth.**
Youth may keep soft cover books in their rooms. As written resources are dependent on donations, there is still a dearth of youth-interesting reading.
7. **A written behavior management system provides a graduated scale of incentive for positive behavior.**
8. **Youth understand the rewards and sanctions system and how it works.**
Most youth know the rules and noted that the rules are explained at intake and they are reminded of the rules each morning.

It is recommended that the Department of Education consider a twelve month school year at HHJDF.

The team recommends the HHJDF develop a comprehensive multi-disciplinary program that is posted and adhered to, and should continuously review its practices on equal access to programming, with particular attention to recreation and exercise and ensure that both girls and boys consistently have at least one hour of structured exercise and recreation. Also, the behavior management system policy and procedures should be approved as soon as possible, as it will remain unclear to both staff and youth until it is standardized through policy and staff training. Youth should have something written that they can refer to (i.e., handbook).

Training and Supervision:

HHJDF consistently meets the required minimum 1:8 and 1:6 staff to youth ratios for daylight hours and 1:16 at night for both the boys and girls modules; however, there are no extra staff members to help when needed. The facility is chronically understaffed and some staff are required to work double, triple, or more shifts. In fact, 36 hour shifts were common during one stretch of time. For example, while staff were being interviewed, 6 of 8 staff on duty were asked to work double shifts, which meant only two fresh staff would be working the 3-11 p.m. shift. Administrators refer to this as situation as “sick leave abuse,” a collective bargaining term, but staff members report it as an inevitable consequence of working too much. Staff described stress, high blood pressure, fatigue, and frustration following multiple overtime shifts, and not having enough time for family or sufficient sleep or rest. HHJDF administration reported that they requested more staff members but were denied due to budgetary restraints.

Staff training curriculum is provided by the National Juvenile Detention Association Center for Research and Professional Development (NJDA) and Handle with Care (HWC). Administrators and staff indicate that initial and follow-up training does not occur regularly due to staffing issues. HHJDF has made concerted and on-going steps to meet the training needs of the facility. Training sessions are regularly offered for all JDW's and JDS's. Despite these multiple opportunities, some staff have not attended due to sick leave, staff shortages, and scheduling conflicts.

While the NJDA and HWC curricula meet the requisite standards, multiple staff describe the training as inadequate and questioned the qualifications of the HHJDF trainer. The trainer, hired in the Spring of 2010, is certified in teaching Lay Responder FA/AED/CPR and HWC behavior management system. The trainer is clearly documented as qualified and recent real life events provide further evidence.

There have been positive steps towards improving staff supervision, including the hiring of the trainer to develop policies and procedures. However, lack of communication and miscommunications between staff and administration, and inconsistency among supervisors has a direct impact on staff morale. There is a sense that everything is verbal, nothing is written, and things can change at any time. There is no consistency. Staff report being told by administration that changes must be made to meet JDAI standards but feel they do not have resources to make that change.

Incident Reports were complete and thoroughly document by everyone involved the facts of the incident. The Deputy Superintendent reviews and documents his/her recommendations or plan of action and details are investigated when necessary. All reports are well filed which makes it easy to review all details related to any specific incident. The facility has written policies and procedures regarding child abuse and complaint reporting. Additional policies and procedures have been drafted and are pending approval.

The team determined that **23 areas conform** and **16 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

- 1. Staff are hired to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.**

The NJDA recommends that HHJDF “design a new role for line staff; change the job title, eliminate the JDW position title; write new job descriptions; raise the qualifications and pay levels.”

- 2. Staff possess the information and skills necessary to carry out their duties.**
Staff report that training is inadequate.
- 3. Written policies, procedures, and actual practices ensure that all categories of personnel meet training requirements. Training for staff 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. On the job shadowing does not count toward the hours of training.**

There are no policies regarding training and attending training. Record review indicated training is offered piecemeal and attendance is variable (staffing issues).

- 4. Facility staff receive training on policies and practices regarding:**
 - a. 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.**
Staff are trained in the HWC and these topics are addressed in the NJDA curriculum and policies (some pending approval). Staff report the training is helpful but insufficient to meet their needs.
 - b. Suicide prevention and emergency procedures in case of suicide attempt.**
Policies and training pending approval.
 - c. Prevention of youth victimization.**
No evidence of training.
 - d. Adolescent development for boys and girls, communication skills, counseling techniques.**
No evidence of training/

- e. **Needs of specific populations (e.g., gender, race, ethnicity, sexual orientation and gender identity, disability, or youth with limited English proficiency) within the facility.**
Some staff received training on gender and LGBT youth, but no staff has received training on race, ethnicity or disability. Staff have attended a training on English proficiency.
 - f. **Non-discrimination policy.**
Judiciary has an over-arching policy for employees. HHJDF has no specific policy and there is no evidence of training.
 - g. **Proper administration of CPR/first aid.**
Not all staff have been trained due to staffing.
 - h. **Facility operations, security procedures, fire and emergency procedures, safety procedures, and effective report writing.**
Staff have difficulty attending due to staffing issues.
5. **If the facility relies on facility staff to perform the health screening at the time of admission, the responsible health authority has provided adequate instruction in conducting the admission screen.**
Staff are not trained to conduct screenings when medical staff is not available.
 6. **The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.**
Time constraints do not permit the administrator to conduct regular tours.
 7. **The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.**
Staff meetings are rarely held.
 8. **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.**
Policies have been approved or pending approval. Training is offered through NJDA or HWC. Interviews with staff and youth indicated that is still an issue but has greatly improved.
 9. **Staff receive specific training in handling disclosures of victimization or other sensitive information made to them by youth.**
Policies pending approval and training.

HHJDF should consider upgrading the qualifications and salaries of staff to ensure that staff has the necessary skills to safely and effectively interact with youth. While this may entail a lengthy process of union negotiation, it is worth the effort given the importance of ensuring the safety and well-being of the youth who are placed in the care of secure detention.

HHJDF administration should address barriers that prevent staff from receiving adequate training, complete policies and procedures, and implement a comprehensive

training plan that addresses the training needs of line staff. Improve communication between staff and administration by convening regular staff meetings that allow for staff to give input on training and program needs.

Environmental:

In February 2010, youth moved to the newly constructed secure detention facility located in Kapolei. The facility and grounds are well maintained.

Minor facility and equipment repairs are generally completed within 24 hours of being reported. Administration responds to the major repairs in a timely manner with varying lengths of time needed for repair completion. Overall the facility is spacious with spacious program and meeting rooms that allow for privacy. The educational program has classrooms, computer lab, and a fully equipped industrial arts classroom. The Department of Education and Department of Health are provided with private office space. The medical unit is well equipped and the décor reflects that of a private medical practice.

The food service facility is clean and neatly organized. As a participant in the National School Lunch Program (NSLP), the food service program must meet NSLP standards for nutrition and sanitation. The NSLP conducts audits of the facility food service program to determine compliance with NSLP standards. In an audit report dated July 22, 2010, by May Breckenridge, NSLP Consultant, noted the meals were of “very good quality” and staff was reportedly doing a “good job in the area of food safety.” Beyond the NSLP audit, the facility kitchen is inspected twice a year by the Hawaii State Department of Health. The last inspection was on May 10, 2011, and no problems or issues were identified.

Food service staff are innovative in their approach to meal preparation. They avoid the use of processed foods and prefer to prepare home cooked meals.

Youth report satisfaction with access to clean bedding and clothing. However, some youth would like more warm clothing as the facility can be too cold at times.

The team determined that **77 areas conform** and **4 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

1. **Furnishings and decorations reflect a home-like, non-penal environment to the maximum extent possible.**
2. **Staff allow youth to decorate and personalize their own living space.**
3. **The décor and programming acknowledge and value the diverse populations of the youth in the facility**
4. **The facility has an evacuation plan that staff conspicuously post in each area of the facility. Staff regularly conduct and document fire drills, at least monthly and rotating by shift. Staff document fire drills including how long it takes to unlock doors and get youth cleared from the building.**

While the facility has an evacuation plan that is posted, to date, the facility has not conducted any fire drills.

HHJDF should consider allowing décor that is reflective of the diverse cultures of youth, including youth culture. More décor may soften the institutional feel of the facility and possibly create a more positive environment.

Restraints, Isolation, Due Process, and Grievances:

HHJDF administration is currently working to incorporate NJDA and Handle with Care (HWC) trainings into written policies and procedures detailing the use of restraints. Some policies have been adopted and most staff members have been trained in their use, while other policies are pending approval. Administration and staff state that the NJDA and HWC techniques for use with aggressive youth work “only if the staff is larger than the youth,” that the methods are inadequate and the staff need more training.

There has been improvement in minimizing use of isolation to only the amount of time necessary for the youth to regain control. Policy and procedure changes and more staff training have led to less frequent use of isolation and for shorter periods of time, with more crisis intervention and monitoring. A review of incident reports revealed a decrease in use of isolation as a voluntary self time out.

There have been a number of changes to the punishment and due process system that has resulted in less frequent use of room confinement, isolation, and work detail, including the posting and reading out loud the facility rules, and instituting a point system. Youth are given notice of their misbehavior, a hearing, and an opportunity to appeal – all of which appear to be clearly explained and understood by youth and staff. Administration is available on weekends which allow youth to appeal discipline decisions.

HHJDF recently lifted its ban on photographs and newspapers. Youth are now allowed to have photos, 2 books and a journal in their rooms, and access to the newspaper. Allowing the possession of these items is a wise policy decision and one that was necessary.

HHJDF has decreased its reliance on room confinement as a behavior management tool through better policies, procedures, training, and point system. The conditions of room confinement have improved. Youth in room confinement are unable to attend religious services because the only religious option is Sunday services, and there are not more faith-based groups willing to volunteer at HHJDF. Administration reported that they have difficulty recruiting faith-based groups to volunteer at the facility and would welcome the opportunity to provide youth with more faith-based options of their choosing.

HHJDF has greatly improved its grievance procedure including explaining the procedure to youth. Grievances are filed on a range of issues from the type or quality of the food to matters of privacy and safety. Grievances are reviewed promptly and corrective

action taken, and the outcome is always explained to the youth. A box is provided in the school (out of HHJDF staff view) for confidential complaints. In the modules, youth must ask staff for writing materials; however, staff do not question youth on why they are requesting writing implements.

The team determined that **110 areas conform** and **6 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

- 1. 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.**
There is no policy prohibiting staff who have not received formal training from using physical force.
- 2. 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 support on ways to prevent such incidents.**
Parents are not notified when force is used. One parent reported bruises on her child's neck after leaving HHJDF.
- 3. 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 youth is in isolation for longer than 1 hour, a qualified mental health professional must directly monitor the youth at least once every hour if the youth is in isolation.**
Medical professionals or health-trained staff may not always be available, particularly on the weekends.
- 4. Staff shall keep designated isolation rooms clean, appropriately ventilated, and at comfortable temperatures.**
The facility is uncomfortably cold. Youth report that they are cold all the time and the blankets are not warm enough.
- 5. Due process protections apply when youth may be subject to discipline for major rule violations. Staff provide due process hearings within 24 hours of the incident and before the youth serves the room confinement time for a sanction.**
Due process hearings are provided if staff is available and not necessarily before the youth serves the room confinement. The youth handbook does not inform youth that have a right to a due process hearing prior to serving the room confinement.
- 6. If a youth is in room confinement longer than 24 hours, qualified mental health or health professionals visit the youth daily.**
Mental health staff are unavailable for weekend confinements.

HHJDF administration should work with staff to identify training needs and provide additional training as needed. Staff request for more behavior management tools and training should be provided to ensure the use of isolation in extremely limited instances. Administration should conduct a review of voluntary time-outs to determine ways that staff can assist youth, particularly by those youth who may be depressed, being harassed, or bullied by other staff or youth.

Safety:

In addition to the issues identified in Classification and Intake on the housing of less serious youth with serious youth, LGBT youth are particularly at risk of harm due to the lack of regular training on LGBT issues. HHJDF is in the process of adopting and implementing comprehensive physical assault, intimidation, abuse, sexual misconduct, and harassment policies and procedures, until this process is completed and all staff are trained, detained youth may be at risk for harm. Of particular concern are those who are discriminated against or harassed because of their race, LGBT, or other status. HHJDF has not adopted its own policies and has not provided training on these topics. Physical violence and threats exist for both boys and girls but is predominately an issue for the boys' population. Incident Reports and Grievances document that youth have requested to be moved when they felt uncomfortable or to avoid altercation with another youth and that their request was granted.

The team determined that **18 areas conform** and **2 areas do not conform** to JDAI standards. The following are areas identified in need of improvement:

- 1. 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.**
The facility does not have a policy.
- 2. Staff feel equipped to handle assaultive behavior by youth, and believe that back up support will be available if necessary.**
Staff reported they do not feel equipped to handle assaultive behavior by youth despite NJDA and HWC training. Staff consistently requests more training and tools.

While the physical condition and layout of the facility has improved, youth may be at risk for harm, particularly transgender youth, until HHJDF adopts and implements written policies and procedures and conducts regular and adequate staff training. HHJDF should immediately review and comply with its own policy (Policy # 11.08 see Appendix B) and provide regular adequate, staff training.

Conclusions and Next Steps

The current self-assessment shows HHJDF has made significant strides in remedying issues raised in the 2009 self-assessment report. Through new policies and procedures that have been adopted or are pending approval, the facility has developed a

comprehensive manual to guide its operations based on current best practices in detention.

The 2009 self-assessment was a catalyst for improving the conditions of confinement. Over the past three (3) years, Olomana School has increased the number of highly qualified teachers and those licensed in special education. To meet the needs of the student population in the facility, the student to teacher ratio rarely exceeds 12:1. There has been considerable progress made in the area of health care services available at the facility. This progress includes improved quality of health care services to youth by increasing nursing coverage, developing of a comprehensive set of health care policies and nursing protocols, a new state of the art medical unit, and increased collaboration between the medical, mental health, and detention staff.

Policy and procedure changes and more staff training have led to less frequent use of isolation and for shorter periods of time. Furthermore, there have been a number of changes to the punishment and due process system that has resulted in less frequent use of room confinement, isolation, and work detail. HHJDF has greatly improved its grievance procedure.

In light of the notable progress made since 2009, there remain key areas that need to be improved by HHJDF, and the facility administration will develop a remediation plan to address the areas identified in this current self-assessment. This remediation plan includes identifying short and long term goals. Areas will be prioritized to address youth health and safety followed by other areas of need. Clearly, staffing and training of staff needs to be improved and we must strive towards a facility that relies on current best practices, and meets or exceeds national standards for juvenile detention facilities. The remediation plan and future self-assessment process should be incorporated into the quality assurance and program improvement system developed by HHJDF.

Appendix A

*Detention Facility Self-Assessment
A Practice Guide to Juvenile Detention Reform*

Appendix B

*Policy Number 11.08
Non-Discriminatory Treatment of Lesbian, Gay, Bisexual and
Transgender (LGBT) Youth*

2

DETENTION FACILITY SELF-ASSESSMENT

A PRACTICE GUIDE TO JUVENILE DETENTION REFORM

Juvenile Detention Alternatives Initiative

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

A PRACTICE GUIDE TO JUVENILE DETENTION REFORM

DETENTION FACILITY SELF-ASSESSMENT REVISED GUIDELINES

Juvenile Detention Alternatives Initiative

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

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For more information, visit www.aecf.org or www.jdaihelpdesk.org.

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INTRODUCTION

INTRODUCTION

Improving conditions in juvenile detention facilities has been an objective of the Juvenile Detention Alternatives Initiative (JDAI) since this system reform effort began in 1992. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Vol. 6, Pathways to Juvenile Detention Reform), dangerous and inadequate conditions in juvenile facilities open public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system. Since crowding significantly exacerbates institutional problems, improvements in conditions of confinement are often closely linked to JDAI's population management strategies.

To monitor conditions of confinement in secure detention centers and to identify problems that need correction, JDAI sites establish "self-inspection" teams of volunteers from juvenile justice agencies, other human service systems, and community organizations. These self-inspection teams are trained in a rigorous methodology that carefully examines all aspects of facility policies, practices and programs. The teams then prepare comprehensive reports on their findings and monitor implementation of corrective action plans. This approach has numerous benefits for JDAI sites. It establishes a permanent local capacity to routinely examine detention facilities. It develops baseline data on conditions of confinement against which progress can be measured. It identifies ways that facility policies and operations can be strengthened. And, it provides independent documentation that can support facility administrators' requests for new resources or policies.

The materials in this volume include JDAI facility assessment standards, developed by public interest attorneys, national experts and JDAI site personnel. These standards are based on case law, consent decrees, federal statutes, model state laws, professional standards, and best practices. We believe they constitute the most comprehensive *and demanding* set of published standards for juvenile detention facilities developed in the last thirty years. We have purposefully set the bar very high in developing these standards simply because JDAI sites should strive to operate the best secure detention facilities in the country.

The materials also include a set of guidelines for conducting facility assessments, and "how to" materials covering each component of the standards. The "how to" materials offer practical recommendations regarding what documents to review, which people to interview, and what things to observe during assessments.

The DVD accompanying these materials provides additional resources for conducting assessments. All of the written materials are on the DVD and may be downloaded and printed. In addition, the DVD contains video excerpts from training on the JDAI standards and self-inspection process for New Jersey sites conducted in October, 2005. The DVD also features demonstrations (filmed in the juvenile detention facility in Washington, DC) of how to conduct specific components of the assessments. The DVD should be particularly useful to train new self-inspection team members or to provide a “refresher” course for volunteers who would like to review what their prior training covered.

These standards and the self-inspection methodology are the result of determined efforts by the Youth Law Center and the Center for Children’s Law and Policy, two organizations devoted to the well-being and legal rights of some of this country’s most disadvantaged youth. Mark Soler and Sue Burrell, in particular, have been instrumental in their development and application. In addition, Paul DeMuro and John Rhoads, national experts who have been part of JDAI from its inception in 1992, lent their critical eyes and practical expertise to the preparation of these materials. Finally, JDAI site personnel have tested this approach in the real world and helped to refine these materials based upon their experiences. We deeply appreciate their work and feel confident that the field will be significantly improved by their endeavors.

Over the years, stakeholders in JDAI sites have recognized the value of the standards in protecting the health, safety, and civil rights of detained youth and staff, and have effectively applied the standards to improve the conditions, policies, and practices in their facilities. As a result, the standards have become a touchstone for safe and humane conditions in juvenile detention. We hope these materials will be helpful to you in conducting assessments of your facilities.

Bart Lubow
Director, Programs for High Risk Youth
The Annie E. Casey Foundation

GUIDELINES

The JDAI Juvenile Detention Facility Assessment: A Step-by-Step Guide for Planning, Conducting, and Reporting

INTRODUCTION

While much of the Juvenile Detention Alternatives Initiative (JDAI) focuses on safely reducing the unnecessary and inappropriate detention of young people, the Initiative also calls for sites to adopt certain core values regarding conditions of confinement for youth who are detained. One of those values is that children who are detained must be held in conditions that meet constitutional and statutory legal requirements, and best professional standards of practice. To ensure that this occurs, JDAI sites agree to participate in the Juvenile Detention Facility Assessment as part of their core work in the Initiative. Sites agree to facilitate the assessment process, accept the assessment team report, develop a corrective action plan to address any deficiencies, and implement needed changes. They also agree to repeat the assessment and report every two years.

The JDAI Juvenile Detention Facility Assessment uses volunteer assessment teams composed of juvenile justice and human services professionals, youth and families involved with the system, representatives from community organizations that work with youth, and education, medical, and mental health professionals. The teams receive training on JDAI's standards for safe and humane detention facilities, how to prepare for and conduct a facility assessment, how to prepare a report on their findings, and how to monitor implementation of corrective action plans.

The JDAI Process: Benefits of the Juvenile Detention Facility Assessment

The Juvenile Detention Facility Assessment has numerous benefits for jurisdictions:

- 1) Facilities are provided with objective feedback based on a comprehensive set of standards;
- 2) Baseline data is established from which progress can be measured;

- 3) The assessment identifies and addresses problems and issues before something bad happens or litigation commences;
- 4) Administrators can use information from the assessment to leverage additional resources;
- 5) Local and state facility regulations and inspections can be improved and strengthened through the JDAI process;
- 6) Through participation in the assessment process, members of the community learn about how the detention center operates, its strengths and challenges, and can become ongoing resources to the center and the children detained there; and
- 7) Most importantly, the facility assessment helps to ensure that children who need to be detained are held in conditions that are safe and humane.

This Step-by-Step Guide provides JDAI Site Coordinators, JDAI Technical Assistance Team Leaders, and assessment teams with a detailed description of the assessment process and a checklist for implementation. Additional materials for the training and the facility assessment can be found on the JDAI Help Desk: www.jdaihelpdesk.org.

BACKGROUND ON THE JDAI ASSESSMENT AND STANDARDS

Since its inception, the Juvenile Detention Alternatives Initiative (JDAI) has emphasized the importance of maintaining safe and humane conditions of confinement in juvenile detention facilities. Nationally, close to 20% of juveniles are held in secure confinement at some point between referral and disposition,¹ and the history of conditions in juvenile detention facilities is replete with examples of abuse and mistreatment.²

As JDAI was getting started in the early 1990s, OJJDP released *Conditions of Confinement*, the most comprehensive national study of juvenile facilities conditions ever undertaken. The study found substantial deficiencies in living space, health care, security, and control of suicidal behavior. The study could not assess the adequacy of educational and treatment services, and did not fully explore the use of isolation and

restraints, but noted troubling indicators in those areas as well.³ The intervening years have not resolved these issues. Inadequate conditions and improper treatment still exist in many juvenile facilities around the country. A more recent survey of youth in facilities yielded findings almost identical to those in the 1994 study.⁴ There are dozens of conditions lawsuits and Department of Justice investigations currently pending across the country, and many more could justifiably be brought.

In the beginning, JDAI wanted to ensure that the facilities in its sites met constitutional and statutory legal requirements and standards of best professional practice. It asked the Youth Law Center and key juvenile facility conditions experts to perform facility inspections in detention centers in the five original JDAI sites and to provide feedback on what needed attention. With only a few sites, these inspections were feasible and affordable. Every year, the inspectors would visit the sites, write reports, and come back the next year to determine whether conditions had changed and problems had been addressed. Over the first years of JDAI, each of the sites made substantial changes to the conditions and treatment of children in their facilities. This early JDAI conditions improvement work is described in *Improving Conditions of Confinement in Secure Juvenile Detention, Pathways to Juvenile Detention Reform, Volume 6*.⁵

As JDAI grew, the original inspection process became unworkable. The experts did not have the time to do individual inspections in dozens of sites, and this type of technical assistance did not result in increased capacity in the sites to monitor and improve their own conditions of confinement. Nonetheless, ensuring safe, humane conditions in juvenile facilities continued to be an essential part of JDAI work. Accordingly, JDAI asked the Youth Law Center and the Center for Children’s Law and Policy to design a locally based but comprehensive assessment process that would provide objective, standards-based feedback to the sites and a mechanism for addressing any problems. The resulting detention facility assessment, using objective standards and teams of carefully selected and trained volunteers, is described in these Step-by-Step Guidelines.

The resulting detention facility assessment, using objective standards and teams of carefully selected and trained volunteers, is described in these Step-by-Step Guidelines.

The standards and guidelines for detention facility assessment were developed by staff from the Youth Law Center and the Center for Children’s Law and Policy—attorneys with a long history of involvement in institutional investigations, litigation, drafting state and federal legal standards, and providing training on how to assure safe and humane institutional conditions. The standards and guidelines also incorporate thoughtful input from

national experts, including Leslie Acoca, Chip Coldren, Paul DeMuro, Dennis Doyle, Earl Dunlap, Tom Grisso, Peter Leone, Jody Marksamer, Michael Puisis, John Rhoads, Francine Sherman, Judith Storandt, Eric Trupin, Andrea Weisman, and Shannan Wilber. JDAI sites, including Baltimore, Bernalillo County, Cook County, San Francisco, and sites in Delaware, Illinois, New Jersey, and Washington State, also provided helpful feedback for the standards and guidelines for assessment.

In addition to the input from national experts and JDAI site personnel, the standards embody pertinent constitutional case law, federal statutory law, professional standards, and best practices. They address conditions, policies, and practices that have resulted in litigation or harm to youth or staff. Because the assessment process is likely to include some people with limited background in facility operations, the standards provide explicit guidance in areas that are often problematic.

JDAI originally introduced the standards and facility assessment process in 2004. The standards were revised in 2006, based on feedback from JDAI sites, changes in the law, and evolving perceptions about what ought to be covered in the standards. This 2011 revision of the guidelines for facility assessment reflects feedback from JDAI Site Coordinators and facility assessment team members, as well as observations by Youth Law Center and Center for Children’s Law and Policy staff who have provided training and technical assistance to the facility assessment process for over a decade. The standards have evolved over time and will continue to do so as best practices in the field continue to develop.

THE JDAI FACILITY ASSESSMENT MATERIALS AND TRAINING

The resources provided for the JDAI Juvenile Detention Facility Assessment include the following:

1. This overview document that provides a step-by-step summary of the entire JDAI Juvenile Detention Facility Assessment Process from start to finish,⁶ commonly referred to as “the guidelines.”
2. An extensive set of standards contained in the JDAI Facility Assessment Instrument, commonly referred to as “the standards” or “the instrument.” The standards are also available in a specially formatted version in Microsoft Word that enables the assessment team to record issue-by-issue whether the facility conforms to specific standards during the assessment.

3. A set of “How To” documents that provide suggestions for assessing each area involved in a facility assessment.
4. A DVD filmed at a 2005 JDAI facility assessment training in New Jersey that provides a shortened version of the in-person training teams normally receive.⁷
5. Additional handouts and materials presented in conjunction with trainings on how to conduct an assessment, available through the Youth Law Center or Center for Children’s Law and Policy.
6. Written materials and publications on specific issues,⁸ available through the JDAI Help Desk,⁹ or through contact with JDAI consultants at the Youth Law Center or Center for Children’s Law and Policy.
7. A day-and-a-half training for JDAI sites, to be arranged through the Site Coordinator and Technical Assistance Team Leader (TATL).
8. The JDAI Detention Facility Assessment Timeline and Checklist for Site Coordinators.

STEP ONE: PLANNING AND PREPARING FOR THE ASSESSMENT

Most sites conduct an assessment of their juvenile detention facilities during Phase One of JDAI, usually the first or second year in JDAI.¹⁰ The standard timeframe for completing detention facility assessments is every two years. The first assessment, including the written report, should be completed within two years of becoming a JDAI site.

Occasionally, the JDAI Initiative Management Team (IMT) or the Technical Assistance Team Leader (TATL) may advise that the facility assessment be completed more quickly, for example, if there has been a suicide, major violence, identified abuse or other crisis at the facility, or a circumstance arises that calls for prompt attention to what is happening at the facility. When the Site Coordinator, JDAI Steering Committee, and TATL are ready to proceed with the assessment, the TA Team Leader notifies a member of the JDAI Initiative Management Team. Faculty for these trainings are provided by the Youth Law Center or the Center for Children’s Law and Policy. Conference calls with the TATL, Site Coordinator, trainers, appropriate members of the site JDAI Steering Committee, and other professionals who have contact with detained youth (such as the detention facility administrator if that person is not a member of the Steering Committee) are required to plan the training.

A. Site Coordinator Duties

The JDAI Site Coordinator is the point person for the JDAI Juvenile Detention Facility Assessment Process. Once the planning process is underway, the Site Coordinator has four major duties prior to the assessment:

1. Assemble an Assessment Team

This is discussed on page 10.

2. Coordinate Training for the Team

Several conference calls to plan the training are conducted with the participation of the Site Coordinator, TATL, trainers and the Training Coordinator, and essential others. The calls provide an opportunity to discuss training logistics such as date, location, agenda, materials, food, lodging, travel arrangements, audio-visual needs, and photocopying. They also give the organizers a chance to discuss substantive issues such as the composition of the assessment team, access to the facility for a tour prior to the training, and other issues of particular concern in the site. If there are several sites to be trained at once, Site Coordinators will work together to choose a host site and coordinate sharing of information and responsibilities. The Training Coordinator may also set deadlines for the Site Coordinator(s) to complete tasks. Usually there are several such planning calls before the assessment team training. For details, please refer to the JDAI Detention Facility Assessment Timeline and Checklist on page 16p.

3. Work with the Detention Facility Administrator

The Site Coordinator is responsible for contacting the detention facility administrator to discuss the forthcoming assessment and coordinate appropriate dates for the assessment. As part of their role, Site Coordinators should be able to explain the purpose of the assessment and what the process will entail, ensuring that the administrator understands the following key aspects of the assessment process:

- a) The assessment team may be on site for several days;
- b) The team will talk with staff and detained youth;
- c) The team may want to visit at night; and
- d) The team will want access to all parts of the facility.

Making It Work for Everyone

The facility assessment is designed to provide an opportunity for the assessment team to obtain all of the necessary information. The Site Coordinator should work with the administrator to schedule an assessment time that provides access to needed individuals, is workable for the facility, and will not impede the regular schedule for youth. The Site Coordinator should also talk with the administrator about the files, policies, and documents that the team will request, and facilitate a discussion about confidentiality (discussed at greater length on page 16d).

Although the facility administrator will not be a member of the assessment team, he or she should be fully informed about the standards and the process by which the facility will be assessed. The administrator should also anticipate a document request for policies and procedures and other facility records (discussed at greater length on page 16). The Site Coordinator or assessment team leader should discuss the assessment with the facility administrator, let him or her know what will be happening, and address any questions or concerns. Including facility administrators in the assessment team training will allow them to talk with facility staff and youth residents about the purpose, nature, and extent of the assessment in an informed manner.

4. Coordinate the Assessment Process

After consultation with the trainers from the Youth Law Center or the Center for Children's Law and Policy, the TATL, and other local JDAI leaders, the Site Coordinator should contact prospective assessment team members to invite them to participate in the assessment process.

The Site Coordinator should call the initial meeting of the team, schedule additional meetings as necessary, facilitate the team's requests for documents, and arrange access to the facility through the facility administrator. The assessment team may continue to rely on the Site Coordinator for logistical support, but will usually designate leaders within the team to take on responsibility for particular assessment functions. Site Coordinators may share certain responsibilities with Steering Committee members or other entities such as local Juvenile Justice Commissions. For example, the Steering Committee or local

Juvenile Justice Commission may be helpful in suggesting names for assessment team members.

Many participants in the facility assessment team may not know about JDAI and related activities in their jurisdiction. Therefore, the Site Coordinator plays a key role in helping team members learn about JDAI and understand how their participation in the facility assessment fits into the broader reform activities of JDAI.

B. The Facility Assessment Team

There are a number of considerations in team member selection. The following are elements that should be considered in building the assessment team:

The goal of the JDAI Juvenile Detention Facility Assessment is to provide objective feedback to the site about facility conditions and services that are or are not in conformity with the JDAI facility standards.

1. Team Members with “Fresh Eyes”

The goal of the JDAI Juvenile Detention Facility Assessment is to provide objective feedback to the site about facility conditions and services that are or are not in conformity with the JDAI facility standards. Therefore, while the assessment is generated by the people who work in the juvenile justice system, it is *essential* that the assessment be conducted by a team of people who can see the facility with “fresh eyes.” This means that the team should be able to see the facility as it really is, without having observations clouded by personal friendship or agency (or employment) obligations, which can result in denial, unintended bias, or wishful thinking. In other words, there should be no one on the team who would be reluctant to find a particular aspect of the facility operations out of compliance.

In selecting team members, care should be taken to avoid selecting people who have any degree of responsibility for the issue being assessed. For example, if the county superintendent of schools is responsible for supplying special education teachers to the facility, the county education office should not be included on the team to inspect educational services. There would be inherent conflict: this would be like asking the county office of education to inspect itself. If the assessment found the facility in full compliance, that conclusion could be questioned because of those conflicting obligations.

Similarly, if there are any employees of the facility on the assessment team, great care should be taken in selecting the areas of facility operations they are to assess. Staff are sometimes reluctant to identify problems when a friend or a supervisor is involved. Other times, staff may feel a desire to make “their” facility look good, even when there are clear problems. Either way this undermines the validity of the assessment. Staff of the facility can be on the assessment team if they look at areas of operations for which they have no responsibility in their regular work, but it is critical to avoid even the appearance of a conflict of interest.

2. Team Size and Composition

The team should include six to twelve members. Efforts should be made to include people with the following characteristics and areas of expertise:

- **Medical (a physician or nurse)**

This person will assess staffing and credentialing; policies and procedures for screening, diagnosis, and treatment; and medical services provided to youth.

- **Mental Health (a psychologist, psychiatrist, or psychiatric social worker)**

This person will assess staffing and credentialing; policies and procedures for screening, diagnosis, and treatment; and mental health services provided to youth.

- **Education/Special Education (a teacher or principal or education professor who has special education expertise)**

This person (or persons) will assess compliance with state and federal laws (including IDEA), staffing and credentialing, and the quality of general education and special education services. If the facility has a population of youth with limited English proficiency, this person (or another person) should also be capable of assessing educational services for limited English proficient (LEP) youth.

- **Family Member or Youth Formerly Involved in the System**

This person (or persons) will be able to provide feedback from the perspective of someone who saw firsthand, or had a family member who saw firsthand, the conditions, policies, and practices in the facility. They may be particularly helpful in looking at grievance procedures, family access to the facility and staff, visitation, and other issues that involve communication with the greater community.

- **Disability Rights Professional**

Because many youth involved in the juvenile justice system have mental or physical disabilities, an advocate who has experience assessing services and accommodations for youth with disabilities may be helpful as a team member. Each state has a federally funded Protection and Advocacy (P&A) office for people with disabilities, which has federal statutory authority to investigate conditions in facilities housing youth with disabilities. Some states' P&A offices are already active in monitoring juvenile justice facility conditions, while others have not focused their work on youth facilities, but staff may still bring valuable expertise, especially in the areas of special education and mental health services.¹¹ Other local providers of services to youth with disabilities may be able to offer similar expertise.

- **Other Community Members**

Many sites have found it helpful to include members of community agencies that work with youth or local religious leaders. Increasingly, sites have brought in members of local juvenile justice commissions, local civic leaders, and elected officials or their staff to serve as team members, since this helps the greater community to be more familiar with what goes on in the juvenile justice system, and sometimes results in the development of allies for increased funding or other needs.

Assessment teams are often strengthened by the presence of professionals who work in other parts of the juvenile justice system.

- **Juvenile Justice Professionals**

Assessment teams are often strengthened by the presence of professionals who work in other parts of the juvenile justice system. Many teams have included law enforcement officers, public defenders, probation officers, prosecutors, Court Appointed Special Advocates, or social workers from the child welfare system. These people often bring rich experience with youth in the system that is useful in understanding and applying the standards. They also often have practical knowledge of the system that can be useful in developing recommendations for any needed changes in practice.

Many jurisdictions have included one or more detention facility staff members, sometimes from neighboring counties or state agencies. Using detention staff from other agencies ensures that people who know how things work in detention are on the team, but without the conflict of interest situations that may arise when employees assess their own facilities. If local detention staff are included, it may be helpful to include people

from different positions: (1) a counselor or other staff person who works day-to-day in a living unit; (2) a person who works in a supervisory capacity such as a shift supervisor; or (3) a person who is familiar with problems that arise in the facility, such as a quality assurance supervisor, ombudsman, or facility grievance coordinator. These are people who understand the operation of the facility, but see it from varying points of view.

A number of sites have also included people who work for their state facility inspection agencies—either as official assessment team members or as “honorary” members who are in the facility at the time of the assessment. This has provided an effective way to compare the coverage of state regulations with the JDAI standards and to consider how state standards may be updated to reflect JDAI values.

3. Other Considerations in Team Selection

Apart from the major categories for team members, the team should be selected with an eye toward several other things. Detained girls may be more comfortable reporting conditions to female assessment team members, so an effort should be made to include female representatives on the team. If English is not the primary language of a number of youth at the facility, every effort should be made to include assessment team members who speak the primary languages of the youth. Finally, the team should be racially and ethnically diverse, with an effort to reflect the demographics of children in the facility.

Also, teams should be selected with realistic attention to the time commitments members will be expected to make and the desirability of ongoing involvement in the assessment process. Typical time commitments for various aspects of the assessment process are discussed on page 14 in section C.2., and team members should be informed of those commitments during the selection process. Ideally, team members will stay on for successive assessments. This helps team members to develop experience and expertise in conducting the assessments, and facilitates consistency in the assessment of changes in conditions and practices over time.

4. Process for Recruiting Team Members

Team member selection and recruitment should involve close consultation between the Site Coordinator, the TATL, the facility assessment trainers, and other leaders of the local JDAI effort. In order to avoid inviting individuals to participate on the team who are not appropriate team members, it is wise to review the factors outlined above with care, to

compile a list of potential team member candidates, and to discuss possible team members prior to extending invitations to participate.

C. The Initial Team Meeting

The Site Coordinator may wish to plan one meeting of the assessment team prior to the facility assessment training. If a meeting is not planned prior to the training, then these topics should be covered individually with each team member.

At the first meeting of the assessment team, the Site Coordinator should explain to the team how the assessment process works and what it entails. The keys points are as follows:

1. Discuss the Approach to the Assessment: Multiple Points of View

The facility assessment should be informed by multiple points of view, including the viewpoints of detained youth, staff, supervisors and administrators, and others who come into contact with youth in the facility.

The facility assessment should be informed by multiple points of view, including the viewpoints of detained youth, staff, supervisors and administrators, and others who come into contact with youth in the facility. This is important because detained youth and facility staff or administrators may view particular policies, practices, or conditions quite differently. Sometimes these differing perspectives may indicate problems in carrying out written policies. Other times, differing views may suggest the need for attention to practices that one or more groups perceive as unfair or improper. Inconsistent views on a specific issue may simply point to a need for further investigation to understand the reasons for the differences. The goal for the assessment team is to identify important and potentially dangerous problem areas in the facility—considering differing points of view makes it more likely that the team will be able to achieve that goal.

2. Discuss Timelines and Commitment of Time

The Site Coordinator should convey to team members a sense of what is involved in the assessment and review the elements of the assessment at the first team meeting. This will help team members to understand what the specific task will be, and that participation involves intensive efforts for a number of days, spread over a period of months. The

following are team tasks and estimated amounts of time team members may expect to spend in the assessment process:

- Training on JDAI Juvenile Detention Facility Assessment. (Usually one-and-a-half to two days—sometimes involving overnight travel; also time to become familiar with the standards and assessment materials provided at the training)
- Initial meeting with the team to discuss the assessment process, divide responsibilities, and plan next steps. (One to two hours; some teams elect to meet at the end of the training to avoid the need for a separate meeting)
- Meeting to review and discuss documents. Everyone should review certain policies and procedures and general documents about the facility. Team members assigned to specific areas may have additional documents to review. (Four to six hours)
- Conducting the assessment. (One to five days at the institution, depending on the size of the facility and areas on which the person focuses, including an entrance and exit meeting with the administrator and key staff)
- Assembling and writing the report following the inspection. For each person on the team, the time needed may vary depending on the areas on which the person focuses and the size of the team and the facility. (Three to four hours for most team members; more for the people responsible for assembling all of the parts and writing the narrative)
- Presentation of the assessment report to the site Steering Committee. The whole team doesn't have to attend, but it is helpful to have team members for each area talk about both positive and negative points identified through the assessment. (Two to three hours)

3. Explain JDAI and Current JDAI Activities in the Jurisdiction

While some members of the assessment team may be active participants in JDAI, some team members may not be as familiar with JDAI. Therefore, it is important to provide an overview of JDAI's eight core strategies and identify areas of system improvement that have occurred locally or throughout the state. It will also be helpful to

It is important to provide an overview of JDAI's eight core strategies and identify areas of system improvement that have occurred locally or throughout the state.

explain to team members how ensuring safe and humane conditions at the facility fits into these activities, and what the JDAI Steering Committee will be doing with the information they gather related to conditions of confinement.

D. Attend the Training

All team members should attend the training, which is conducted by staff of the Youth Law Center or the Center for Children's Law and Policy. This one-and-a-half day training will explain all areas of the assessment standards, how to assess conditions, and provide opportunities to discuss and plan the assessment.

E. Final Preparations for the Facility Assessment

1. Discuss and Plan Document Request

One of the most important parts of the assessment is a review of the paper records of the facility. The Site Coordinator and the leader of the assessment team should work together to clearly delineate responsibilities for document review. The team should go over the list of documents discussed below and let the Site Coordinator know which documents to request. Several weeks before the assessment, the Site Coordinator or the assessment team leader should write a letter to the facility administrator requesting documents and giving a realistic time for the team to receive the documents. In some facilities, the relevant documents are made available in a centralized location for the assessment team to review, and in others, the facility makes a master set of documents (sometimes with multiple sets of certain parts of the documents, such as policies and procedures manuals) for the team to use. Once the facility administrator provides the documents, the Site Coordinator or team leader should make sure that team members receive copies of the documents they need, and should set a second meeting to discuss them prior to the on-site assessment.

While each assessment team member does not need to review each document, members should read those documents relevant to the specific areas they are assessing, recognizing that many documents are pertinent to more than one area. When team members identify information relevant to other areas, that information needs to be conveyed to the team member responsible, the team leader, or the team as a whole. The information should be shared as early as possible in the process.

Reviewing background documents beforehand makes a site assessment efficient and more effective, providing context for facility operations, comparisons with past assessments, and potential problem areas. This approach enables team members to use their time in the facility to observe, talk with youth and staff, and review documents in use throughout the facility, such as unit log books that are not otherwise available.

Documentation of policies and practices provides important information about the operation of the facility and administrative oversight. Failure to have clear, comprehensive written policies on important subjects may be indicative of a failure to provide staff with clear guidance on those issues. Similarly, failure to document critical incidents thoroughly, or inability to access records quickly—for example, on placement of youth on suicide risk status, or youth subjected to use of force or restraints—may be symptomatic of larger problems.

Please consult the “How To” documents for suggestions of what to look for in each of these documents.

- Organizational charts for the facility and the agency that operates the facility;
- Diagram, blueprint, or schematic of the physical layout of the facility;
- Records of current staffing levels and schedules in each area and function of the facility, including records of staffing vacancies and actual schedules worked by staff;
- Approved annual budget;
- Current manual of policies and procedures, including all policies that pertain to classification, intake procedures, medical and mental health services, suicide prevention, visitation, mail, telephone calls, education and special education, indoor and outdoor exercise, recreation and other programming, training of staff, environmental issues such as sanitation and lighting, due process during disciplinary proceedings, use of force, room confinement, grievance procedures, isolation and restraints, as well as the process for policy and procedure changes;
- Any additional policies and procedures manuals, e.g., for education, medical, or mental health;
- Manuals and handbooks used in the facility, including handbooks given to youth at admission;
- Records of outdoor recreation and gymnasium use for the past six months;

- Special Incident Reports or other reports of unusual incidents at the facility, such as behavioral crises, fights, suicide attempts, and uses of force, for the past six months;
- Reports on use of room confinement, isolation, and restraints, preferably by unit, for the past six months;
- Suicide watch reports or records for the past six months;
- Audits, inspections, or accreditation reports of inspections conducted by professional groups (e.g., American Correctional Association, state inspection agencies, or juvenile justice commissions) for the past two years;
- Strategic planning reports written by the director of the facility;
- Inspection reports from other public agencies, including health and sanitation, fire safety, and education/special education agencies for the past year or most recent inspection;
- Grievances filed by youth or staff at the facility for the past six months;
- Child abuse complaints or citizens' complaints relating to staff or treatment of youth at the facility, records of criminal background checks of staff, and records of any staff disciplinary action taken in the past year;
- Worker's compensation claims and records of staff grievances or legal claims for the past year;
- Records of active lawsuits or investigations (both internal and external) involving conditions or treatment of youth at the facility;
- Documentation of the facility's education/special education program, including staffing and professional qualifications, evaluation of youth at admission, educational curricula, class schedules, recent Individualized Education Plans, and transfer of education records when youth leave the facility;
- Records of staff training for the past year and training materials;
- Food service records, including menus and dietary guidelines;
- Visitor and telephone usage logs; and
- Documents that have been translated for limited English proficient individuals.

2. Additional Pre-Assessment Matters—Assigning Topic Areas, Dealing with Confidentiality or Records Access, Planning Logistics

The team may plan to gather one or two times before the facility assessment to discuss questions that arose in the document review, identify individual team members' relevant background and experience, go over the standards in the assessment instrument, and divide responsibilities for assessing the different issue areas.

a. Assessment Team Assignments

Because the assessment covers so many issues, most teams divide the assessment into areas to be covered by more than one person, depending on the size of the team. The team will want to assign people with professional expertise in a particular area to respective subjects (education/special education, medical, mental health). The standards are divided into the following areas:

- Classification (intake, screening, living unit assignment);
- Health (medical, mental health, dental);
- Access (mail, visits, telephone, legal access);
- Programming (education, exercise, recreation, religion, work);
- Training (and administrative oversight);
- Environment (sanitation, physical plant issues, food, crowding, privacy);
- Restraints (use of force, mechanical devices, isolation, room confinement, discipline, grievances); and
- Safety.

Because the assessment covers so many issues, most teams divide the assessment into areas to be covered by more than one person, depending on the size of the team.

Groups may be assigned one or more areas. For example, one group might be assigned to handle "Classification" and "Access" and another might be assigned to handle "Restraints" and "Training."

The team members assigned to each area are responsible for reviewing all of the documents pertinent to the area, conducting the on-site assessment for that area, recording the findings on the instrument, and writing any recommendations or narrative needed on that issue.

The team should also designate a team leader responsible for guiding the process and compiling the written report. The team leader may be the Site Coordinator or it may be another individual. The team leader may enlist a small number of people to take responsibility for compiling the written report. This includes assuring that the team members completely fill out the instrument and include any needed explanation. The JDAI Site Coordinator retains ultimate responsibility for assuring that the work is completed. Some sites have established effective partnerships with university legal clinics to have law students work with the assessment team as note takers and report drafters to help speed the report writing process and ensure consistency of voice in the writing. Examples of reports are available through the JDAI Help Desk.¹²

b. Addressing Confidentiality or Records Access Issues

Some of the materials that team members should review contain confidential information about youth detained at the facility, or the records themselves are subject to statutory protections against disclosure. The team and Site Coordinator should work with the facility administrator and legal counsel for the agency operating the detention facility to reach an agreement about non-disclosure of particular information and compliance with applicable state laws and court rules. There should be a mutual understanding about the extent to which individual team members may talk to others about what they see during the assessment and their findings. In addition, if there is any current litigation about conditions in the facility, the team and Site Coordinator will need to work with counsel for the youth to reach agreement about circumstances under which youth may be interviewed and should consult local court rules to determine whether they include any restrictions on contact with youth in custody.

Depending on the kind of information being sought and the applicable laws and rules, there are a number of ways to deal with confidentiality issues.

Depending on the kind of information being sought and the applicable laws and rules, there are a number of ways to deal with confidentiality issues. The facility administrator may, for example, request that team members sign an agreement that they will not disclose any confidential information beyond the members of the team. Another way to deal with confidentiality is to request that materials be redacted (so the identifying information about a particular child is crossed out or “whited out”). Yet another is to get the consent of a child and in some cases his or her parent or guardian to review his or her records. Some jurisdictions require, as a matter of law, a court order granting access to confidential records. The myriad rules and regulations may appear daunting, but JDAI sites all over the country

have found ways for assessment teams to obtain the information they need. Site Coordinators and team leaders are well-advised to address these issues early in the JDAI facility assessment process.

c. Considering Coordination with Other Inspections

JDAI recognizes that some sites already have state inspections or professional accreditation, and that for others, this will be the first and only oversight process. Facilities that have regular state inspections generally have state standards governing the inspections and a process for addressing deficiencies. Jurisdictions that participate in national standards or accreditation generally do so through the American Correctional Association or through the Council of Juvenile Correctional Administrators and its Performance-Based Standards. Still other sites may have inspections performed by their juvenile court or juvenile justice commissions.

While each of these facility inspection processes has its strengths, none of them is as specific or comprehensive as the JDAI standards with respect to certain issues. In particular, state regulations and professional standards tend to be “process standards,” calling for the facility to simply have a policy rather than providing details about what the content of the policy should be.

A number of sites have consciously coordinated the JDAI facility assessment process with other inspections in which they are involved. This has played out in various ways. A JDAI assessment could occur at the same time as a state inspection. Several sites have prepared side-by-side charts of their state regulations and the JDAI standards to be used in the assessment, so standards can be compared; or sites include members of their juvenile justice commissions on the assessment team, and use the JDAI standards as the basis for the annual commission inspection. There are no rules about how to coordinate with the other inspections, but coordination offers the opportunity to use the JDAI facility assessment to provide feedback on conditions or treatment that may be missed in other inspections, and to identify areas in which other standards and assessment processes should be strengthened.

d. Planning the Logistics

The Site Coordinator will work with the facility administrator to identify target dates for the team’s on-site work prior to extending invitations to assessment team members, so that team members are aware of the training and assessment dates and are available during the dates selected. The Site Coordinator should schedule the assessment well

The facility administrator should be encouraged to issue a letter or memo to all facility staff prior to the assessment that describes the process, explains any agreed-upon procedures related to confidential documents, and sets the right tone for a successful assessment.

ahead of time (generally about three months ahead to allow for ample preparation and training). The assessment should be scheduled for a time when all staff members responsible for areas of operation at the facility covered by the assessment will be available to answer questions. For example, the assessment should not be scheduled for days when a contract psychiatrist or part-time physician cannot be at the facility.

The facility administrator should be encouraged to issue a letter or memo to all facility staff prior to the assessment that describes the process, explains any agreed-upon procedures related to confidential documents, and sets the right tone for a successful assessment. The memo should explain the purpose of the assessment, who will be on the assessment team, the areas to be covered, and the parts of the facility that the team will visit. The Administrator should direct all staff to cooperate fully. The Administrator should also provide staff with guidance on how to explain the assessment activities to youth residents. In addition, the Administrator may wish to convene an introductory meeting with staff and the team on the first day of the assessment to allow for questions and allay concerns.

STEP TWO: CONDUCTING THE FACILITY ASSESSMENT

The facility assessment should be performed in a way that is thorough but minimizes disruption to facility operations. Again, team members will facilitate achievement of this goal by familiarizing themselves with the assessment instrument, reviewing documents beforehand, establishing responsibilities of the various team members, dealing with anticipated confidentiality issues, and following a schedule for the assessment.

First Day on Site

On the first day of the assessment, there should be a meeting of team members, administrative staff, and key facility staff to confirm the assessment schedule and make needed adjustments in the team's plans. This meeting also provides an opportunity for the team to ask for clarification of issues arising from the information gathered during the document review.

Team participants should dress appropriately to put youth and staff at ease. Since staff dress casually in facilities, male members of the team will usually be more effective if they do not wear coats or ties. Female members of the team should similarly adopt business casual attire. Everyone should wear comfortable shoes.

When to Be On Site

Most of the assessment should be done during the daytime, when programming is in progress, specialized professional staff are present at the facility (education, medical, mental health), and a higher number of staff assigned to living units than in the evenings may make it easier to pull staff aside and engage them in conversation. However, at least one member of the team should visit the facility at night in order to observe evening and late night staffing, programming, and sleeping arrangements, and on the weekend to observe visitation, access to religious programming, and other weekend activity. This is particularly important in facilities where the population exceeds the design capacity.

It is helpful to have the whole team on site doing the assessment at the same time because there are often cross-issue questions and situations that call for being able to consult with one another.

It is helpful to have the whole team on site doing the assessment at the same time because there are often cross-issue questions and situations that call for being able to consult with one another. At the same time, this process uses volunteers who have busy lives, and sometimes it is impossible for all team members to be in the same place at the same time. By mutual agreement with the facility administrator, team members may split up to do parts of the assessment at times that work for their schedules, but the team should establish times during the assessment when information can be shared and questions asked.

Where to Go in the Facility

On the first day of the facility assessment, after the initial meeting with administrators, the team should walk through the facility, beginning with intake, following the path youth take when they come to the facility. The walk-through tour provides a chance for the team to observe a range of conditions pertinent to specific standards. It also helps to orient the assessment team and to identify areas members will want to return to for closer attention. By starting with the admissions and intake area, team members can see

the facility from a youth's point of view. The inspection team should visit all areas of the facility in which youth spend any amount of time, including:

Intake and admissions area

Orientation unit

Medical examination areas

Mental health interview areas

Living units

Kitchen/Eating areas

Classrooms, vocational/trade shops, libraries, and other special learning areas

Any areas where youth perform work

Exercise areas (indoors and outdoors)

Recreation and free-time areas

Isolation rooms

Restraint rooms

Visiting areas (for family and for attorneys)

What to Observe

As the site assessment team makes its way through the facility, team members should observe a range of conditions pertinent to specific standards in the instrument. For example:

General condition. Is the facility clean? Well-lighted? Does it feel unusually hot or cold? Is there trash on the floor, or are there towels or dirty clothing? What is the "feel" of walking through the facility?

Noise level. Can people talk comfortably at a normal voice level or do they have to raise their voices to be heard? Does sound seem to bounce off the walls? Can two people have a quiet conversation in the common areas? Are the sounds the team hears of youth happily engaged in some activity, or angry youth expressing frustration with being locked down or not receiving a response from staff?

Odors. Is there an unpleasant odor in the living units? In the bathrooms around the toilets and showers? In the isolation rooms?

Interactions. Do staff interact regularly with youth or sit by themselves in the control areas? Are staff-youth interactions calm and supportive, or filled with tension? Do staff get along well? How do youth relate to each other?

Activity level of youth. Are youth busy most of the time during the day? If they are not in formal programming such as school, are they in structured exercise, recreation, or other activities? Do youth spend a lot of time sitting watching television or sitting in their rooms waiting for staff to finish administrative tasks?

Visual environment. Is the visual environment dull or interesting? Are the walls decorated? What is on the bulletin boards? What messages are being sent to youth; do they reflect best practice language and cultural sensitivities?

Please consult the “How To” documents for suggestions on what to observe for each of the major areas.

Whom to Interview

Facility assessments should be scheduled for dates and times when key staff are available. For example, medical and mental health professionals may only be at the facility on certain days of the week. Teachers and the school principal may not be available for interviews during regular school hours. The schedule should also provide sufficient time to observe youth in a variety of settings and situations in the facility: in school, in group meetings on the living units, during organized exercise or recreation activities, during “free time,” at meals, and in the evening.

The team should interview the following people at the facility:

Youth. Interviews should include a representative cross-section from regular living units (including girls’ units) as well as youth on “special” status such as disciplinary lockup and suicide risk status. There should be group interviews during meals and in common areas on the living units, and individual interviews in rooms on the units and other locations affording privacy.

Youth may initially be reticent about talking with team members. Team members should tell youth who they are, the purpose of the assessment, and what they are doing in conducting the inspection. Assessment team members should inform youth

that they will not disclose the identity of youth who told them about particular issues unless they have the youth's permission or the information must legally be reported (e.g., under child abuse reporting laws), and that the youth are not required to talk with them.

For some of the standards, it may be necessary to ask questions in several different ways. Youth may be reluctant to talk about themselves, particularly with respect to experiences that were upsetting or embarrassing. It may be useful to ask questions like: "Have you heard anything about this going on?" "Do you know of this happening to other youth here at the facility?" "Are youth at the facility talking about this?" It is important for team members to be flexible and creative in their interviews, and to be "active" listeners—to listen closely to what youth say, and to ask follow-up questions.

Unit staff and supervisors. There should be interviews with staff and supervisors from several living units (including girls' units). Staff should be interviewed separately from supervisors, and as with youth, should be assured that team members will not disclose the identity of staff who gave them information unless permission is given to do so. Because there are significant differences between daytime and nighttime institutional life, and between the experiences of regular staff and as-needed staff, interviews should cover different shifts and schedules. The team may find it useful to make arrangements with the facility administrator to have supervisors available to relieve staff of their duties for brief periods of time so that interviewers can have their undivided attention without compromising institutional safety and security.

Medical and mental health professionals. Interviews should include regular nursing staff, the medical director, the mental health director, the psychiatrist, and social workers or other mental health care providers.

Teachers and the school principal. Interviews should cover educational testing and class placement for new youth, availability of previous educational records, curriculum, special education services, teaching environment, resources, classroom discipline, credit for work completed, services for youth who have their GED or diploma, services for youth whose primary language is not English, and transition back to school in the community.

Exercise/recreation director. Interviews should cover schedules for daily indoor and outdoor exercise, exercise and recreation on living units, structured activities and "free time," and other programming such as community volunteers, as well as how and why such activities are cancelled, and with what frequency.

Food services administrator. Interviews should cover nutritional value, variety, and appeal of menu items; sanitation and pest control in food-preparation and storage areas; supervision of youth who work in the kitchen; availability of and procedures for special medical or religious diets; and any problems with supplies of particular foods.

Facility administrator. In addition to a preliminary meeting and subsequent interview, it is important to meet with the facility administrator at the end of the inspection. That way the team can ask about issues raised in earlier interviews and documents reviewed before or during the inspection.

Others. Additional staff at the facility working in specialized functions can also provide very useful information. Such people may include the grievance coordinator, head of the special disciplinary unit, volunteer activities coordinator, building maintenance staff, chaplain, programming coordinator, the secretaries to facility administrators, and other professionals working with detained youth. Other outsiders, such as parents or volunteers, lawyers who represent youth in the facility, or court personnel, may also provide information about the culture and operation of the facility.

It is important to ask youth, staff, and administrators about the same issues. There are often conflicting reports, even about seemingly straightforward matters such as visitation policies or availability of clean underwear and clothing. Significant variance in reporting is a red flag calling for further investigation. Interviewing youth and staff at all levels of the facility provides the assessment team with a broad base from which to assess individual complaints. It is often difficult to ascertain the validity of such complaints, and the more information that team members have available, the easier it will be for the team to evaluate them.

Interviewing a range of youth, staff, and administrators will help the team understand the culture of the facility. Examples of interview questions might include: Do unit staff primarily function as guards in a facility focused on maintaining order and control, or as counselors in a facility aimed at providing support for troubled adolescents? Do staff have enough supports and available colleagues to do their jobs? Are they working overtime frequently? Do youth engage in normal adolescent behaviors, including occasional conflicts with peers and disobedience of adult directions, or do they pose a serious threat to the safety of other youth and staff at the facility? Is there a structured

Interviewing a range of youth, staff, and administrators will help the team understand the culture of the facility.

behavioral program that provides guidance and direction to staff and youth? Do the youth understand the program? Are administrators closely involved in facility operations (do they spend regular time on the living units, do they know the names of detained youth) or are they distant and removed?

Please consult the “How To” documents for additional suggestions on who to interview for each issue area.

The Last Day On Site

On the final on-site day or shortly thereafter, the team should conduct an “exit interview” with the facility director, administrative staff, and key staff members to go over the general findings and any areas of concern.

At the end of the facility assessment, the team should meet to make sure all of the issues in the standards have been covered. It is also helpful for team members to meet to reach consensus on the issues they want to discuss in their narrative report. This can often be done over lunch or in an empty office where the team can make a master list of the most important findings.

On the final on-site day or shortly thereafter, the team should conduct an “exit interview” with the facility director, administrative staff, and key staff members to go over the general findings and any areas of concern. This gives facility administrators an opportunity to clear up misconceptions, and to offer information about areas where efforts are being made even though problems may still exist. The exit interview assures that facility administrators and the key staff who may be involved in corrective action have prompt feedback about the team’s findings, and particularly areas in which the site assessment report will find non-conformity with standards or improvement needed.

STEP THREE: REPORTING ON THE FACILITY ASSESSMENT AND FOLLOW UP

Complete the Assessment Instrument

The assessment instrument is formatted to enable team members to indicate “Conforms to Standard,” “Does Not Conform to Standard,” and “Findings/Comments” for each

standard. It is important to assess and record compliance for each part of every standard. On any standard for which the facility does not conform to the standard, the team should indicate how and why the facility does not conform, what efforts if any have been made to conform, why it may be difficult to conform, or why the standard does not apply. The team should also indicate the standards on which the facility needs improvement, even if practice conforms to the standard (e.g., policies could be more clearly written or data should be improved). In addition, the team should recognize where the facility administrator and staff have done a particularly good job in meeting particular standards.

Prepare a Narrative Report of the Assessment

Following the assessment, the team should prepare a narrative report that summarizes all areas of non-compliance, areas in need of improvement, and suggestions for corrective action plans. The narrative may also include other issues of interest in JDAI such as disproportionate representation of youth of color in the facility. Teams have also used the narrative to highlight particularly positive things they saw, which would otherwise not have received public recognition. Finally, some teams have used the narrative to point out glaring funding and staffing needs.

While direct distribution of the report is usually limited, the team should be cognizant of the fact that the assessment report is likely to fall within the definition of “public record.” Accordingly, the narrative and instrument should adhere to any agreed-upon limitations on confidentiality of information. Also, the tone of the narrative and comments in the instrument should be written with awareness that they could be disclosed to the public.

Present the Report to the JDAI Steering Committee

The report should be shared with the facility director before dissemination in order to avoid any factual errors. This is not an opportunity for the facility administrator to argue with the team about whether the facility conforms or does not conform to particular standards, but rather for the administrator to clear up factual matters that the team may have misunderstood or of which they were not aware. The report should then be disseminated to the JDAI Site Coordinator and TATL. Sometimes, assessment team members are asked to present findings to the JDAI Steering Committee.

The Steering Committee should decide who should receive the report and how to develop a corrective action plan. Normally the distribution list includes the Site

Coordinator, the TATL, the Initiative Management Team at the Casey Foundation, and key department heads at the facility (e.g., medical, mental health, education) who will oversee areas where corrective action will be needed.

Corrective Action

JDAI's goal for the facility assessment is that detention facilities in its sites conform to 100% of the standards. However, it is not likely that any facility will achieve this goal upon initial assessment.

JDAI's goal for the facility assessment is that detention facilities in its sites conform to 100% of the standards. However, it is not likely that any facility will achieve this goal upon initial assessment. Following the team's report, facility administrators will be on notice of problem areas, and can take corrective action. On any standard to which the facility does not conform, facility staff and administrators should develop a corrective action plan, and in cases where corrective actions cannot be implemented, this should be documented.

The plan should state what will be done, who is responsible, and when it is to be completed. The facility should have a point person who will report back to the team and Site Coordinator at the end of the designated period for corrective action, and the JDAI governing body should check periodically about steps the facility is taking toward compliance with the corrective action plan.

Future JDAI Juvenile Detention Facility Assessments

JDAI facility assessments should be conducted approximately every two years. The Site Coordinator is responsible for reporting to the Casey Foundation on progress made on corrective action plans.

STEP FOUR: LOOKING BEYOND INDIVIDUAL FACILITIES

One of the most gratifying aspects of the JDAI Juvenile Detention Facility Assessment is the opportunity it provides for improving practice in the juvenile justice system as a whole. The JDAI standards go further than most professional standards and state regulations in providing specific guidance on issues that often result in harm to children or staff.

Several sites have invited their state inspectors to facility assessment trainings, and some states have used the standards to strengthen state facility standards. One state, in which juvenile justice commissions do their own inspections, has adopted the JDAI standards as its authority for juvenile detention facilities. The Youth Law Center and the Center for Children's Law and Policy regularly receive interest about application of the standards from public officials and facility administrators not involved in JDAI, and the standards have been used in numerous situations calling for judgment about appropriate practice.

The JDAI standards, and JDAI sites around the country that have undertaken the JDAI Detention Facility Assessment, demonstrate that providing safe and humane conditions is an achievable goal for any jurisdiction.

Endnotes:

- 1 Charles Puzzanchera and Melissa Sickmund, *Juvenile Court Statistics 2005*, National Center for Juvenile Justice (July 2008), pg. 32.
- 2 Mark Soler, Dana Shoenberg, and Marc Schindler, *Juvenile Justice: Lessons For A New Era*, 16 GEORGETOWN J. POVERTY L. & POLICY 483, 506-521 (2009).
- 3 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, *Conditions of Confinement: Juvenile Detention and Corrections Facilities* (Research Report), prepared by Dale G. Parent, et al., Abt Associates, Inc. (1994).
- 4 Andrea J. Sedlak and Karla S. McPherson, *Conditions of Confinement: Findings from the Survey of Youth in Residential Placement*, Office of Justice Programs, OJJDP, Juvenile Justice Bulletin (May 2010).
- 5 Sue Burrell, *Improving Conditions of Confinement in Secure Juvenile Detention Centers*, Pathways to Juvenile Detention Reform, Volume 6 (Annie E. Casey Foundation, 2000).
- 6 This 2011 Step-by-Step replaces the earlier guidelines, "An Overview of the JDAI Facility Assessment Process: Guidelines for Planning, Conducting and Reporting."
- 7 In 2006, JDAI published the standards, "How To" documents, training DVD, and an earlier version of the Step-by-Step process ("An Overview of the JDAI Facility Assessment Process: Guidelines for Planning, Conducting and Reporting") in a loose-leaf binder entitled, *Detention Facility Self-Assessment: A Practice Guide to Juvenile Detention Reform*. The binder and DVD are available through the Casey Foundation and a PDF of the binder's contents may be downloaded from the JDAI Help Desk.
- 8 For example, Sue Burrell, *Moving Away From Hardware: The JDAI Standards on Fixed Restraint* (February 2009).
- 9 The JDAI Help Desk can be reached online at www.jdaihelpdesk.org. It posts voluminous support materials and also provides a way to ask specific questions.
- 10 *Phase 1/Year 1 JDAI Developmental Milestones and Tasks*, available at: www.jdaihelpdesk.org/Pages/starterkits.aspx; JDAI Year/Phase 2 Site Development, available at: www.jdaihelpdesk.org/Pages/starterkits.aspx.
- 11 To find a P&A in your region and learn more about the P&A system, visit www.ndrn.org.
- 12 The JDAI Help Desk may be reached at www.jdaihelpdesk.org.

JDAI Detention Facility Assessment: Timeline and Checklist

During JDAI Phase One, the JDAI Steering Committee, in consultation with the Site Coordinator and the TATL, makes plans for conducting a detention facility assessment. **All sites should initiate the facility assessment planning process within 15 months of beginning JDAI activities. Training of the assessment team, conducting the facility assessment, and writing the report are all pieces of the assessment process and may be completed during Phase Two, but the planning process should begin during Phase One.**

Standard Timeframe for Detention Facility Assessments

Facility assessments should occur **every two years. The first assessment, including the report, should be completed within two years of becoming a JDAI site.**

Occasionally, the JDAI Initiative Management Team (IMT) or the Technical Assistance Team Leader (TATL) may advise that the facility assessment be completed more quickly. This may happen, for example, if there has been a suicide, major violence, identified abuse or other crisis at the facility, or some circumstance arises that calls for prompt attention to what is happening at the facility.

Planning Process

Ample time should be given to the planning and preparation that goes into the facility assessment. Site Coordinators should allow 3–5 months for planning and preparation for conducting the assessment as they engage in a variety of activities including the recruitment of assessment team members, assistance in coordinating the training for the team, and facilitation of the facility assessment. After the assessment, Site Coordinators will participate in development and distribution of the detention facility assessment report, and in ensuring that corrective action planning and follow up are occurring.

This detailed timeline and checklist will assist Site Coordinators in understanding their role in the overall process. Site Coordinators' main role is to work with the training coordinator, the TATL, and the site to ensure that preparations are commensurate with the requirements of the facility assessment.

Timeline and Activities

Planning begins 3–5 months prior to the actual facility assessment when the Site Coordinator and TATL inform the JDAI management team (IMT) of the intention to begin planning for the detention facility assessment. Upon approval to begin planning, the IMT informs the training coordinator.

Step One (usually done via email)

The TATL and Site Coordinator(s) in the region/state determine a location and date for the assessment training. The choice of location and date should be based on:

- Accessibility for participants and faculty;
- Availability of faculty and training space;
- Whether there is a site interested in having the trainers tour its detention center; and
- Availability of lodging.

Step Two

Within the next week, the training coordinator will schedule a preparatory telephone call that will include Site Coordinators for each of the sites that will attend the training, the TATL(s) for the sites, and the trainers from CCLP or the Youth Law Center. The call should cover the following topics:

- Composition of the assessment team, process for recruiting the assessment team, and expectations of assessment team members;
- Food and lodging needs;
- Hours of training, to accommodate travel plans;
- Photocopying responsibilities;
- Room set-up, audio visual needs, including laptop, projector, and screen (laptop loaded with latest version of Powerpoint);
- Identification of a person to be the point person in the site that will host the training;

- Schedule for trainers to get materials and agenda to the point person;
- Evaluations;
- Establishment of timelines for Site Coordinators to notify the point person of numbers of participants;
- Trainers' confirmation of dates (date is usually discussed via email prior to the first conference call);
- Choosing dates for facility assessments in each site, approximately three months in the future; and
- Scheduling follow-up call **three to four weeks later**.

Step Three

Within a week after the planning call, the Site Coordinators and site leaders agree on training dates based on availability of trainers, TATL(s), site participants, and training space (usually the date is confirmed prior to the planning call). Site Coordinators begin the process of developing an assessment team. Before extending invitations to potential team members, the Site Coordinator gets approval from the trainers and TATL to ensure appropriate team makeup, and from the local JDAI Steering Committee if appropriate.

TATL(s) should facilitate a timely training site selection process and coach Site Coordinators on the composition and recruitment of assessment team members; TATL(s) should contact YLC or CCLP directly if they have questions.

Step Four

Prior to the next scheduled call:

- Trainers send draft agenda to Site Coordinators, TATL(s), and the JDAI Training Coordinator; and
- Site Coordinators provide assessment team lists to TATL(s) and trainers.

Step Five

On the date scheduled, Site Coordinators, TATL(s), and the training coordinator have a follow-up call, covering the following topics:

- Feedback from trainers and TATL(s) regarding recruited team members and remaining needs for the teams;
- Any necessary adjustments to the agenda for the training (e.g., timing of meals, participants' arrivals);
- Confirm training space/room set-up and audio visual needs, including laptop, projector, and screen;
- Plans for in-state, trainer, and TATL travel;
- Assignment of responsibility for food and lodging arrangements, government rates for lodging, and arranging a block of rooms at the hotel. The person who makes the lodging arrangements should send this information to the Site Coordinators, trainers, and TATL(s) soon after making the arrangements;
- Where to send training materials;
- Arrangements for detention center visit at host site; and
- Plans for ensuring that new team members and other attendees who have not been participating in JDAI have an opportunity to learn about JDAI in general, the activities in their jurisdictions, and the context for the training and assessment.

Step Six

Thirty days before the date of the training:

- Sites finalize their teams and send lists of team members to the point person in the host site, the trainers, and the TATL(s);
- The point person at the host site sends point person contact information and directions to the training site to the Site Coordinators, TATL(s), and trainers; and
- The point person at the host site checks to make sure he or she has the training materials, agenda, evaluation forms, and training powerpoint.

Step Seven

Two weeks before the date of the training:

- The Site Coordinator sends an email to members of the site's assessment team that includes:
 1. The agenda for the training;
 2. Electronic version of the Guidelines, Standards, and "How To" materials;
 3. The powerpoint for the training; and
 4. A note that printed copies of all of these materials will be provided at the training.
- The point person ensures that the TATL(s) and trainers have contact information and directions for the detention center visit.

Prior to the training, the point person and the host site ensure that the following are available for the training:

- Powerpoint loaded on the laptop and copied for all participants;
- Projector and screen available and set up;
- Copies of the agenda, powerpoint, training materials, and evaluation forms;
- Food and drinks for the training;
- Nameplates and name tags; and
- Recommendations for dinner for out-of-towners.

TATL(s) and Site Coordinators should plan to attend the training and support their teams' planning for facility assessments.

Step Eight

Prior to or at the time of the training, each Site Coordinator makes the following plans with team members:

- Identification of documents to request from the facility;
- Location where the documents will be made available to the team members for review;
- Assignment of team members to each of the eight assessment areas in **C**lassification System and Intake, **H**ealth Care, **A**ccess Issues, **P**rogramming, **T**raining and Supervision of Employees, **E**nvironmental Issues, **R**estraints, **S**afety (CHAPTERS). This may include formation of subgroups to be responsible for one or more areas of CHAPTERS. Each subgroup will choose a point person responsible for completing the written report and checklist for the subgroup;
- Identification of assessment team leader (could be Site Coordinator), who will be responsible for coordinating the assessment process and pulling together the subgroup reports, ensuring that the standards instrument is completed, and ensuring that the narrative report has a consistent voice, style, and format;
- Arrangements for team members to review documents;
- Confirm dates for facility assessment, including night and weekend visits for some team members;
- How to handle legal issues involving confidentiality and youth interviews;
- Work with facility administrator to develop message to facility staff and youth about the assessment and logistics of the assessment (e.g., will staff accompany team members through the facility, how team members will have confidential communications with youth and staff at the facility); and
- Identifying a meeting place for team members at the start of the assessment.

Step Nine

One week prior to the facility assessment, each Site Coordinator ensures that:

- Team members know where to meet at the facility at the beginning of the assessment and where they can park;
- Arrangements have been made for team members to eat at least one meal with youth during the assessment;

- Team members have signed confidentiality agreements and any necessary arrangements have been made for document access and youth interviews;
- Team members have had an opportunity to review the requested documents;
- Facility administrator knows who will be coming with the assessment team; and
- Team members know what identification will be required, any applicable dress codes, and where they will be able to store their belongings.

Step Ten

After completing the assessment:

- Team members meet to agree on major findings, both positive and negative, to share with the facility administrator and staff;
- Team members meet with the facility administrator and other appropriate staff to discuss major findings, both positive and negative. The facility administrator and staff provide the team with any information they believe the team will find valuable and correct any misinformation or miscommunication the team may have received during the assessment;
- Subgroup point people complete the Standards checklist, including appropriate comments on particular items;
- Subgroup point people draft narrative reports for their sections; and
- Subgroup point people circulate drafts to other members of their subgroups for approval.

Step Eleven

Within two weeks of the meeting with the facility administrator, the subgroups turn in their Standards checklists and portions of the narrative report to the team leader. The team leader reviews the components submitted by the subgroups for completeness and clarity; completes the Standards checklist and the draft narrative report, adjusting for consistent voice, style, and format; and circulates the draft to the team members.

Step Twelve

Within the next two weeks, team members respond to the team leader with any recommended changes to the narrative report or the checklist and then the team leader prepares the final checklist and narrative report. The final report is then provided to the JDAI Steering Committee, the facility administrator, the TATL(s), and the IMT representative (TATLs should review draft reports and checklists to ensure that they are complete, make sense, cover all issues logically, and speak with a uniform voice).

Step Thirteen

Within the next six weeks, the facility administrator provides a corrective action plan to the Site Coordinator, JDAI Steering Committee, and assessment team members.

Step Fourteen

Over the next 12–24 months, the Site Coordinator, JDAI Steering Committee, and TATL(s) monitor implementation of the corrective action plan.

CLASSIFICATION SYSTEM AND INTAKE

JDAI “How To” Tools: Classification System and Intake

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

Review Written Documents and Other Materials

Review policies and procedures, including any Risk Assessment Instrument (RAI) or posted orders regarding classification and detention limitations for staff in the intake and admissions area of the facility.

- Do such policies/procedures exist?
- Do the policies and procedures comply with JDAI standards?

Review a sample of initial Risk Assessment Instrument (RAI) screenings for youth.

- Were they fully completed?
- Is there evidence that the youth were screened accurately? It should be evident that information collected from youth is used in the decision to determine whether to detain a youth or use a detention alternative.
- Examine the use of overrides to ensure that staff are basing their decisions on appropriate rationale.

Review orientation materials.

- Do orientation videos, handbooks or other information sources cover all topics in Standard I. D. 5?
- If youth at the facility do not speak English, are any materials translated? If you can tell, are the translations accurate and understandable?

Review population counts for the past several months.

- Has the population in the facility approached or exceeded the rated capacity at any time in the past several months?
- Does it appear that the policies and procedures were implemented at those times?

Request copies of reports or data listed in Standard I.D.3.

- Do such reports or data exist?
- Have these reports been used to modify or refine the RAI?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

Observe intake and admissions area(s).

- One individual from the assessment team should ask to observe at least one initial interview with a youth. When screening youth, does the staff use the RAI? Are youth told of the reason for intake information? Do staff avoid asking youth to unnecessarily repeat distressing or highly personal information?
- Do intakes appear to be conducted in a timely manner?
- How many youth are awaiting intake? How are youth supervised while awaiting intake?
- Is the reception area safe and clean?
- Are there age-appropriate posters or displays that provide information about the intake procedure to youth?
- Are intakes conducted in a private area?
- Are intakes conducted in the native language of youth who do not speak English or who have limited English proficiency?
- Do staff ask youth about disabilities? Are any necessary auxiliary aids (e.g., crutches) on hand and available?
- Are youth offered at least two phone calls, a shower, and storage of personal belongings?
- Are the youth's personal belongings properly recorded and securely stored at intake?
- Are youth offered food and drink at intake?
- During intake, do staff review the orientation materials orally with the youth, regardless of whether a written version is provided, to ensure that youth with reading/writing problems understand the rules? Do the staff provide an opportunity for youth to ask questions/clarify misunderstandings?

Observe the living units.

- Do older and younger youth appear to be separated from one another? Bigger and smaller?
- Are male and female youth separated from one another?
- Do units seem to be integrated by race and ethnicity?
- Does the facility have a variety of sleeping room options (e.g. individual sleeping rooms and rooms with roommates)?
- Are more youth living in a unit than its rated capacity? Are there cots or mattresses in cells for youth who are “doubling up”?

Interview Youth and Staff at the Facility

Interviews of intake and unit staff.

- What is the youngest age of a youth that is currently in the facility? Have they ever detained a youth under the age of 12 in the facility? If yes, how many youth and how frequently? What were the particular circumstances?
- Are status offenders detained in the facility? If yes, how many youth and how frequently? For how long are status offenders held in the facility?
- Are undocumented immigrant youth detained in the facility? Are there any being held who have not committed an offense? If yes, how many youth and how frequently?
- Are any abused/neglected youth who have not committed an offense detained in the facility? If yes, how many youth and how frequently?
- Do intake/admissions staff have the authority to release or conditionally release youth?
- Ask staff to describe the classification process. Does the information comply with the written policy and with JDAI standards?
- How do staff evaluate the maturity of an individual youth for placement decisions?
- Are violent and non-violent youth separated from one another in the living units?
- Do classification decisions take into account the presence of mental or physical disabilities? The youth’s risk of suicide? Alleged sex offenses?
- Are units segregated by general gang affiliation, or do staff evaluate specific information regarding individual youth who need to be separated from one another?
- Are youth who are (or perceived to be) gay, lesbian, bisexual, or transgendered automatically housed or programmed in certain units? Are these youth consulted on any special housing decision?
- How frequently is the institutional population of the facility reviewed?
- What happens when the population is approaching or over its rated capacity?

Interview youth.

- Ask youth what sort of screening they experienced at intake?
- What questions were they asked? Were they asked questions that they found upsetting or embarrassing?
- Was there information about their individual situation that they wanted to share with the intake staff? Were they able to share that information? Why/why not?
- Were they asked if they were high or intoxicated when they were first admitted?
- Were they offered food and drink at intake?
- Were they offered at least two phone calls, a shower, and storage of personal belongings?
- Do they feel safe in their living unit? Are they separated from older or bigger youth or youth that seem threatening to them?
- Do they think that they have been placed in a living unit because of any gang affiliation? Sex offenses? Other reasons?
- Are there more youth living in their unit than the amount of rooms or beds? Are cots or extra beds brought in for youth to sleep on?
- Ask youth about problems accessing phones, visitation, recreation, etc., at the facility to determine whether the number of youth in the facility is impeding access to programs and services.

DETENTION FACILITY SELF-ASSESSMENT STANDARDS	Conforms to Standard	Does Not Conform to Standard
I. CLASSIFICATION SYSTEM AND INTAKE		
<p><i>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 governing who comes into detention, housing and programmatic assignments to keep youth safe, and mechanisms to reduce crowding and unnecessary detention. This section also covers the orientation process necessary for youth to understand what to expect in the facility, what rights they have, and how to ask for services or help.</i></p>		
A. Specific Detention Limitations		
1. Admissions criteria limit detention eligibility to youth likely to commit a serious offense pending resolution of their case, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.		
2. Status offenders are not detained at the facility unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act.		
3. 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.		
4. Non-offenders (including abused/neglected youth) are not detained in the facility.		
5. Written policies, procedures, and actual practices ensure that:		
a. The facility does not detain youth simply because the youth is undocumented.		
b. The facility does not detain youth with immigration holds if they have no delinquency case or charge, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their case dismissed, or finish a period of incarceration).		
c. If the facility contracts to hold youth detained pursuant to Department of Homeland Security (DHS, formerly INS) regulations, only youth meeting the DHS regulations on secure confinement of juveniles are detained.		
6. Youth with serious medical or mental health needs, or youth who are severely intoxicated, are not admitted into the facility unless and until appropriate medical or mental health professionals clear them. Youth transferred from or cleared by outside medical or mental health facilities are admitted only if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gun shot wounds).		
7. 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 the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to handle youth with disabilities.		
B. Intake		
1. Youth are processed into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.		
2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3.	Intake/admissions staff use a race and gender-neutral Risk Assessment Instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Youth eligible for detention are placed in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, and/or home electronic monitoring).		
4.	For youth with limited English proficiency, arrangements are made for intake to be conducted in the youth's native language in a timely manner.		
5.	When communicating with parents of detained youth, staff do not rely on youth to serve as interpreters.		
C. Detention Process			
1.	Staff screen youth to identify immediate individual issues, such as intoxication or injury, and collect information about the youth's family, education status, and delinquency history.		
2.	Intake/admission interviews occur in a private setting.		
3.	Staff ask youth about any disabilities and provide necessary auxiliary aids or services to youth.		
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.		
5.	At the time of admission or shortly thereafter, youth receive a written and oral orientation to institutional rights, rules, and procedures including:		
	Identification of key staff and roles.		
	Rules on contraband and facility search policies.		
	A review of behavior expectations, consequences that may result when youth violate the rules of the facility, and due process protections.		
	Grievance procedures.		
	Access to emergency and routine health and mental health care.		
	Housing assignments.		
	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 incentive system.		
	Emergency procedures.		
	The right to be free from physical, verbal, or sexual assault by other youth or staff.		
	How to report problems at the facility such as abuse, feeling unsafe, and theft.		
	Nondiscrimination policies.		
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.		
D. Population Management			
1.	Written policies, procedures, and actual practices ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or "stepped down" to non-secure settings.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
2.	Written policies, procedures, and actual practices ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are "stepped down" to less restrictive settings, or transferred to other settings.		
3.	The agency responsible for detention regularly collects, reviews, and reports data, including: number of youth brought to detention by each agency (e.g., police, school police, group home); offenses charged or other reasons for detention such as failure to appear (FTA) or violation of probation (VOP); risk assessment instrument (RAI) scores and overrides; admissions to detention; releases from detention; average daily population in detention; average length of stay in detention; admissions to each alternative to detention available in the jurisdiction; releases from each alternative to detention; average daily population in each alternative; average length of stay in each alternative; and rearrests, violations of probation, and failures to appear. All data is available disaggregated by race/ethnicity, gender, and geography. The agency reviews the data for consistency, accuracy, outcomes, and to inform ongoing refinement of the risk criteria and scoring.		
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.		
2.	Classification policies require consideration of potential safety concerns in housing and programming decisions, including:		
	a. Separation of younger from older youth.		
	b. Separation of males from females.		
	c. Separation of violent from non-violent youth.		
	d. Maturity.		
	e. Presence of mental or physical disabilities.		
	f. Suicide risk.		
	g. Alleged sex offenses.		
	h. Specific information about youth who need to be separated from each other (not just general gang affiliation).		
3.	Staff does not base housing or programming decisions on race or ethnicity.		
4.	There are no automatic policies for housing or programming of gay, lesbian, bisexual, or transgender youth on the basis of their actual or perceived sexual orientation. Staff make any special housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for the particular treatment. The facility administrator or designee reviews each decision.		
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 Rehabilitative Act of 1973.		
6.	The facility provides a range of sleeping room options to accommodate the need for individual rooms and roommates.		
7.	When necessary, staff develop individualized plans to provide for the safety of particular youth.		

HEALTH CARE

JDAI “How To” Tools: Health Care

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

It is recommended that someone with a background in health care participate in this part of the assessment.

Review Written Documents

Review the facility's policies, procedures, and protocols for medical and mental health services.

- Do they conform to the JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?
- Are there appropriate policies, procedures, and protocols to meet the needs of girls at the facility?

Review the instrument used for medical screening at admission.

- Does it include all the information required by the JDAI standards?

Review sick call logs and records of referrals of youth with medical and mental health problems to other facilities or providers. Also review lists of scheduled outside-facility appointments, and transportation logs.

- Were youth seen in a timely manner?
- Were youth appropriately referred to other facilities or providers?
- Was transportation provided to those outside appointments as scheduled?

Review a sample of medical, mental health, and dental records of youth at the facility. Be sure to review records for youth that have been in the facility for an extended period of time.

- Are medical and mental health records kept separate from confinement records?
- Do the medical records contain all the information required by JDAI standards (e.g., II. G. 4)?
- Do the records contain evidence of informed consent?
- Did youth receive medical and mental health screenings at the time of admission? Did the screenings cover all topics required by the JDAI standards?

- Did youth receive full health assessments within a week of admission? Did the full health assessments include all of the information required by the JDAI standards?
- Were the health assessments done by a registered nurse, nurse practitioner, physician's assistant, or physician?
- Did youth with medical or mental health problems receive appropriate treatment in a timely manner? Is there evidence that youth got the right services at the right time? Is there evidence that youth identified at risk for medical or mental health problems were properly monitored pending further evaluation?
- Did youth identified as having significant mental health needs receive a timely professional evaluation? Prior to, and after full evaluations, did youth receive appropriate mental health care? Are there mental health treatment plans for youth with significant mental health needs with all necessary components?
- Did youth receive a dental screening within one week of admission? Have youth who have been detained for an extended period received a full dental examination within 60 days of admission?
- Are there medical or mental health discharge plans for youth?

Review the plan for medical emergencies at the facility.

- Is the plan adequate to meet medical emergencies?

Review records of medical and mental health emergencies and injuries at the facility.

- Did staff respond promptly and appropriately?
- Did youth receive necessary treatment or care?
- Did any emergency transportation occur in a timely manner?

Review records of the medical and mental health quality assurance program at the facility.

- Do the quality assurance records identify any problem areas indicating non-conformance with JDAI standards? If so, be sure to check whether any problems have been remedied.

Review records of annual training of medical and mental health staff. Review training records of facility staff pertaining to medical and mental health care.

- Does the training conform to JDAI standards?

Review the suicide risk policies at the facility.

- Do they meet JDAI standards?

Review records of suicide attempts and gestures at the facility for the previous six months.

- Were youth handled in ways that conform to the JDAI standards?
- Were parents/guardians contacted for timely and appropriate follow-up?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

Observe the areas for medical and mental health screenings and assessments.

- Do they provide confidential settings?
- Are they appropriate for these purposes (e.g., designated areas, with appropriate equipment)?

Observe youth on various levels of suicide watch (both in the infirmary and on the living unit).

- Are actively suicidal youth monitored on a one-on-one continuous basis?
- Are youth integrated to the extent possible in the normal facility routine?
- Are youth at lower risk for suicide monitored in conformity with the policies and procedures?
- When youth on suicide watch are in a room by themselves, is there anything in the room with which youth may harm themselves (e.g., hooks on walls, sharp corners, areas where youth could loop a piece of cloth to form a noose, live electrical outlets)?

Observe the area for medical isolation of youth.

- Is it conducive to direct and continuous observation of youth by staff?
- Are medically-isolated youth observed at frequent appropriate intervals?
- Is it medically appropriate (e.g., is there sufficient isolation from other youth and staff in the infirmary)?

Observe other areas of the infirmary.

- Are they appropriate for the purposes they serve?
- Are reference materials appropriate and up-to-date?

Observe the storage area for prescription medications.

- Does it meet JDAI standards?

Interview Youth and Staff at the Facility

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth if they were questioned about medical or mental health needs when they entered the facility. Did they receive medical and mental health screenings at admission?
- Ask youth if they saw a nurse or doctor since they entered the facility. Did they receive full medical assessments within one week of admission?
- Have they been able to access sick call or medical care when needed? Do they understand how? Can youth see a health professional without explaining their condition to non-health care staff?
- Do they know how to obtain mental health services when needed?
- Have they ever been on suicide watch, or seen anyone who was? What happened? How was it handled?
- Have youth experienced any problems in getting the health services they need?
- Ask youth if anyone has looked in their mouth to check their teeth. Have they received dental services, care, and information required by the JDAI standards?

Interview medical and mental health professionals at the facility.

- Ask medical and mental health professionals to explain a few of the policies and procedures you have reviewed earlier. Do their explanations match what is written in policy or procedure? If they don't know the answer to a particular question, ask them what they would do in that situation (e.g., consult a manual, ask another staff person at the facility, call the local poison control).
- Are there sufficient medical, mental health, and dental staff available on-site, on-contract, or on-call to meet the needs of the detained population? What types of services would they like to get more of?
- Are there 24-hour on-site or on-call medical, mental health, and dental services available? What services are regularly available in the evening hours or overnight?

- Do they prepare mental health treatment plans for youth with significant mental health needs?
- Is insurance/medical information collected? What attempts are made to contact the child's primary doctor in the community?
- Do they prepare medical, mental health, or dental discharge plans for youth with continuing needs?
- Are they familiar with the suicide risk policies at the facility? Does their understanding regarding decisions about suicide precautions match policy and JDAI standards?
- How are prescription medications administered? Who administers them? Where?

Interview unit staff at the facility.

- Ask unit staff to explain how the policies and procedures you have reviewed earlier work. You may want to provide a concrete example, "How have you been taught to handle children with diabetes?" Does the explanation match what is written in policy or procedure? If staff don't know the answer, ask them what they would do in that situation.
- What is their understanding of sick call policies? Can youth see a health professional without explaining their condition or reason?
- Are unit staff familiar with the medical and mental health resources at the facility? What kind of interaction do they have with medical and mental health professionals at the facility?
- What training do they receive on medical and mental health issues? Do unit staff know how to recognize a medical or mental health emergency? Do unit staff understand when and how to contact health or mental health professionals in such emergencies?
- Are unit staff familiar with the suicide risk policies and procedures at the facility? You may want to provide a concrete example such as, "What would you do if you found a youth hanging from his bunk/the sprinkler/the door hinge?"

DETENTION FACILITY SELF-ASSESSMENT STANDARDS	Conforms to Standard	Does Not Conform to Standard
<h2>II. HEALTH CARE</h2>		
<p><i>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 provision of prescriptions throughout the youth's stay at the facility. This section also places a special emphasis on the identification and handling of youth at risk of suicide or other self-harming behavior.</i></p>		
<h3>A. Admission Screenings</h3>		
<ol style="list-style-type: none"> 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. 		
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including: <ol style="list-style-type: none"> Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases. Medications needed for ongoing conditions and other special health needs. Allergies. Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis. Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body. Recent injuries (e.g., injuries at or near the time of arrest). History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs. Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information. Name of an adult family contact. Observation of: <ol style="list-style-type: none"> Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), sweating. Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities. Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use. 		
<ol style="list-style-type: none"> Inquiry into current and past illnesses, and history of medical and mental health problems and conditions, including: <ol style="list-style-type: none"> Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases. Medications needed for ongoing conditions and other special health needs. Allergies. Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis. Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body. Recent injuries (e.g., injuries at or near the time of arrest). History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs. Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information. Name of an adult family contact. Observation of: <ol style="list-style-type: none"> Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), sweating. Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities. Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use. 		
<ol style="list-style-type: none"> Medical, dental, and psychiatric/mental health problems (including all past mental health diagnoses, treatment, and suicide attempts), and infectious and communicable diseases. 		
<ol style="list-style-type: none"> Medications needed for ongoing conditions and other special health needs. 		
<ol style="list-style-type: none"> Allergies. 		
<ol style="list-style-type: none"> Symptom screening for tuberculosis including questions regarding cough, night sweats, weight loss, or recent exposure to someone who might have tuberculosis. 		
<ol style="list-style-type: none"> Use of drugs or alcohol, including types, methods of use, amounts, frequency, time of last use, previous history of problems after ceased use, and any recent hiding of drugs in his/her body. 		
<ol style="list-style-type: none"> Recent injuries (e.g., injuries at or near the time of arrest). 		
<ol style="list-style-type: none"> History of gynecological problems or pregnancies, and evaluation of current pregnancy status and related medical needs. 		
<ol style="list-style-type: none"> Names and contact information for physicians and clinics treating youth in the community, as well as health insurance information. 		
<ol style="list-style-type: none"> Name of an adult family contact. 		
<ol style="list-style-type: none"> Observation of: <ol style="list-style-type: none"> Behavior and appearance, including alcohol or drug intoxication, state of consciousness, mental status (including suicidal ideation, emotional distress, or signs of depression), sweating. Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities. Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use. 		
<ol style="list-style-type: none"> Disabilities including vision, hearing, mobility issues, and mental retardation or developmental disabilities. 		
<ol style="list-style-type: none"> Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use. 		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
c.	The facility uses a standardized mental health screening instrument (such as the MAYSI) to identify youth who may be at risk of suicide or who may need prompt mental health services.		
3.	After screening, staff promptly refer the following youth for needed services.		
a.	Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, or report having recently swallowed or ingested drugs, or otherwise in need of urgent care are referred immediately for care.		
b.	Youth who are identified in the screen as requiring additional medical services are immediately referred and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.		
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.		
d.	There is a system in place so that youth on prescription medication have their medication continued without interruption. This generally means a same day evaluation by a physician and/or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist.		
4.	Staff provide documentation of:		
a.	Disposition of the youth, such as referral to emergency medical or mental health care services, placement in general population with later referral to health/mental health care services, or placement in the general population.		
b.	The date and time screening is completed, and the signature and title of the person completing the screening.		
5.	Staff place youth identified in the admissions screen as needing further evaluation of suicide risk or other acute mental health conditions on constant one-on-one observation until they can be formally evaluated by a qualified mental health professional. Staff directly and continuously supervise any youth who has been identified at risk for suicide or self-harm until a qualified mental health professional completes an assessment. Only a qualified mental health professional may remove a youth from one-on-one observation.		
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.		
B. Full Health Assessment			
1.	Youth receive a full health assessment soon after admission, and in no case later than one week after admission.		
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.		
b.	Review with the parent or responsible adult (phone or in person) the physical and mental health issues of the youth.		
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.		
d.	Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.		
f.	Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.		
g.	Full medical examination, including vision and hearing exams, and gynecological exams for females (and pregnancy tests when appropriate).		
h.	Review of the results of medical examination and tests, and initiation of treatment when appropriate.		
i.	Contact with physician(s) in the community as needed to ensure continuity of medical treatment.		
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).		
b.	Current and previous use of psychotropic medications.		
c.	Suicidal ideation and history of suicidal behavior.		
d.	History of drug and alcohol use.		
e.	History of sex offenses.		
f.	History of violent behavior.		
g.	History of victimization or abuse (including sexual victimization and domestic violence).		
h.	Special education history.		
i.	History of cerebral trauma or seizures.		
j.	Emotional response to incarceration and arrest.		
k.	History of services for mental retardation/developmental disability.		
4.	A registered nurse, nurse practitioner, physician's assistant or physician performs the full health assessment, with physician co-signature as required by law. Female staff are present during a physical examination of a girl. Mental health staff should ensure that practitioners are appropriately trained to conduct the mental health screening portion of the assessment.		
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.		
C. Health Care Services			
1.	The facility health care system provides diagnosis and treatment for conditions discovered during the screening and assessment of youth and for youth with medical problems that arise after admission.		
2.	Chronic disease care is provided by physicians who have residency training in managing general internal medical conditions (Internal Medicine, Family Practice, Pediatrics). Adolescents with HIV are managed by a physician expert in HIV.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3. Written policies, procedures, and actual practices ensure that:			
a. Sick call is available every day.			
b. Youth may request to be seen without disclosing the medical reason, and without having non-health care staff evaluate the legitimacy of the request.			
c. Youth requesting sick call see a health professional.			
4. Physician services are adequate to serve the number of youth in the facility, including regular on-site services.			
5. On-site nursing services are adequate to serve the number of youth in the facility.			
6. Adequate 24-hour on-call or emergency medical and mental health services, including transportation, are available through on-site staff, by contract, or by way of other immediately available services. <i>Please list available services.</i>			
7. There is a responsible health authority on-site accountable for health care services pursuant to a contract or job description.			
8. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care.			
9. Written job descriptions define the duties and responsibilities of personnel in the facility health care system.			
10. Medical and mental health staff are professionally licensed or certified as required by state law to perform the functions required in their respective positions.			
11. Female health professionals are available for health and mental health services for detained girls. Female staff are always present during physical examinations of girls.			
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.			
13. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.			
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.			
15. All facility staff supervising youth are trained in and know how to address:			
a. Signs and symptoms of medical emergencies.			
b. Action required in emergencies, including referral policies and procedures.			
c. First aid procedures for transferring patients to medical facilities.			
d. Signs and symptoms of mental illness, emotional disturbance, and suicide risk.			
e. Signs and symptoms of cognitive, intellectual, and developmental disabilities.			
f. Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.			
g. Signs and symptoms of child abuse (including sexual abuse) and trauma-related disorders.			
h. Training must include protocols for both boys and girls.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
16.	The health authority ensures that staff serving as “health-trained staff” to perform admission screenings are properly trained to fulfill those duties.		
17.	The facility has private areas for examinations and for handling youth with special medical needs.		
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.		
b.	Where medical or mental health staff believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.		
c.	Staff document the youth and/or parents’ consent or refusal, and counseling with respect to treatment, in youth’s medical records.		
19.	There are designated areas and/or policies for medically isolating youth from the general population. Health care beds are not used to handle overcrowding.		
20.	Youth housed in the infirmary are admitted only by a physician (or a nurse if a physician is not on-site), and the infirmary has 24-hour staffing by qualified health care professionals, with 24-hour on-call physician staffing.		
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.		
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.		
23.	Pregnant girls receive prompt prenatal care by providers with privileges at the hospital where the baby will be born, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Pregnant girls receive a modified diet and vitamins to meet their nutritional needs.		
24.	Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, STDs and STD prevention, stress management, drug/alcohol/tobacco education, and physical fitness. All youth, including girls and lesbian, gay, bisexual, or transgender youth, receive training tailored to their particular health needs.		
25.	Written policies, procedures, and actual practices ensure that youth receive education about, detection of, and treatment for sexually transmitted diseases.		
26.	Written policies, procedures, and actual practices ensure that:		
a.	Youth are tested for HIV based on risk and on recommendations of the US Preventive Health Services Task Force.		
b.	Staff do not automatically segregate youth with HIV.		
c.	Staff limit the sharing of confidential information regarding youth with HIV, to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.		
d.	Staff provide appropriate treatment for youth with HIV/AIDS. Youth with HIV are managed by a physician trained in and expert in HIV treatment.		
e.	All staff supervising youth receive training on and exercise universal safety precautions.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
27. Written policies, procedures, and actual practices ensure that youth receive substance abuse treatment if needed.			
28. Written policies, procedures, and actual practices ensure that youth who are victims of sexual assault are handled appropriately, including: the collection of evidence; testing for STDs as appropriate; evaluation for counseling and referral to the rape crisis medical staff at the local hospital; reporting to the facility administrator; and reporting to child protective authorities. Written policies, procedures, and actual practices ensure that staff understand and respond sensitively to the psychological impact of sexual assault. Female medical staff are available to examine girls in these situations.			
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.			
30. Physical evaluation shall occur in private and in a room with an examination table, adequate space and adequate light and equipment that is necessary in order to perform clinical examinations.			
31. The facility has a grievance system for complaints about health care, and staff inform youth of the system at the time of admission or shortly thereafter.			
32. Staff consider grievances related to health care services as part of ongoing quality improvement activities.			
33. Facility and health care staff prepare discharge plans and provide follow-up or liaison services to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions. Staff take necessary steps to ensure that the youth's health insurance (e.g., Medicaid) is resumed if interrupted because of detention.			
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.			
b. Immediate referral to a dentist for any obvious or gross abnormalities.			
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.			
b. Charting teeth.			
c. Examination of hard and soft tissue in the dental cavity with a mouth mirror and explorer.			
d. X-rays needed for diagnostic purposes.			
e. Documentation of the exam in a uniform dental record.			
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.			
4. Staffing for dental care is adequate for the number of youth in the facility.			
5. Adequate 24-hour on-call or emergency dental care services are available. <i>Please list the available services.</i>			
6. Adequate dental examination areas and equipment are available to serve the population in the facility. <i>Please list the equipment available.</i>			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
7.	Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.		
E. Mental Health Services			
1.	Qualified mental health professionals (e.g., psychiatrist, psychologist, psychiatric social worker, or psychiatric nurse) provide appropriate assessment and services to youth referred as needing such care.		
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 treatment plan includes:		
	a. Identification of the mental and/or behavioral health issues to be addressed.		
	b. Any medication or medical course of action to be pursued.		
	c. Planned activities to monitor the efficacy of any medication or the possibility of side effects.		
	d. A description of any behavioral management plan or strategies to be undertaken.		
	e. A description of any counseling or psychotherapy to be provided.		
	f. A determination of whether the type or level of treatment can be provided in the detention center.		
	g. A plan for monitoring the course of treatment.		
	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. A transition plan for when the youth leaves the care of the facility.		
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 and support plan for the youth. Staff also review the results of the investigation and institute remedial measures to prevent similar occurrences in the future.		
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.		
5.	Adequate 24-hour on-call or emergency mental health services are available at the facility. <i>Please list the available services.</i>		
6.	Staffing for psychiatric care is adequate for the number and anticipated needs of youth in the facility, including regular on-site services. <i>Please list the available services.</i>		
7.	On-site staffing for psychological care is adequate for the number and anticipated needs of youth in the facility. <i>Please list the available services.</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>Please list the available services.</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.		
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.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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).		
b.	The admissions screening addresses suicide risk through interview questions and observation.		
c.	Qualified mental health professionals evaluate suicide risk.		
d.	Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals.		
e.	Staff document contemporaneously the monitoring of youth on suicide watch.		
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.		
g.	Mental health professionals provide clear, current information about the status of youth on suicide watch to staff supervising youth.		
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.	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 person).		
j.	Youth on suicide watch are not left naked, or clothed or housed in degrading, embarrassing, or uncomfortable garments or environments.		
k.	Only a qualified mental health professional may release a youth from suicide watch or lower a youth's level of precautions. Mental health professionals return youth to normal activity as soon as possible.		
l.	Staff provide youth released from suicide watch with enhanced supervision for at least two days.		
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.		
n.	Suicides or attempts at suicide are carefully documented and there is a process for administrative/medical review and debriefing after each such occurrence.		
o.	Staff promptly notify parents or guardians following any incident of suicidal behavior or self-harm.		
F. Administration of Prescription Medications			
1.	Health or mental health professionals regularly monitor and document youth on psychotropic or other regular medications.		
2.	Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.		
3.	Staff administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).		
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.		
5.	The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. Written policies, procedures, and actual practices cover:		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
a.	Development and regular updating of a drug formulary of pharmaceuticals available for prescribers at the facility.		
b.	Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.		
c.	Maintenance of records needed to ensure control of and accountability for medications.		
d.	Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.		
e.	Periodic review of orders for DEA-controlled substances, psychotropic drugs, or other drugs that lend themselves to abuse.		
f.	Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.		
g.	Administration of medications on the order of a physician, dentist, or authorized individual with designated privileges.		
h.	Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.		
i.	Maintenance of all medications under control of appropriate staff members except for self-medication programs approved by the responsible physician (e.g., for emergency management of a condition).		
j.	Drug storage and medication areas are devoid of outdated, discontinued, or recalled medications.		
k.	Continuity of medication when youth enter and leave the facility.		
6.	Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (segregation of medications for external versus internal use) and security.		
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 ongoing oversight and care.		
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.		
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 practices ensure that staff share information where appropriate to provide for safety, security, health, treatment, and continuity of care for youth.		
2.	Staff record and treat medical, mental health, substance abuse, and dental information as confidential.		
3.	Medical, mental health, substance abuse, and dental records are kept separately from confinement records, and may not be used for forensic purposes (e.g., court disposition) without consent of the minor.		
4.	There is a record for each child that includes screening forms, assessment records, findings, diagnoses, treatments, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).		
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.		

ACCESS ISSUES

JDAI “How To” Tools: Access Issues

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

Review Written Documents and Other Materials

Review policies and procedures for mail, telephone access, visitation, contact with attorneys and public officials.

- Do they comply with JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?

Review orientation materials.

- Do orientation videos, handbooks or other information sources explain mail, telephone, and visiting procedures and rules?
- Do orientation materials inform youth that they may send and receive as many letters as they want, and receive reasonable numbers of books and magazines in the mail?
- Are orientation materials accessible (language, disability, etc.) to all youth in the facility?

Review visitation schedule.

- Do families have more than one visiting option to accommodate varied work schedules?
- Does the schedule allow for visits of at least one hour?

Review log books for mail.

- Does a log reflect date, time and reason for mail withheld?
- Are confiscated items logged?

Review log books of visits.

- Do logs reflect the time visitors arrived, when the visit actually began, or both?
- Are actual visit times consistently more than one hour?
- Are any visitors turned away and is the reason documented?

Review any logs of call monitoring to check for compliance with JDAI standards.

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

Observe mail receiving, sorting and opening area(s), and mail delivery.

- What is the practice for receiving, sorting, and delivering mail?
- Does actual practice as described by staff and observed comply with written policy and with JDAI standards?
- Are staff opening mail in a mail room, or in front of youth as required by the standards?
- Are staff opening mail marked “confidential” or “legal mail”?
- Are staff informing youth if mail is withheld?
- Is there a limit on books and magazines a youth may receive?
- Is there a backlog of undelivered mail, either addressed to youth or addressed to the outside? How old is the mail?

Observe a visitation time.

- Check the amount of time visitors wait for youth to come out to see them. Does anyone have to wait an unreasonably long time?
- Are visits at least one hour? Are they contact visits? Are there legitimate security reasons for non-contact visits?
- Is the visiting schedule posted for youth and public to view?
- Are searches of visitors and youth consistent with policy and procedure, and with JDAI standards?
- If staff are monitoring conversations, can they articulate reasonable suspicion of threat to safety or security or crime?
- Do families have the opportunity to register complaints or ask questions of facility staff?
- Are youth searched after visits? How?

Interview Youth and Staff at the Facility

Interview living unit staff.

- Check for understanding of, and compliance with, facility policy and JDAI standards regarding mail.
- Have they ever withheld mail from youth? What were the circumstances or reasons?
- Have they ever read a youth’s mail? For what reason?

- Is there a limit on the number of letters that youth may write?
- How do youth get pens or pencils to write letters?
- When do they allow youth to write letters?
- Are there any problems with getting sufficient supplies of pens or pencils, paper and envelopes for youth?
- Are there consistent rules regarding telephone access?
- Are staff ensuring that each youth has a comparable opportunity to use the phone? (Extra phone calls as positive behavior incentives are fine, but youth bullying others to get them off the phone is not.)
- Are youth receiving a minimum of two 10-minute calls per week? Is the time measured from after a connection is made, rather than from when a call attempt began?
- Have they ever refused to allow a youth to make a call when the youth was scheduled to use the telephone? For what reason?
- Have they ever cut off a call while a youth was talking? For what reason?
- Does the facility require youth to make only collect calls? If so, how do they handle youth whose parents can't receive collect calls? Are youth provided with other ways of calling home?
- Do staff monitor phone calls? Do staff stand near youth while youth are on the phone?
- Are youth able to make confidential phone calls to attorneys?

Interview youth.

- Are youth having any trouble receiving things their parents tell them they have sent?
- Do youth report any limitations on letter writing?
- Are writing implements, paper and envelopes available at reasonable times and frequency for letter writing?
- Do youth know they may receive books and magazines, and what the rules are for ordering them or receiving such materials from family? Have they had any trouble with the system?
- Do staff open mail in front of youth? Is mail delivered to youth already opened?
- Have youth received mail while on disciplinary status?
- Are youth able to write to their attorneys?
- Has mail from their attorneys ever been opened by staff? What were the circumstances?
- Have youth been able to call or write to courts or public officials confidentially if they want to?
- Are they able to make confidential phone calls to attorneys? Do they know how?
- Do staff monitor phone calls?
- Do staff stand near youth while youth are on the phone?
- Do they have ways to access help with legal problems other than their pending charges?
- Have they ever been denied visits? Are the reasons justified under the JDAI standards?
- If they have children, have they been able to visit with them?

- Have youth encountered problems with the phone system? Do they have to pay for calls/collect calls? What's the cost? What happens if you can't afford it?

Interview staff supervising visits.

- Is staff understanding of rules consistent with policy and procedures and with JDAI standards?
- Have staff accommodated needs for special visitation times? Have they denied any requests? Are these denials documented anywhere? (If so, review.)
- Have there been any particular problems with visitation (e.g., bringing in contraband)? How have they handled the problems?
- How do families ask questions or register complaints?
- Are there opportunities for families to meet with facility staff?
- Do attorneys have reasonable opportunity to visit with clients during client waking hours?
- Do attorney visits occur in a setting that allows for confidentiality?

Interview family members while they wait for visits or after completion of visits.

- Are they allowed to bring personal items for their child? Have there been any problems with this?
- Have they encountered any problems with visitation?
- Are they afforded an opportunity to complain or ask questions? What concerns have they raised? Do they think there are any good things happening at the facility?

Interview counsel, such as public defenders, who frequently serve youth at the facility.

- Do these attorneys experience any problems getting access to their clients?
- Have meetings been in confidential settings?
- Are clients able to call them from confidential settings when they need to?
- Have there been any problems with any legal mail?

Interview facility investigator or administrator.

- Is there a program to monitor phone calls?
- Determine whether calls are monitored only where staff have reasonable suspicion of criminal activity.
- Determine whether attorney calls are ever monitored.

Interview facility financial coordinator.

- Inquire about the system for choosing the telephone company that provides youth phone service.
- If collect calls or calling cards are required, what are the rates? Are the rates reasonable?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
III. ACCESS ISSUES			
<p><i>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.</i></p>			
A. Mail			
1. Staff do not limit the number of letters a youth may send or receive, including youth on disciplinary status. Staff provide youth with a reasonable amount of paper, access to writing implements, and postage for correspondence.			
2. Facility staff do not routinely read incoming or outgoing mail. Staff only read mail if there is a reasonable suspicion based on specific information that the mail itself constitutes a criminal act or threat to the security of the facility.			
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband.			
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.			
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.			
6. Youth may receive reasonable numbers of books and magazines, which may be inspected for contraband.			
7. Staff distribute mail within 24 hours of arrival at the facility, and post outgoing mail within 24 hours of receipt of mail from youth.			
B. Telephone			
1. Facility staff provide youth with reasonable access to telephones, and staff do not routinely listen in on or record youth's conversations.			
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.			
3. Calls are available free of charge or calls are charged at reasonable rates. Facility staff make provisions to accommodate youth who need to make long distance calls. If the facility requires youth to make collect calls, facility staff make accommodations for youth whose families cannot afford collect calls.			
4. Youth can use the telephone at times that are arranged in advance and will be convenient to staff and the recipient of the call.			
5. If there is no response when the youth first uses the phone, the youth has an opportunity to make additional efforts to call back.			
C. Visitation			
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.			
2. Family visiting occurs on several days of the week. Staff post a schedule of visiting hours and rules.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3.	Families may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.		
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.		
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 such visits would pose an immediate threat to the safety and security of the facility.		
6.	Staff may supervise the visiting area, but may not monitor conversations, absent a reasonable suspicion that a crime, escape, or threat to safety or security may occur.		
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.		
8.	Written policies, procedures, and actual practices ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies so visitors are aware of the rules.		
9.	Visitors are able to ask questions or register complaints about the treatment of youth. Facility staff or administrators promptly reply to such questions or complaints.		
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.		
11.	Transportation arrangements are made available to assist visitors to get to and from the facility if the facility is not otherwise accessible via public transportation.		
D. Access to Counsel, the Courts, and Public Officials			
1.	Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.		
2.	Attorney visits may occur at all reasonable times during hours that youth are awake and are not limited to family visiting hours.		
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.		
4.	There is a private room or area in the facility that allows for confidential attorney visits.		
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.		

PROGRAMMING

JDAI “How To” Tools: Programming

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

EDUCATION

It is recommended that someone with a background in education and an understanding of special education requirements participate in this part of the assessment.

Review Written Documents and Other Materials

Review any staff handbooks, student/parent handbooks, and curriculum guides or other documents that reflect or describe the educational policies or programs at the facility.

- Do they comply with JDAI standards?

Review any evaluations, audits, school accreditation reports, school accountability report cards, or similar documents which assess the educational programs provided and/or to what degree youth are achieving academically in these programs.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Obtain enrollment data that includes the date of enrollment/first attendance in the facility school, grade level, age, gender, race/ethnicity, language status and special education status of all youth.

- What are the assessed disabilities of all youth identified for special education?
- What are the languages spoken by all youth identified as limited English proficient (LEP) by grade level?

Review education screening forms and documentation of school record requests/transfers.

- Are the screening forms completed with all necessary information?
- Compare screening forms to youth’s intake date and time. Are they completed upon youth’s admission to the facility, and never more than three days after youth’s admission to the facility?

- Review forms for records requests and transfers after release. Does it appear that there is an efficient process in place?

Compare facility admission roster to school records.

- Check records for a sample of youth to determine whether staff are screening youth and enrolling them in school within three days of admission.
- Check whether youth detained more than five days have received an educational assessment, and whether their school records have been ordered.

Review the unit and school schedules.

- Determine how many minutes per day youth are required by law to be in school, and review the daily schedule to determine if the schedule permits all youth the amount of time required by law.
- Is there a schedule for library use that affords regular access for all youth?
- Review the records of services provided to youth who are on disciplinary status or otherwise unable to attend school.

Review teacher roster, credentials, and attendance records.

- Are there any teacher vacancies? How are the positions being filled in the interim?
- What are the credentials of the teaching staff? How many have emergency credentials or waivers?
- Do the teachers have any specialized credentials with respect to special education or LEP instruction?
- Are any of them teaching outside their subject area?
- Determine whether outside substitutes have taught when teachers were on leave, rather than pulling administrators and special service providers from their duties.
- How many of the teachers meet the state's "highly qualified" definition as required under No Child Left Behind?

Ask for a list of youth suspended in the past 6 months.

- Review randomly selected records of suspended youth to determine compliance with local suspension rules.
- Are students being suspended on grounds that would not normally apply in a regular school setting?

Observe

Observe initial educational screening.

- Do education personnel collect information about school status, special education status, grade level, grades, and history of suspensions or expulsions, retention and LEP?
- Do education personnel ask the questions in a manner likely to elicit accurate responses about special education from youth? Do they ask the questions in a way that youth understand? For example, "Did you receive special education?" will not identify all youth who previously received special education. Questions about whether a youth ever had an IEP, whether a teacher ever got a youth out of class to do work one to one, etc., are more effective at figuring out if a youth was in special education previously.
- Do education personnel ask the questions in a manner likely to elicit accurate responses about language capacity? For example, have youth ever been given any special instruction to teach them English? Did they attend school in their home country and for how long? Even though they may speak English, can they read in English?
- If youth is LEP, are there any education staff who speak their home language or are appropriate translators available on staff?

Observe classes.

- Do teachers engage students? Is classroom work limited to individual seat work or does any interactive instruction take place?
- Is meaningful work occurring?
- Are students on task?
- Are there unnecessary distractions (e.g., class in noisy space, staff talking in close proximity, more than one class in the same room)?
- What are the decorations on the walls of the classrooms? Are they interesting and varied? Do they recognize student achievement?
- What strategies are in place, if any, to provide LEP youth access to the core curriculum? Do any of the teaching staff speak a language other than English? Are there instructional aides available who speak the languages of the LEP youth?
- Are there appropriate instructional materials in class, including those for LEP youth?
- Do youth have access to textbooks or do they use worksheets?
- To what extent do youth have access to computers? Are the programs language-accessible? Are youth engaged in educational activities on the computers (as opposed to playing solitaire)?
- Is there a specialized program in place to teach LEP youth English?
- Do special education teachers and other service providers have appropriate space to do their work with youth?

Observe transportation of youth to class.

- Do classes start at the time they are scheduled to start?
- Do classes start late or end early because youth are delivered to class late or picked up early?
- Does variation from the schedule result in substantial reduction of education time?

Visit other parts of the facility during school time.

- If youth are observed not in school during the school day, ask why they aren't in school.
- Observe instruction provided to youth who are not able to attend the regular school.

Visit the school library.

- Is there an appropriate variety of books to accommodate youths' interests, educational needs, and languages spoken by youth at the facility?
- Do the books appear to have been used? Are they new and untouched or old and yellowed?

Interview Youth and Staff at the Facility

Interview staff responsible for screening, assessment and placement.

- Are youth placed in classes solely by age or unit, or are they grouped by ability and/or by LEP status?
- Are education personnel asking questions likely to find out accurate information about special education? What questions do they ask?
- Are education personnel asking questions likely to find out accurate information about English language proficiency? What questions do they ask?
- Are youth detained more than five days assessed at a more complete level?
- Do staff request records for youth within five days of admission?

Interview school personnel at various levels.

- Is there timely communication of information about youth's work and credits completed as they travel to the next placement or return home?
- Is school on a 12-month calendar?
- How are substitutes trained and retained for the facility?
- Is there a process for determining partial credits and are partial credits accepted by the returning school districts?

- What are the post-detention educational placements available to youth? Are youth placed in alternative schools after detention, or are they re-enrolled in their regular home school district? Who decides and on what basis?

Interview youth.

- Do teachers have control of class or is most of the time taken up with discipline?
- Is work at an appropriate level or is it too easy or too hard?
- Determine if the youth received special education before arriving at the facility. Is he or she getting similar services at the facility?
- Do youth get to use the library? Are they allowed to take out books?
- If a youth is on disciplinary status, what education does the youth receive? Do they receive work packets? Is their work corrected or reviewed by teachers? Is there any meaningful communication with an instructor?
- Are there unnecessary distractions in the classroom?
- Do they have the materials they need?
- Do they have access to textbooks? Do they have access to computers?
- Do they have homework? Can they take textbooks or other materials to their room?
- How often are they tested?

Assess Compliance with Special Education and Section 504 Requirements

- Interview staff, youth, parents, and attorneys who frequently represent youth at the facility.
- Ask for a list of youth with disabilities, review their IEPs, Section 504 Plans, and Behavior Intervention Plans. Observe these selected youth to determine whether they are receiving appropriate instruction and services according to their plans.
- What specific special education services are available to youth?
- How many education staff members provide special education services? Who are they? What services do they provide?
- Check plans against service logs to see if youth are receiving services required by plans.
- Determine whether plans are weakened, or times adjusted down to fit the limited resources of the facility. Compare prior educational placement plans to current ones at the facility for individual youth. Is there a pattern of eliminating or cutting back services from previous plans? Are there legitimate reasons for such changes?
- Observe an IEP meeting for compliance with the law. Are reasonable efforts made to involve the parent or surrogate? Are surrogates available in appropriate cases?

- Is there any delay in the delivery of special education services as a result of the failure to obtain a previous IEP from the sending school district?
- Are special education services and/or assessments provided to those youth who are awaiting placement?

Exercise, Recreation and Other Programming

Review Written Documents and Other Materials

Review policies and procedures.

- Do they comply with JDAI standards?

Review facility and individual living unit schedules, recreation schedules, unit and recreation log books.

- Compare schedules to unit log books, or other logs that indicate use of parts of the facility dedicated to specific programming, such as gym, computer room, etc. to determine whether youth receive programming that is scheduled.
- Does the schedule allow adequate time for exercise and other activities?
- Is there excessive unstructured time?
- Do afternoon or evening programs reflect the interests and needs of the youth? Where appropriate, are they presented by outside groups with ties to the community?
- Is there equivalent programming for male and female youth? Do female youth have the same quantity of time in the gym, computer room, or other special facilities?
- Is there time for religious services reflecting the needs of the youth in the population? What activities are scheduled for youth not participating in religious programming?

Review log or chart and other documentation of the positive behavior management system.

- Is there a graduated scale of incentives for positive behavior?
- Are youth being rewarded for positive behavior?

Observe Activities in Living Units and Elsewhere in the Facility

- Are youth engaged in a variety of activities in the course of the day?
- Do they have at least one hour of exercise, outside if the weather permits?
- Do units have a sufficient supply of games, cards, reading materials, writing implements and art materials? Are they age-, gender- and subject-matter appropriate? Are there materials for a variety of ability levels?
- If the television is on, is there appropriate programming? Do youth have the opportunity to engage in other activities while other youth are watching television? Is television use kept to a reasonable minimum?
- Are youth out of their rooms except during shift changes and other brief periods of transition? If youth are in their rooms when you visit the unit, ask why. Check back later to see if the youth have been returned to programming.
- Are exercise spaces and equipment sufficient to allow all youth to have exercise during scheduled periods (e.g., one basketball court for a unit of 25 youth is not enough if no other activity is available)?
- Do the activities match the schedule and logs?
- What are youth not engaged in religious programming doing while those activities are going on? Do they have the opportunity to do something other than being locked in their rooms?
- Do youth have books and religious materials in their rooms?

Interview Youth and Staff at the Facility

Interview staff.

- Are they generally able to follow the schedule?
- Do practices comply with JDAI standards?
- What causes deviations from the schedule?
- What do the youth most like to do? Least like to do?
- What are their recommendations for programming? What would they keep or change?
- What materials do they need to engage in successful programming? Do they have everything they need?
- Are youth able to practice the religion of their choice? Do they express need for religious programming they are not receiving? Is there too much demand for certain services that ends up limiting youth's access? Are there any practices in which youth want to engage that are not permitted?
- How do special diets work? Are there any problems with consistent delivery?
- Do staff understand the behavior management system? Ask staff to describe the levels, rewards, and sanctions. Do staff have similar answers to how they would be handled? Is there consistency between staff and between units? Do they understand the reasons for encouraging positive behavior?

- If post-disposition youth are present in their units, do post-disposition youth receive rehabilitative programming? How are their rehabilitation plans implemented? Do staff know about them, understand them, find ways to incorporate youth's goals into their activities? Are the services individually tailored and reflected in a case plan?

Interview youth.

- Does their experience suggest that the facility is complying with JDAI standards?
- Do they have consistent exercise opportunities?
- Can they have books in their rooms? Are there reading materials that interest them? What would they want to read that isn't available?
- Are there sufficient games and other recreation supplies? Are they shared in a fair manner among youth?
- Is what you observed during the assessment visit a reflection of normal activity at the facility? Did staff or administration arrange special activities on the day of the assessment?
- How much time do they spend in their rooms?
- What happens in a typical day?
- Do they feel that the programming reflects their interests and needs? Is it gender-responsive?
- Are they able to practice the religion of their choice? Any problem receiving religious diets?
- Do volunteers provide programming? If some youth are participating with religious volunteers, what are other youth permitted to do?
- Do youth understand the behavior management system?
- Is it applied fairly and consistently?
- Do youth feel that positive behavior is encouraged and rewarded?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
III. PROGRAMMING			
<p><i>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 recreation 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.</i></p>			
A. Education			
1. At the time of admission, youth receive a brief educational history screening with respect to their school status, special education status, grade level, grades, and history of suspensions or expulsions. Staff use this information to inform initial placement in the institutional educational program.			
2. Staff enroll youth in the facility school at the earliest possible time and, at the latest, within three days of admission to the facility.			
3. Within five days of admission to the facility, education staff conduct a more thorough assessment of educational functioning to facilitate placement in the appropriate classes, and staff request records (including IEPs and 504 plans) from the youth's previous school(s).			
4. The facility school complies with state and local education laws for the minimum number of minutes in a school day.			
5. The facility school operates twelve months a year.			
6. School classes are held in classrooms.			
7. The facility school has adequate staff (including special education staff) to meet state student-to-teacher ratios for education. <i>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.</i>			
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. <i>Please list the teaching staff available for youth with limited English proficiency to the facility</i>			
9. There are adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. <i>Please list the substitute teaching staff available to the facility.</i>			
10. The facility school is annually reviewed and evaluated by the county superintendent of schools. Alternatively, the school program is accredited by an independent body (e.g., the North Central Association of Colleges and Secondary Schools, the Middle States, Southern States, or Western States Associations).			
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.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
12. The facility school awards credit (including partial credit) for work completed, and forwards the youth's education records from the facility to other schools upon exit from the facility.			
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.			
b. The facility school has procedures in place to identify and assess youth who potentially have a disability, in conformity with state and federal requirements for special education.			
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.			
d. The process for developing or modifying IEPs at the facility school is the same as that used in public school settings.			
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.			
f. Special education staff at the school are certified by the state for the services they provide.			
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.			
h. Transition services are provided as required by the IEP.			
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.			
j. The facility school secures parent surrogates when parents are unavailable to participate in special education decisions.			
k. The facility school complies with legally required timelines for assessment and IEP development.			
l. The facility school complies with IDEA requirements for notice and due process.			
m. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities.			
14. Students entering with an existing 504 plan receive interim services that match the plan as closely as possible.			
15. The facility school provides GED programs, preparation, and testing for appropriate youth.			
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 instruction, follow-up, or grading are not sufficient to meet this standard.			
17. Suspensions from the facility school comply with state due process requirements.			
18. Behavior intervention plans are developed for youth whose behavior interferes with their school attendance and progress.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.			
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.			
2. Recreational activities include a range of activities in dayrooms or common areas, including but not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.			
3. There is an adequate supply of games, cards, and writing and art materials for use during recreation time.			
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.			
5. Equivalent programming exists for female and male youth in the facility. "Equivalent" does not mean that programming for males and females is identical, but that girls have reasonable opportunities for similar activities and an opportunity to participate in programs of comparable quality.			
6. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every day. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.			
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).			
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.			
9. The facility has adequate indoor and outdoor recreation areas for the population served.			
10. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.			
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.			
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.			
13. If the facility holds post-disposition youth as a sentencing option, those youth receive rehabilitative services according to an individualized case plan.			
C. Religion			
1. Youth may gather for religious services. Youth are not compelled to participate in religious activities.			
2. Youth have the opportunity to meet with clergy of the religion of their choice.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3.	Youth receive special diets to accommodate sincerely held religious beliefs.		
4.	Staff permit youth to have religious books and reading materials in their rooms.		
5.	Staff do not restrict religious practices and materials absent a compelling government interest.		
D. Positive Behavior Management			
1.	A written behavior management system provides a graduated scale of incentives for positive behavior.		
2.	Youth understand the rewards and sanctions system and how it works.		
3.	Staff implement the rewards and sanctions system fairly and consistently.		
4.	The behavior management system is institution-wide so points or status go with the youth when he or she is transferred from one unit to another.		
5.	To the extent possible, the culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.		

TRAINING AND SUPERVISION OF EMPLOYEES

JDAI “How To” Tools: Training and Supervision of Employees

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

Review Written Documents and Other Materials

Review written job descriptions and requirements for all positions.

- Do they conform to the JDAI standards?
- What are the current staff vacancies, long-term leaves, or workers compensation leave?
- What positions are currently covered by temporary or as-needed staff?

Review personnel files and/or training files. If the files are kept separately, obtain a matched sample of files (i.e., both types of files for specific staff persons).

- Do staff meet the qualifications for the positions they hold?
- Have staff received screenings for infectious and contagious diseases?
- Have staff received background checks? For staff who have been employed for a long time at the facility, is there evidence of a rescreening? For personnel who have been identified in the screening process, what kind of action took place?
- Is there documentation to reflect that the necessary pre-service training requirements have been met? Annual ongoing training requirements?
- Do the files include information about languages that the staff speak in addition to English? What are the language capabilities of staff?
- Do the files include regular performance evaluations?

Review master training plans, files, and training curricula.

- Do they conform to the JDAI standards?
- Does the training provided cover each topic mentioned in the standards? Is each topic covered in sufficient detail to adequately prepare staff?
- Is training provided to all types of facility staff (e.g., food service to direct care staff)?

- Are there training files and curricula for personnel who are “health-trained” (i.e., personnel who are not health professionals but perform specified health tasks such as the admission screenings)? Do they conform to the JDAI standards?
- Are there training files and curricula for use of force, restraints, isolation, and room confinement? Do they conform to the JDAI standards?

Review serious incident reports and grievances to identify staff members involved in selected situations. Obtain the specific personnel and/or training files for selected staff persons.

- Has any information about the incident been placed in the personnel or training files (e.g., discipline, additional training, dismissal)?
- Has staff been trained to perform the specific duty involved in the incident or grievance (e.g., de-escalation techniques, restraint procedures, first aid)?

Review staffing schedules, contingency staffing plans, rotation or overtime rosters, as well as shift reports and unit log books for the previous several months.

- Is there a significant use of overtime suggesting a staff shortage? Is there a significant use of part-time or temporary staff?
- Do the staffing schedules reflect the staffing information in the shift reports and unit logs?
- What happens when a staff person calls in sick or takes vacation?

Review unit logbooks.

- What documentation (e.g., signature and date) is there to demonstrate that log books are being monitored by unit supervisors?

Watch a random sample of security tapes in units where cameras are installed.

- Do staff sleep while on duty?
- Do staff make the required room checks at 15 minute intervals or less?
- Are staff appropriately supervising youth?
- Are supervisory staff visiting units regularly?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

Observe the level of staffing in living units at different times of day.

- Does it appear that there are sufficient staff to provide adequate and continuous supervision of the youth?
- In the general population living units, is there a 1 :8 ratio of unit staff to youth?
- What is the staffing in the more specialized living units (e.g., special handling units)? Does it appear to be sufficient?
- Are female staff always on duty in living units housing girls?
- Do supervisory staff visit the unit and provide active supervision to staff?

Observe staff and youth in specialized units or areas (e.g., special handling units, infirmary, facility school, recreation space) and movements of youth from one unit or area to another.

- Does it appear that there sufficient staff to provide adequate and continuous supervision of the youth?
- Is there sufficient staff to allow youth to participate in school, recreation and other scheduled programming or provide youth timely access to specialized areas like the infirmary?

Interview Youth and Staff at the Facility

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth whether staff use profanity, threats, or intimidation.
- Ask youth if they know of other youth who have been physically or sexually assaulted at the facility? By staff or youth?
- Ask youth what happens if there is a fight or other disturbance on the unit? Do other staff from other parts of the facility arrive to help?
- Have they ever witnessed an emergency? Were staff prepared to handle it?
- Are youth able to talk with supervisory or management personnel when needed?

Interview all types (e.g., health, education, unit) of staff at the facility.

- Are there sufficient staff available on-site, on-contract, or on-call to meet the needs of the detained population in their particular area (e.g., education, health, janitorial)? What types of additional staffing is needed?
- Are there sufficient staff available 24-hours? Or are some shifts chronically understaffed?
- What happens if a staff member in their area is sick or takes vacation?

- Ask them about the training they received before working at the facility, as well as ongoing training.
- Do staff feel like training is adequate to enable them to do their job properly? What other training would they like to have?
- Do they receive active, constructive supervision from managers?
- Ask them what they would do in a medical or other emergency? Do the answers staff provide match the relevant policies and procedures and any training they were provided?

Interview training coordinators and management personnel.

- How is ongoing training integrated into the staff schedules?
- What happens to staff who fail to meet expectations?
- How are staff identified as needing additional training in certain areas (e.g., after using improper control techniques)?
- How are staff shortages handled? Are staff ever required to work double shifts?
- How many staff are off work on workers compensation claims and how many claims have been filed in the past year?
- Do staff call in sick more than would normally be expected? (This can be a sign of staff experiencing a great deal of stress in the facility.)
- What, if any, administrative review and analysis is undertaken of incident reports and discipline records (use of force, restraints, isolation)? Injuries? Suicide attempts? Child Abuse Reports? Citizen complaints? Grievances?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? Other personnel actions? Additional training?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
III. TRAINING AND SUPERVISION OF EMPLOYEES			
<p><i>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.</i></p>			
A. Qualifications 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.			
2. There are written job descriptions and requirements for all positions in the facility.			
3. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.			
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.			
B. Staffing			
1. There are sufficient staff at the facility to provide adequate and continuous supervision of youth. Staffing is adequate to provide for visitation, transportation to health care appointments (on-site and off-site), and other scheduled activities.			
2. There is at least a 1:8 ratio of unit staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs. The ratio should be calculated based on the number of direct care staff supervising the general population. Staffing in specialized care units, such as medical, mental health, and special handling units which generally require more intensive staffing, should not be factored into these calculations.			
3. There is at least a 1:16 ratio of unit staff to youth during the hours that youth are asleep. At least 2 staff are on duty at all times in the facility.			
4. Staff do not sleep while on duty.			
5. Backup staff support is immediately available to respond to incidents or emergencies.			
6. Female staff are always on duty in living units housing girls.			
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.			
C. Training for Institutional Staff			
1. Staff possess the information and skills necessary to carry out their duties.			
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, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training (while valuable) do not count toward the hours of required training.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3. Facility staff receive training on policies and practices regarding:			
a. Discipline and basic rights of incarcerated youth.			
b. Access to mental health counseling and crisis intervention services for youth.			
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.			
d. Suicide prevention and emergency procedures in case of suicide attempt.			
e. Prevention of youth victimization (e.g., inappropriate relationships with or behavior towards youth by other youth or staff).			
f. Adolescent development for girls and boys, communication skills, counseling techniques.			
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.			
h. Non-discrimination policy.			
i. Proper administration of CPR/first aid.			
j. Universal safety precautions for HIV, hepatitis, and tuberculosis.			
k. Facility operations, security procedures, fire and emergency procedures, safety procedures, and effective report writing.			
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.			
5. If the facility relies on facility staff to perform the health screening at the time of admission, the responsible health authority has provided adequate instruction in conducting the admission screen.			
6. Training personnel incorporate recommendations and complaints from youth, parents, staff, management, quality assurance personnel, and others into training plans and curricula.			
D. Supervision of Staff			
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to 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.			
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.			
4. The facility administrator annually reviews all facility operating procedures and updates them as needed.			
5. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.			
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			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
physical contact or personal relationships with youth; and 2) facility management addresses violations of standards of conduct.			
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.			
2. Staff and youth do not experience retaliation for making complaints or reports of child abuse.			
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 in which a youth or staff is injured, all incidents involving contraband, and all significant property damage by youth. Staff alleged to be involved in the incident do not conduct the investigation.			
4. Written policies, procedures, and actual practices ensure that the facility administrator or designee advise those making complaints of the results of the complaints or child abuse reports that they file.			
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.			
6. Staff receive specific training in handling disclosures of victimization or other sensitive information made to them by youth.			

ENVIRONMENTAL ISSUES

JDAI “How To” Tools: Environmental Issues

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

Review Written Documents and Other Materials

Review a diagram, blueprint, or schematic of the physical layout of the facility.

Review inspection reports from other agencies (e.g., fire safety, health and sanitation reports).

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Review repair logs and work orders.

- What kinds of repairs are requested?
- Were repairs requested for the problems identified in previous inspections, audits, or accreditation reports?
- Are repairs performed in a timely manner?
- Are there recurrent requests for the same repair? How are those problems remedied?

Review pest control reports.

- Does pest control appear to be a problem in the facility?

Review the staffing plans and schedules.

- Are there sufficient janitorial and maintenance staff for the size of the facility?

Review food service records, including menus and dietary guidelines.

- Is there variety in the meals?
- Are there separate menus and dietary requirements for youth needing special diets?

Review the emergency preparedness plans.

- Do they conform to the JDAI standards?

Review logbooks.

- Is there evidence that fire drills are being conducted on all shifts?

Review search policies and procedures.

- Do they cover each area of the JDAI standards? Do they conform to the JDAI standards?
- If the policies differ from the JDAI standards, inquire what legal guidance was used in drafting the policies. Do the policies comply with the applicable law?

Review grievances filed by youth or staff at the facility for the past six months.

- Do youth or staff report problems with sanitation, temperature, clothing, etc.?
- Do youth report problems with searches?

Observe

Observe the grounds of the facility. Walk around the perimeter of the facility, along all sidewalks, including behind buildings.

- Is the landscaping well maintained (e.g., lawns properly watered and mowed, trees and shrubs appropriately pruned and trimmed)?
- Do you see trash or other debris on the grounds?
- Is there graffiti on the walls or windows?
- Do you notice any holes or cracks in walls? Fencing?
- Is there peeling paint?
- Do you notice any broken windows?
- Do you notice any sharp edges on which a youth could be injured?

Observe the entrance and visiting areas of the facility.

- Are search policies clearly posted?
- Are there storage lockers for staff to place personal items prior to entering the secure areas of the facility?

Observe all areas occupied by youth (e.g., classrooms, youth rooms, common areas, admissions areas).

- Are youth allowed to decorate or personalize their rooms? What items are they allowed to keep in their rooms?
- Are there pictures or other decorations on the walls indicating the season, holidays, or student work?
- Are the windows and walls clean and free of graffiti?
- Is the lighting appropriate for the activities and time of day (e.g., sufficient light to read in school, sufficient light for grooming in bathrooms)?
- Are the temperatures in all areas of the facility (e.g., youth rooms, hallways, common areas, classrooms) appropriate?
- Are there any lights that have burned out and need to be changed?
- Are exits clearly marked and well lighted in case of emergency? Are any exits blocked?
- Where is the fire extinguisher located? Does the documentation indicate the extinguisher has been checked and serviced?
- Do you notice any potential fire hazards (e.g., excess paper, electrical cords)?
- Where is the first aid kit located? Is it fully stocked with non-expired items?
- Is the furniture in good repair and appropriate for youth?
- Are there sufficient chairs and tables for recreational activities?
- Do the mattresses have cracks or holes?

Observe toilet and shower areas, including toilets in youth rooms.

- Is there mold or mildew?
- Are tiles cracked or broken?
- Are all of the toilets, sinks, and showers properly functioning?
- Is there toilet paper?
- Is the temperature for showers appropriate?
- Any unclean smells?

Observe the food preparation and storage areas.

- Notice the overall cleanliness of the food preparation and storage areas.
- Are there any food safety certificates posted? Are the certificates current or out of date?
- Have the problems identified in the previous inspection reports been remedied?

- Look for evidence of rodent droppings or chewed bags in the food storage areas.
- Do kitchen staff wear hair nets and gloves? Does anyone have persistent cough or another health problem inappropriate for food preparation?
- Do food preparers use sanitary practices? Are hand-washing sinks with soap available? Are food service trays, implements, etc., properly washed and sanitized between uses? Are cleaning rags properly sanitized?
- Is food stored properly? Are the refrigerators and freezers functioning at the correct temperatures?

Observe the entire food delivery process. If the food is prepared off-site, the inspection should start at the moment the food is delivered.

- Does the food (including any special diets) arrive at the appropriate temperature?
- Is food (including any special diets) stored and served at appropriate temperatures?
- Does the quantity of food served equal the amounts necessary for proper nutrition?

Observe laundry facilities.

- Is bleach or sufficient hot water being used to destroy bacteria in clothing and linens?
- How are laundry staff taking damaged or stained clothing out of circulation?

Observe the interactions between staff and youth.

- Do staff treat youth and other staff with respect?
- Are staff able to control and direct youth without appearing angry, raising their voice, or otherwise appearing hostile?
- Do staff use profanity, name-calling, or slurs around the youth?
- If youth use profanity, name-calling, or slurs, how do staff intervene?

Observe the staff.

- Do staff appear to be friendly and jovial with other staff members?
- If staff wear regular clothes, do staff wear appropriate attire for working with youth?

Observe the youth.

- Do they wear clothing that is appropriate for their size and season?
- Do youth eat most of the food served to them?

- What is the atmosphere during the meal? Are youth served in a common area or in their rooms? May youth talk to each other during the meal?
- Do youth participate in safe and appropriate housekeeping activities?

Interview Youth and Staff at the Facility

Interview youth (remember that youth may be reluctant to talk about themselves and it may be necessary to ask questions in several different ways).

- Ask youth whether staff use profanity, threats, or intimidation.
- Ask youth how staff intervene after other youth have been harassed or bothered.
- Have there been any problems with the food service (e.g., food arrives cold, not enough food, problems receiving special diets consistently)? How would they improve the food?
- Have they ever participated in a fire drill?
- What types of housekeeping tasks are they asked to perform?
- Have they noticed any insects or rodents?
- How often are they given new clothing and bed linens? Are these items completely clean or do they continue to have stains after they have been laundered?
- How have they been searched (e.g., upon entrance to the facility, room searches, searches after visitation)? Do the searches comply with the policies? Has any search seemed unfair? Why?

Interview all types (e.g., health, education, unit) of staff at the facility.

- Ask them what they would do in a medical or other emergency? Do the answers staff provide match the relevant policies and procedures of the emergency preparedness plan?
- Have there been any problems with the food service (e.g., food arrives cold, not enough food, lack of special diets)?
- Have they ever participated in a fire drill?
- What types of housekeeping tasks do they ask youth to perform?
- Have they noticed any insects or rodents?
- How often are youth given new clothing and bed linens? Are these items completely clean or do they continue to have stains after they have been laundered?

Interview janitorial staff.

- If you haven't seen any repair logs previously, ask the staff if they keep any records of what needs to be repaired in the facility.
- What repairs are completed by the facility staff?
- What repairs are handled by outside contracts?
- Are there any persistent problems? How have they been handled?

Interview kitchen staff and/or the persons responsible for food delivery.

- Inquire about how many special diets are being prepared.
- How are they notified of the need for a special diet?
- Are there any persistent problems? How have they been handled?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
VI. ENVIRONMENTAL ISSUES			
<p><i>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.</i></p>			
A. Positive Institutional Atmosphere			
1. All persons in the facility are treated with respect. Written policies, procedures, and actual practices prohibit use of slurs, name-calling, and other disrespectful behavior by youth or staff.			
2. Staff demonstrate an appropriate level of tolerance of normal adolescent behavior in their day-to-day working with youth.			
3. Furnishings and other decorations reflect a home-like, non-penal environment to the maximum extent possible.			
4. The buildings and grounds are well maintained.			
5. Staff allow youth to decorate and personalize their own living space.			
6. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.			
7. The décor and programming acknowledge and value the diverse population of youth in the facility.			
8. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.			
9. Youth are allowed to speak in their primary language. Staff may only impose restrictions for safety or emergency situations.			
B. Sanitation			
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.			
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.			
3. Rooms, bathrooms, and common areas are clean and free of mold and debris.			
4. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.			
5. Youth do not perform dangerous tasks (e.g., blood spill clean-up, floor stripping, or roofing).			
6. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty).			
7. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
8.	The facility provides functioning toilets at a minimum ratio of at least one for every twelve youth in male units and one for every eight youth in female units. Urinals may be substituted for up to one-half of the toilets in male units. All housing units with five or more youth have a minimum of two toilets. Youth in "dry" rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).		
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.		
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.		
11.	The facility is free of insect and/or rodent infestation.		
12.	Staff allow youth to take showers every day.		
13.	Staff allow youth to brush their teeth after breakfast and dinner.		
14.	Staff allow youth to wash their hands before meals and after activities that may cause the spread of germs.		
15.	Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week.		
16.	Staff provide youth with clean bed linens at least once weekly. Staff provide youth with clean towels daily.		
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.		
18.	The furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).		
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.		
2.	Youth receive at least three meals daily, of which two are hot meals, with no more than 14 hours between the evening meal and breakfast. Youth receive snacks such as fruit in the evenings.		
3.	Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. If staff eat at the facility, youth and staff receive the same meals.		
4.	The facility provides meals stored and served at safe temperatures.		
5.	The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws).		
6.	There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).		
7.	Youth may obtain second servings of food.		
8.	Youth eat meals in a cafeteria or common area.		
9.	Youth have a reasonable time, no fewer than 20 minutes, for each meal.		
10.	Youth may talk during meals absent safety or security reasons.		
11.	Staff may not withhold food for discipline. The facility does not serve deliberately unappetizing meals (e.g., food loaf) to youth.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
12. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.			
D. Temperature, Ventilation, and Noise			
1. Temperatures in indoor areas are appropriate to the summer and winter comfort zones, with no unhealthy extremes.			
2. There is adequate ventilation in indoor areas.			
3. Noise levels in the facility are comfortable and appropriate at all times.			
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:			
a. The identification of key personnel and their specific responsibilities during an emergency or disaster situation.			
b. Agreements with other agencies or departments.			
c. Transportation to pre-determined evacuation sites.			
d. Notification to families.			
e. Needs of youth with disabilities in cases of an emergency.			
f. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.			
2. All occupied areas of the facility have at least two means of egress.			
3. The facility has identification and lighting of all exits, including during emergencies.			
4. The facility has smoke alarms in appropriate locations and in working condition.			
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.			
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.			
7. The facility has an evacuation plan that staff conspicuously post in each area of the facility. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis by shift. Staff document fire drills including how long it takes to unlock doors and get youth cleared from the building.			
8. First aid kits are immediately available and fully stocked with non-expired items.			
9. Potentially hazardous or flammable compounds are properly stored and secured.			
F. Lighting			
1. Individual rooms have adequate lighting, sufficient for reading.			
2. The lights in youth rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for security, health, or mental health reasons.			
3. Dayroom and/or common areas used for recreation are adequately lit, and include the use of natural light as much as possible.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.		
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.		
3.	Youth receive outerwear that is appropriate to the season.		
4.	Youth may keep a reasonable amount of personal items in their rooms.		
5.	The facility housing units have lockers or other storage for youth's clothing and personal items.		
6.	The facility provides adequate and appropriate hair care services and supplies for youth.		
7.	Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if 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).		
8.	Youth receive clean bedding and linen, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort.		
H. Searches			
1.	The facility has written policies, procedures, and actual practices governing searches of youth, the facility, and visitors in accordance with applicable law. The facility posts search policies at the entrance to the facility, in the intake/admissions area, all living units, and in visiting areas. Written procedures address each of the following:		
a.	Intake searches may include pat-downs, metal detector, or clothing searches (i.e., feeling inside pockets and cuffs without removal of clothing from the body). If the facility permits strip searches (i.e., a search requiring a person to remove some or all of his or her clothing) or visual body cavity searches (i.e., searches requiring both a removal of clothing and a visual inspection of a body cavity, such as "squat and cough") they are conducted in accordance with applicable law.		
b.	Youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously in custody, may be searched by a pat-down, metal detector, or clothing search. Staff may conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. All strip and visual body cavity searches are documented and the rationale is reviewed for appropriate basis.		
c.	Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.		
d.	Staff may conduct searches of visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.		
e.	The facility provides staff with lockers away from the living units for staff to place their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.		
2.	Persons conducting pat-down searches, clothing searches, strip searches, visual body cavity searches, or collecting urine samples shall be of the same gender as the person being searched.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
3.	Only medical personnel may conduct physical body cavity searches (i.e., searches involving physical intrusion into a body cavity for the purpose of discovering a concealed object). Staff shall notify parents or guardians if a youth is subjected to a physical body cavity search. Female staff are present during physical body cavity searches of girls.		
4.	Staff conduct strip searches and visual body cavity searches with youth individually and in a private setting.		
5.	Staff shall not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.		
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.		
2.	The facility provides reasonable opportunity for privacy in rooms and bathrooms.		
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.		
4.	The dayroom and/or common areas have sufficient chairs and tables to accommodate recreational activities.		
5.	Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.		

RESTRAINTS, ISOLATION, DUE PROCESS, AND GRIEVANCES

JDAI “How To” Tools: Restraints, Isolation, Due Process, and Grievances

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

PHYSICAL FORCE, MECHANICAL RESTRAINTS AND CHEMICAL AGENTS, ISOLATION AND VOLUNTARY TIME OUTS

Review Written Documents and Other Materials

Review the facility's policies and procedures on use of force, mechanical restraints, chemical agents, and the facility's policies and procedures on use of isolation.

- Do they conform to JDAI standards?
- Do written policies and procedures cover each standard or are some topics missing?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Review special incident reports for the past year (or at least the last 50 reports) on use of physical force, mechanical restraints, chemical agents, and use of isolation.

- Does each report contain all the information required by JDAI standards?
- Does each report contain enough information to provide a reasonable understanding of the entire incident? Does each report include a description of what led up to the incident and what interventions were used to prevent it?
- Did the actions taken by staff and medical and mental health professionals in each incident conform to JDAI standards (e.g., do staff attempt a range of interventions before using force, restraints, or isolation)?

- Are there any patterns in the incidents (e.g., Do many occur on one unit? Are a small number of staff involved in a large number of incidents? Do the incidents often occur at the same time of day, such as near the end of a shift?)?
- If youth were referred to medical or mental health staff, is there an indication that the youth was seen and what findings were made?
- Is there evidence that supervisory staff have reviewed incidents, reports, and provided training or individual guidance to staff as a result of what the reports reveal?

Review unit logs for the dates and times that physical force, restraints, or isolation were used.

- Do they record the incidents that are described in the special incident reports?
- Are the descriptions of the incidents consistent with the descriptions in the special incident reports?
- Do the unit logs show that staff provided one-on-one crisis intervention and observation as provided in the JDAI standards?

Review records in the infirmary of injuries to youth and to staff over the past six months.

- Are the infirmary records consistent with the special incident reports on each incident?
- Are there any patterns in the injuries?

Review logs of periodic checks of youth in restraints or isolation by staff.

- Where are the logs kept (e.g., taped to the door of the room, at the staff station in the unit, or in the unit log)?
- Do they have the exact time of each check (e.g., 2:14pm), or do they show constant regular intervals (e.g., exactly on the hour, 15 minutes after the hour, 30 minutes after the hour, 45 minutes after the hour, etc.)? For security reasons, the precise time of each check should not be predictable and should be varied while maintaining appropriate intervals.
- Do they appear to have been written at different times (e.g., different ink colors, or different handwriting), or do several appear to have been written at one time?
- Are the records for current youth filled out before the actual time?

Review records of monitoring of youth in restraints or isolation by medical and mental health staff.

- Was the timing of the monitoring consistent with JDAI standards?
- Do they record the observations by medical or mental health staff, any complaints by youth, treatment provided or actions taken by medical or mental health staff, and follow-up?

Review discipline/due process reports for individual youth pertaining to incidents of use of physical force, restraints, or isolation.

- Are they consistent with the special incident reports on the incidents?
- Do they conform to JDAI standards for discipline/due process?

Review video recordings of incidents of use of physical force, restraints, or isolation.

- Did the staff act in accordance with written policies and procedures for use of physical force, restraints, or isolation?
- Did the staff act in accordance with JDAI standards?
- Were staff actions consistent with the descriptions of the incidents in the special incident reports?

Review the orientation handbook provided to youth at admission.

- Is there material in the handbook on use of physical force, mechanical restraints, chemical agents, and use of isolation? Does the handbook explain when they can be used?
- Is the information consistent with written policies and procedures, and with JDAI standards?

Review records of staff training for the past year.

- Does staff training conform to JDAI standards (e.g., Standards VII. A. 1. a., b.)?

Observe

Observe interactions between youth and staff.

- Are the interactions tense or relaxed? Are staff supportive of youth or constantly critical? How do youth respond to staff?

If possible, observe confrontations, arguments, and other incidents of conflict at the facility. Also be sure to visit any disciplinary units.

- Do staff behaviors conform to JDAI standards?

Observe youth in isolation.

- Are youth in their own rooms or in rooms specifically designated for isolation?
- How are youth in isolation treated?
- Does their treatment conform to JDAI standards?

- Are they kept in isolation for set periods of time (e.g., 30 minutes), or released as soon as they regain self-control?
- What happens if youth need to use the bathroom?
- Are staff monitoring them? How often? What is the nature of the interaction?
- Are medical staff and mental health staff monitoring them? How often? What is the nature of the interaction?

Interview Youth, Staff, Supervisors, and Administrators

Interview youth in the facility.

- What is their understanding of when physical force, restraints, and isolation may be used?
- How did they learn about the policies regarding physical force, restraints, and isolation?
- Have they seen (or been personally involved in) any incidents when physical force, restraints, or isolation were used? What happened?
- Did staff behavior in the incidents conform to JDAI standards?
- Have they observed any instances that seemed unjust? Get enough description of the time, place, and those involved to be able to follow up on the incident report and discuss with staff and other youth.
- Have they observed any instances where someone was injured? Get enough description of the time, place, and those involved to be able to follow up on the incident report and discuss with staff and other youth.
- What is the longest time they have seen someone in restraints?

Interview staff on the living units.

- What is their understanding of when they may use physical force, restraints, and isolation?
- What training have they had on use of physical force, restraints, and isolation?
- Do they think the training was sufficient? Effective?
- Do they agree with the policies in the facility on use of physical force, restraints, and isolation?
- Do they feel that they can protect themselves adequately while implementing the policies on use of physical force, restraints, and isolation?
- Do they feel safe dealing with youth in conflict or confrontation situations?
- Have they seen violations of facility policies for use of physical force, restraints, and isolation? How do they report the violations?
- What challenges do they face in maintaining discipline or controlling youth?
- Have they ever been injured in a crisis intervention? What happened?

Interview medical and mental health professionals

- What is their understanding of facility policies on use of physical force, restraints, and isolation?
- How did they learn about the policies in the facility?
- Do staff on the units follow facility policies?
- What monitoring do they do on youth in isolation?
- What reporting do they do on incidents involving use of physical force, restraints, and isolation?
- Do they see any patterns in confrontations or conflict situations?
- Do they see any patterns in staff responses to confrontations or conflict situations?
- Are they involved in training of staff on how to handle confrontations or conflict situations?
- What procedures do they follow if a youth comes in with an injury “from the shower” and they suspect abuse?
- What injuries have they seen in the past six months in relation to institutional disturbances, or use of force or restraints?

Interview supervisors and the facility administrator.

- How do they monitor use of physical force, restraints, and isolation at the facility?
- Do they believe that unit staff are properly implementing facility policies?
- Are they aware of any training needs in this area?
- What follow-up occurs after incidents of use of force, restraints, or isolation? Do they debrief with staff, the youth and families after force or restraints have been used?

DISCIPLINARY DUE PROCESS AND ROOM CONFINEMENT

Review Written Materials

Review policies and procedures, including any posted materials on rules, sanctions, and disciplinary due process. Review orientation materials given to youth.

- Do they comply with JDAI standards?
- Do the written guidelines provide consequences that fit the misbehavior?
- Are there consequences other than locked room time?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Review incident reports and any records of disciplinary due process for at least six months.

- What punishments are actually given for misbehavior? Is locked room time for more than 24 hours imposed?
- If locked room time of more than 4 hours is imposed, is there an indication that a due process procedure is involved? When does due process occur in relation to the incident?
- Is the room time served before the due process hearing occurs?
- Does the documentation reflect compliance with due process protections for the youth – notice, an opportunity to be heard, assistance from other youth or staff, written findings, appeal rights?
- Does the documentation seem consistent with affording basic rights to the youth? (refer to the basic rights listed in the instrument)
- Is the person making the disciplinary decision someone neutral (not involved in the incident)?
- Does the documentation show that an appeal process exists and that it is used?

Review living unit logbooks with respect to misbehavior and discipline or punishment imposed.

- Do the notations in the book match what has been recorded in the incident reports and due process records?
- Is there evidence of group punishment for the acts of one or two youth (beyond what would be expected to restore order after a disturbance)?

Check to see whether there are room check sheets for youth in room confinement, or some other mechanism for documenting room checks.

- Are the forms or other records filled out ahead of time or in such uniform fashion (e.g., exactly every 15 minutes) that there is doubt about their credibility?

Interview Youth and Staff at the Facility

Interview staff.

- What training have they received regarding disciplinary due process? On documentation of disciplinary incidents?
- How do they decide what consequences to impose for particular misbehavior?

- How do youth find out about the disciplinary system?
- When would they give a youth disciplinary due process protections, and how would they do it? What happens to the youth pending the disciplinary hearing?
- What if the youth has limited English-speaking capacity or disabilities requiring assistance with communication?
- What happens in terms of programming, education, and other services when a youth is in room confinement status? What rights may be restricted?
- What do they do to check on youth in room confinement?
- What is the longest a youth has been in room confinement? Can they describe what led to the confinement?
- When would they need administrative approval for punishment? How would they get it?
- Do they think the disciplinary system is fair? What would they change about it, if anything?

Interview youth.

- Have they been in trouble in the facility? Have they known others who got into trouble?
- What happened, and what was staff's response?
- If their punishment involved locked room time, what were they told at the time?
- How long were they locked in their room? Did they get to come out for exercise/recreation? Receive educational services? Visits? Phone calls? Religious services? Attorney contact? Personal hygiene items, clean clothes, and access to a shower? (refer to the list of basic rights in the instrument)
- If the locked room time went for more than 4 hours, did they have any kind of a hearing (chance to be informed of what they did wrong, chance to have the matter decided by someone not involved in the incident, chance to give their side of the story, chance to present witnesses or have someone help articulate what happened, chance to be informed of the findings, chance to dispute the findings or punishment, chance to appeal?
- What is the longest any youth has been in locked room confinement? For what?
- Do staff punish the entire living unit for more than a few minutes for the acts of one or two youth? Describe what has happened.
- Do they think the disciplinary system is fair? What would they change about it, if anything?

Interview administrators.

- Under what circumstances are they contacted about a disciplinary incident? What kinds of decisions need administrative approval?
- How are incident reports and disciplinary records collected and stored?

- What, if any, administrative review and analysis is undertaken of incident reports and discipline records?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? What?

GRIEVANCES

Review Written Materials

Review policies and procedures, including any posted materials on grievances and how to file them; review orientation materials given to youth.

- Do they comply with JDAI standards?
- Does the grievance form include all the elements in the JDAI standards?

Review grievances filed for a period of at least six months.

- What kinds of issues are grieved? Are there patterns of grievances about similar matters? How are they resolved?
- Is there a record that matters are investigated, and that the grievance coordinator speaks to the youth, witnesses and others who would have helpful input on the issue?
- How long does it take for a response? Does this match written policies, and does this seem reasonable given the issue involved?
- Is there an indication that youth are denied the opportunity to grieve particular issues?
- Is the person who responds someone other than the staff involved in the issue forming the basis for complaint?
- Is the grievance response explained to the youth? Is the youth given an opportunity to agree or disagree and make a statement as to any disagreement?
- Is there evidence that grievances may be appealed, and that there is a prompt response to appeals?
- Do youth “win” grievances at least some of the time?
- Is the tone of written responses respectful and fair, especially when the grievance is not found to be warranted?
- Is there an indication that appropriate action was taken as a result of grievances found to be warranted (e.g., staff discipline or counseling; rights restored)?

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

- Is there a locked grievance box on the living units?
- Are blank grievance forms available without having to ask staff (e.g., hanging in an envelope on the wall)?

Interview Youth and Staff at the facility

Interview staff.

- What is the grievance process, and how do youth have access to it?
- How do youth obtain writing implements and forms to submit grievances confidentially?
- Are there things that may not be grieved, and if so, what?

Interview the grievance coordinator.

- Talk with the grievance coordinator about what he/she does, and how he/she views the role of grievance coordinator, and the successes, failures and challenges of the grievance system.
- Is the coordinator able to determine whether staff follow through to change matters when a grievance has been granted? For example, if a youth is granted a new pair of shoes that fit, did the youth actually receive the shoes?
- Is there a process for compiling and analyzing grievances for quality assurance of the grievance process itself, and for addressing problems or issues coming to light through grievances?

Interview youth.

- Is there a grievance process in the facility? How does it work? How did they find out about it?
- Have they ever filed a grievance? Why or why not? What was it about? How was it resolved? Granted? Appealed?
- Do they know anyone else who has filed a grievance? What was it about? How was it resolved? Granted? Appealed?

- Can they get someone to help them with grievances? How does that work?
- What happens when grievances get filed? Who decides grievances?
- Are there some things they are not allowed to grieve? What? How do they know?
- How long does it take to get a response?
- Does the grievance coordinator talk to the youth before deciding? Does the coordinator do any other investigation?
- Do youth get punished for filing grievances? How do they know?
- What happens if the youth is unhappy with the response? Can they appeal? How do they do that? Then what happens?
- Do youth feel that the grievance system is fair? Does anyone use it? Does the system work? Why or why not?

Interview administrators.

- What process exists for review of individual grievances, and at what point in the process does it occur?
- Is there a process for compiling and analyzing grievances for quality assurance of the grievance process itself, and for addressing problems or issues coming to light through grievances?
- What action, if any, has the administrator taken in relation to grievances in the past year?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
VI. RESTRAINTS, ISOLATION, DUE PROCESS, AND GRIEVANCES			
<p><i>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.</i></p>			
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.			
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for application of force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary.			
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.			
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.			
2. Written policies and procedures in the facility set forth the principles below for use of force and mechanical restraints:			
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others.			
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.			
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.			
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.			
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.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.		
3.	Written policies, procedures, and actual practices prohibit:		
a.	Use of chemical agents, including pepper spray, tear gas, and mace.		
b.	Use of pain compliance techniques at the facility. Pain compliance techniques are those in which staff apply pain as the primary method of controlling youth, including holds that result in an abnormal rotation, extension or flexion of a joint. Pain compliance techniques are different from defensive physical force that may be needed by staff in emergency situations.		
c.	Hitting youth with a closed fist, kicking or striking youth; or using chokeholds or blows to the head on youth.		
d.	Use of four or five-point restraints, straightjackets, or restraint chairs.		
e.	Hogtying youth or placing youth in restraints in other uncomfortable positions.		
f.	Restraining youth to fixed objects, including beds, walls, or vehicles.		
g.	Restraining youth in a prone position and putting pressure on the youth's back.		
h.	Using physical force or mechanical restraints for punishment, discipline, or treatment.		
i.	Use of belly belts or chains on pregnant girls.		
4.	Written policies and procedures in the facility set forth the principles below for the use of soft restraints.		
a.	Staff may only use soft restraints where a youth's behavior threatens imminent harm to self or others.		
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.		
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.		
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.		
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.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.		
g.	A qualified mental 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.		
h.	Youth in restraints have reasonable access to water, toilet facilities, and hygiene supplies.		
5.	Facility staff document all incidents (except for handcuffs used in transportation) in which physical force or mechanical restraints are used including:		
a.	Name of youth.		
b.	Date and time physical force or mechanical restraints were used on youth.		
c.	Date and time youth were released from mechanical restraints.		
d.	The person authorizing placement of the youth in restraints.		
e.	A description of the circumstances leading up to the application of force or restraints.		
f.	The staff involved in the incident.		
g.	The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.		
h.	The type of physical force or mechanical restraints used.		
i.	Referrals or contacts with medical and mental health staff including the date and time such persons were contacted.		
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.		
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.		
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.		
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.		
B. Isolation			
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.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
a.	Staff only use isolation if a youth's behavior threatens imminent harm to self or others or serious destruction of property.		
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.		
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.		
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.		
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.		
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.		
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.		
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).		
i.	Youth in isolation shall have reasonable access to water, toilet facilities, and hygiene supplies.		
2.	Staff shall keep designated isolation rooms clean, appropriately ventilated, and at comfortable temperatures.		
3.	Designated isolation rooms are suicide-resistant and protrusion-free.		
4.	Facility staff document all incidents in which a youth is placed in isolation, including:		
a.	Name of the youth.		
b.	Date and time the youth was placed in isolation.		
c.	Name and position of the person authorizing placement of the youth in isolation.		
d.	The staff involved in the incident.		
e.	Date and time the youth was released from isolation.		
f.	Description of the circumstances leading to the use of isolation.		
g.	The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
h. Referrals and contacts with medical and mental health staff, including the date, time and person contacted.			
5. Medical and mental health staff shall document all contacts with youth placed in isolation, 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.			
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.			
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.			
C. Voluntary Time Outs			
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.			
2. Staff document voluntary time outs in the unit log.			
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 restrictive interventions in addition to room confinement.			
2. Youth receive procedural due process protections during discipline, including:			
a. Written notice of specific alleged misbehavior or violations of institutional rules.			
b. An opportunity to present their side of the incident before a person who was not directly involved in the incident.			
c. The assistance of staff or other youth if requested.			
d. An opportunity to present information to rebut the allegations (e.g., statements from other youth or staff).			
e. A written statement of findings in the matter and the evidence relied upon by the decision maker.			
f. An opportunity to appeal the ruling to the superintendent/facility administrator or deputy superintendent.			
g. A right to a decision before the youth receives the confinement time or other sanction.			
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.			
4. Under no circumstances may a youth be deprived of his or her basic rights as part of discipline. Basic rights for each youth include:			
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).			
b. Full meals and evening snacks.			
c. A full complement of clean clothes.			
d. Parental and attorney visits.			
e. Personal hygiene items.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
f.	Daily opportunity for exercise.		
g.	Telephone contacts with attorney.		
h.	The right to receive and send mail.		
i.	A regular daily education program.		
j.	An opportunity for daily shower and access to toilet and drinking water as needed.		
k.	An opportunity to attend religious services and/or obtain religious counseling of the youth's choice.		
l.	Clean and sanitary living conditions.		
m.	Access to reading materials.		
5.	Staff provide explanations of all rules and sanctions for non-English speaking youth in their native language.		
6.	Staff do not use group punishment as a sanction for the misbehavior of individual youth.		
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 a youth in a room because of his or her <u>current</u> acting-out behavior.		
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 for 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.		
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.		
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.		
5.	If a youth is in room confinement longer than 24 hours, qualified mental health or health professionals visit the youth daily.		
6.	If the youth repeatedly engages in behavior which results in room confinement, staff convene a multi-disciplinary team to develop an individualized behavior plan for the youth.		
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 to 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.		
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 one year after the incident, of reports on all incidents in which youth are placed in room confinement.		
9.	Facility staff shall receive regular training on the appropriate use of, and alternatives to, room confinement.		

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
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.		
11.	Youth in room confinement shall have reasonable access to water, toilet facilities, and hygiene supplies.		
F. Corporal Punishment			
1.	Staff may not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.		
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.		
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.		
3.	Youth may request staff assistance to complete the grievance form if necessary.		
4.	Facility administrators ensure that youth receive no reprisals for utilizing grievance procedures.		
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.		
6.	Facility staff, administrators, ombudsperson or other personnel provide prompt written notice to the youth of the results of the investigation.		
7.	Youth receive responses to their grievances that are respectful, legible, and address the issues raised.		
8.	Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators respond to appeals promptly and fairly.		
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.		
10.	Facility staff, administrators, ombudsperson or other personnel fully document grievances and the results of grievance investigations.		
11.	Facility administrators regularly analyze grievance forms (granted and denied) for patterns or trends.		

SAFETY

JDAI “How To” Tools: Safety

Note: Please use this document as a guide, and not a strict script for assessment. Additional questions, observations, and supporting documents will inevitably come up in the course of preparing for and conducting the facility assessment. Also remember to share information with other team members if you come across information that may be pertinent to other areas.

Review Written Documents

Review policies and procedures on all safety-related issues (throughout the policy manual), focusing on training, administrative review and response.

- Are they consistent with JDAI standards on safety?

Review incident reports, grievances, workers compensation claims, child abuse reports and citizen complaints for a period of at least six months.

- Is there a high incidence of violence, injury, and/or complaint?
- Is administrative review evident and timely?
- Is there a record of investigation, personnel action, and corrective action where problems were identified?

Review statistical compilations on violence, use of force, restraints, and isolation for a period of at least six months.

- Do problems or use of control measures occur in certain units or at certain times of the day? (You can do interviews about why this occurs.)
- Is there a high incidence of violence, injury, and/or complaint?

Review medical records indicating injuries to youth and staff.

- Is there a high incidence of injury to youth in the facility?
- What is the character of injuries? (E.g., are they related to use of pepper spray, restraints, use of force by staff, injuries inflicted by youth on youth?)

Review audits, inspections, or accreditation reports of inspections conducted by other professional groups (e.g., American Correctional Association, state inspection agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do they indicate any problems related to this section? When you observe the facility you will want to check to see if any problems previously identified have been remedied.

Observe

- When you go through the facility, what is the tension level? For example, when you go down living units hall, are youth angrily banging on their doors, or is there a sense of calm? When you talk with youth and staff, do they seem relaxed, or anxious and worried?

Interview Youth and Staff at the Facility

Interview Staff.

- Are staff ever required to work double shifts? How do they feel about it? Does it affect their performance? Does it affect the safety in the facility? How?
- Do staff call in sick because of stress at work?
- What training have they received on preventing violence or use of force, restraint and isolation? Do they feel adequately trained on these issues for the job they are expected to do?
- What training have they received with respect to prohibition of verbal abuse or harassment by staff, and interventions when youth abuse or harass other youth?
- What training have they received with respect to prohibition of sexual harassment or conduct by staff and between youth? Specifically with respect to youth who are (or perceived to be) gay, lesbian, bisexual or transgender?
- What would they do if they learned that a youth had been sexually molested by another staff? By another youth? (To learn about reporting, support for, and protection of the victim youth)
- What would they do with a youth who has been the aggressor in harassment or assault of another youth? (To see if the youth is dealt with through a behavior plan, counseling or housing)
- Have they been injured on the job? What happened? What could have prevented it? What about injuries to other staff? To youth?
- Do staff feel that there is adequate backup for them in case of an emergency?
- What administrative follow up occurs after a major disturbance or use of force?
- On a scale of 1 to 10 how safe is the facility for staff (with 10 being the highest level of safety)? For youth?
- How often do they perform room checks, and what do they do?
- What policies, if any, exist on the presence of weapons in the facility? What about dangerous chemicals or objects that could be used as weapons? How are they stored? How are they inventoried?

Interview Youth.

- Have they been hurt or injured while in the facility? What happened, and what was staff's response?
- Have they seen other youth hurt or injured while in the facility? What happened, and what was staff's response?
- Are staff aware of youth who may be bullying, threatening or assaulting other youth? What about sexual harassment or assault?
- What is staff's response if someone is threatening or harassing another youth?
- Are there staff who are too rough with youth? Describe what the staff have done.
- Are there staff who make sexual remarks or act in a sexually inappropriate way with youth? Describe what has been seen or experienced.
- What can youth do to report youth or staff who are out of line? Have they done this, and with what result?
- Are youth afraid to report misconduct out of fear that there will be reprisals? Upon what is this opinion based?
- Are gay, lesbian, transgender youth in the facility harassed or subjected to physical assaults? Describe what has been seen or experienced.
- On a scale of 1 to 10 how safe is the facility for youth (with 10 being the highest level of safety)? Do you feel safe?
- Have they ever been restrained or subjected to use of force in the facility? What happened? Were they seen by medical staff during or after the incident? Mental health staff? Was there any other follow up after the incident?
- What is the longest they have been in their room (other than during sleeping hours). What kinds of checks or monitoring did staff do during that time? How often?
- Has anyone ever asked them what could be done to make the facility safer? Was any action taken as a result? What could make the facility safer?
- Have they ever been transported with adult inmates? What were the circumstances?

Interview Administrators.

- How many staff are off work on workers' compensation claims and how many claims have been filed in the past year?
- Do staff call in sick more than would normally be expected? (This can be a sign of staff experiencing a great deal of stress in the facility.)
- Are staff ever required to work double-shifts? How do they feel about it? Does it affect their performance? Does it affect the safety in the facility?
- Under what circumstances are they contacted about a disciplinary incident? What kinds of decisions need administrative approval?
- How are incident reports and disciplinary records collected and stored?

- What, if any, administrative review and analysis is undertaken of incident reports and discipline records (use of force, restraints, isolation)? Injuries? Suicide attempts? Child Abuse Reports? Citizen complaints? Grievances?
- Has any action been taken as a result of administrative review of incident reports and discipline records over the past year? Other personnel actions? Additional training?
- What is the administrator's daily schedule with respect to time on the living units?
- What mechanisms exist to receive input on safety issues from staff? Youth? Families? Juvenile Justice Commissions or other entities with inspection powers?

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
VI. SAFETY			
<p><i>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.</i></p>			
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.			
2. The facility administrator compiles and analyzes monthly statistics of violence, use of restraints, use of isolation, and use of physical force.			
3. Any and all sexual harassment or sexual conduct between staff and youth is prohibited.			
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).			
5. Youth feel safe from victimization by staff, including abuse, threats of violence, theft, sexual assault or harassment, and assault.			
6. Youth can report incidents of threats or harm by staff without fear of reprisal. Staff not involved in the incident promptly investigate such reports to take effective action to protect youth from threats or harm.			
7. Staff provide appropriate support to youth during the investigation stage following allegations of abuse.			
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 of other youth.			
2. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes.			
3. Youth feel safe from victimization by other youth, including abuse, threats of violence, theft, sexual assault or harassment, and assault.			
4. Youth can report incidents of threats or harm by other youth without fear of reprisal.			
5. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.			
6. There are regular opportunities for youth to provide input on how the facility can be made safer.			

DETENTION FACILITY SELF-ASSESSMENT STANDARDS		Conforms to Standard	Does Not Conform to Standard
7.	Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.		
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 medial reports), by youth on staff.		
2.	Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.		
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.		
2.	The facility properly stores and secures objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).		



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HALE HO'OMALU JUVENILE DETENTION FACILITY Policies and Procedures Chapter: Eleven (11) Juvenile Rights	Policy # 11.08	Total Pages: 6
	Replaces: NEW	
	Subject: Non-Discriminatory Treatment of Lesbian, Gay, Bisexual and Transgender (LGBT) Youth	References:
Effective Date:	Authorized By: R. Maunupau	Annual Review:

Policy:

No person, whether an HHJDF employee, outside agency staff, volunteer, another resident or other person conducting business at HHJDF, shall discriminate against or harass any resident confined at HHJDF because the resident is, or is perceived to be, Lesbian, Gay, Bisexual, Transgender (LGBT). Staff shall ensure that LGBT residents receive fair and equal treatment and that they feel safe and accepted during their confinement at HHJDF.

Definitions:

HHJDF ADMINISTRATION The HHJDF Administration is comprised of the Superintendent, and the two Deputy Superintendents.

ABUSE Abuse means physical or emotional harm; a resident can be seriously harmed by verbal comments even when there is no physical abuse.

BISEXUAL A person who is emotionally, physically, and sexually attracted to members of more than one gender. Also can be referred to as omni sexual.

DISCRIMINATION For the purpose of this chapter, any act, policy or practice that, regardless of intent, has the effect of subjecting any person to differential treatment as a result of that person's sexual orientation, gender identity and expression.

GAY Usually, but not always, refers to homosexual man. Also used as an umbrella term for the LGBT community.

GENDER IDENTITY Includes a person's actual or perceived gender, as well as a person's gender identity, gender-related self image, gender-related appearance, or gender-related expression, regardless of whether that gender identity, gender related self image, gender-related appearance, or gender-related expression is different from that traditionally associated with the person's sex at birth.

HARASSMENT Harassment includes name-calling, slurs, disrespectful gestures, being joked about, being picked on, being touched or stared at, being labeled abnormal, sinful or sick, being approached for sex, and being

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told one can or should choose to not be LGBT. Other harassing conduct includes written, recorded, or electronically transmitted messages (such as email, voicemail, and Internet materials), and displays of demeaning, insulting, intimidating, or sexually suggestive objects, pictures, or photographs.

HOMOSEXUAL A term used to refer to a person based on his or her-same sexual orientation, identity, or relationships.

LESBIAN A woman who has emotional, physical, spiritual, and sexual attractions to other women.

LGBT LGBT means youth: a) who have identified themselves as lesbian, gay, bisexual or transgender; b) who may be unsure of their sexual orientation; or c) whom others perceive as lesbian, gay bisexual or transgender.

SEXUAL ORIENTATION A term describing a person's emotional, romantic, and sexual attractions, whether it is for members of the same sex or a different sex.

TRANSGENDER An umbrella term for people who contradict society's view of gender and biological sex as necessarily fixed, unchanging, and following from one's biological sex. This can range from identification to cross dressing, to undergoing hormone therapy, to sex reassignment surgery and/or to other forms of dress/presentation. Transgender people can include transsexuals, cross-dressers, drag kings/queens, masculine women and feminine men.

Procedures:

1. The HHJDF will provide an inclusive organization culture where the dignity of every resident is respected and all residents are safe. Upon arrival at HHJDF, every new resident shall be informed, verbally and in writing, that name calling and other harassment is hurtful and not accepted. HHJDF staff shall provide this information to each resident at intake and at the time that the resident is received at a pod.
2. Respectful and inclusive terminologies that do not make assumptions about sexual orientation or gender identity will be used in interviews with all youth at HHJDF. Social Workers, Medical, Mental Health and all other employees of HHJDF will be trained to be sensitive in questioning LGBT residents without embarrassing them or making them feel judged. Staff will be aware that youth are in various stages of awareness and comfort with sexual orientation and gender identity. Resident intake interviews will sensitively inquire about fears the resident has of being picked on in the facility.

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3. Employees will not disclose a resident's sexual orientation or gender identity to outside parties, individuals, entities, or agencies, such as health care or social services providers, unless such disclosure is either necessary to comply with state or federal law, or has been deemed to be in the best interest of the resident by the Superintendent and is related to a legitimate rehabilitative or therapeutic purpose. Prior to any disclosure, the Superintendent will solicit input from the resident, and will consider the resident's opinion. This confidentiality restriction does not preclude staff from discussing a resident's needs or services or resolving a grievance.
4. While on duty, employees of HHJDF shall not use terms or slurs that are commonly used to convey hatred, contempt, or prejudice to LGBT persons. Such terms include, but are not limited to, "butch," "butchie," "bull," "faggot," "wahine," "mahu," "cupcake," or "fruitcake." Employees shall intervene to stop residents from using such terms towards LGBT residents or residents who are perceived to be LGBT.
5. Classification and housing decisions will be individualized, based on the particular resident's physical and emotional well-being.
 - a) Transgender youth will not be automatically housed in a pod/unit of their same biological sex. Rather, the Superintendent or the Deputy Superintendent in consultation with DOH Mental Health will determine the most appropriate housing, with great deference to the youth's choice regarding safety but with due regard to other residents.
 - b) Placement should occur upon arrival to HHJDF so the transgender resident is not at risk while awaiting an administrative decision regarding placement.
 - c) Transgender residents will be provided the institutional clothing they prefer, including a bra for male to female transgender youth.
 - d) If a transgender resident prefers not to be placed in a girl's pod/unit, a multi-disciplinary meeting will occur with the youth to develop a safety plan.
 - e) LGBT residents, like all residents at HHJDF, are eligible for counseling and they may request a change in housing.
6. Transgender residents will be called by the first name and pronoun they request even if their name has not been legally changed. In court reports and referrals for services, they will be referred to by the first name and pronoun they request, with the name recognized by the court indicated as "Also Known As" (AKA).

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7. The HHJDF administration will ensure adequate staffing and supervision of all residents to minimize harassment.
8. LGBT resident will not be placed in isolation as a means of keeping them safe from discrimination, harassment or abuse, except for temporary emergency protective segregation. Separation from others is harmful for teenagers in custody and LGBT residents should not be isolated from other youth because they are at risk of further harassment unless temporary isolation is necessary to protect the resident from harm. Staff will actively intervene in behaviors by other resident that make the resident feel unsafe or hurt. Emergency protective segregation is intended as a short-term measure to prevent harm until housing conditions are rectified and after all other steps to keep the youth safe have been exhausted (including sanctions against or moving the youth doing the harassment).
 - a) Within 4 hours after the imposition of temporary emergency protective segregation, the resident shall be visited by social workers, mental health or health providers. Thereafter, such visits shall be scheduled every 12 hours.
 - b) Within a reasonable time after a resident is placed in temporary emergency protective segregation, the Superintendent or designee will meet with the resident for the purpose of assessing the resident's short-term need for medical, psychological care or other social services. The Superintendent or designee will act promptly on that assessment to ensure that the resident's short-term needs are met. Resident's case record must note the occurrence of the meeting, results of the initial assessment, and any care or services ordered for the resident.
 - c) During the time the resident is in temporary emergency protective segregation, the resident will be visited by the Superintendent or Deputy Superintendent or designee at least once every 24 hours.
 - d) Within 48 hours after a youth is placed in temporary emergency protective segregation, or by the close of business on the next business day should the placement occur on a weekend, a Multidisciplinary Team (MDT) meeting will occur with the resident to plan how to keep the youth safe without segregation.
9. To the extent possible, the resident shall continue to receive the same services, recreation, or other activities he or she was receiving before temporary emergency protective segregation was imposed. The provision of services, recreation, or other activities to a resident in temporary emergency protective segregation will be noted in the resident's case record.

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10. Transgender residents will not be required to use the shower or bathroom or dress in front of other residents or staff, and efforts by staff to ensure privacy will be done in a way that is not humiliating.
11. If a physical search of an LGBT resident is necessary, it will be done by two employees of the gender requested by the youth. LGBT residents will not be treated as sex offenders unless they have been adjudicated of committing an act that is considered a sex offense.
12. HHJDF will promote the positive adolescent development of all residents in their care and in support services, education, and community placements. Positive adolescent development includes: making it safe for all residents to develop their own identities, encouragement to like self and care for self, learning to manage stigma.
 - a) Books and magazines about being LGBT and LGBT will be made available to residents.
 - b) LGBT residents will be offered counseling by non-judgmental individuals knowledgeable about sexual orientation and gender identity.
13. LGBT will receive a comprehensive health assessment from a non-judgmental health provider who can provide counseling, information and guidance about sexual orientation, gender identity and self-care.

If a transgender resident has been receiving hormone treatment prior to arriving at HHJDF and requests maintenance of treatment, medical staff will evaluate its continuation and provide authorization for transition-related treatments when they are medically necessary according to accepted professional standards.
14. HHJDF will provide referral to programs that are sensitive to and trained in serving LGBT youths.
15. LGBT resident may verbally report incidents of alleged discrimination, harassment or abuse to HHJDF supervisory personnel or in writing by filing a complaint in accordance with HHJDF Policy # 11.09, Resident Complaint Procedures.
16. HHJDF Administration will take actions as outlined in HHJDF Policy #11.09, Resident Complaint Procedures.

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17. Employees shall not prohibit or discourage an LGBT resident from communicating with another resident of the same sex unless it is the type of communication that is prohibited for all residents. HHJDF employees shall not otherwise hold LGBT resident to a different standard than other residents at HHJDF.
18. All direct care staff and service providers will be trained and affirmatively demonstrate their commitment to creating and maintaining a safe and accepting environment. This policy will be provide to all new staff, and new staff training will include understanding and protecting LGBT youth.
19. Staff found in violation of this Policy may be subject to disciplinary consequences, up to and including discharge.
20. Employees are required to comply with all related HHJDF Policies and Procedures that prohibit abusive or unprofessional treatment of HHJDF residents. . Those related HHJDF Policies and Procedures include but not limited to:
 - ✓ #3.28 – Code of Ethics/Conflict of Interest
 - ✓ #3.29 – Professional Conduct/Boundary Expectations
 - ✓ #3.30 – Staff Sexual Misconduct (*This policy follows Policy 11.07, Sexual Abuse and Sexual Assault*)
 - ✓ #11.03 – Protection from Discrimination and Harassment
 - ✓ #11.06 – Prohibition of Verbal and Physical Abuse by Staff – Zero Tolerance
 - ✓ #11.08 – Non-Discriminatory Treatment of LGBT Youth
 - ✓ #11.09 - Resident Complaint Procedures

Approved:

/s/ Rockne Maunupau

Superintendent

6-4-2010

Date