

2

A GUIDE TO JUVENILE DETENTION REFORM

Juvenile Detention Facility Assessment

2014 UPDATE

Juvenile Detention Alternatives Initiative

A PROJECT OF THE ANNIE E. CASEY FOUNDATION

Acknowledgments

Bart Lubow, *Director, Juvenile Justice Strategy Group, The Annie E. Casey Foundation*

Gail D. Mumford, *Senior Associate, The Annie E. Casey Foundation*

Stephanie Vetter, *Member, JDAI Initiative Management Team*

Raquel Mariscal, *Member, JDAI Initiative Management Team*

Mark Soler, *Executive Director, Center for Children's Law and Policy*

Dana Shoenberg, *Deputy Director, Center for Children's Law and Policy*

Jason Szanyi, *Staff Attorney, Center for Children's Law and Policy*

Keri Nash, *Staff Attorney, Center for Children's Law and Policy*

Maria Ramiu, *Managing Director, Youth Law Center*

Sue Burrell, *Staff Attorney, Youth Law Center*

Deborah Escobedo, *Staff Attorney, Youth Law Center*

Alice Bussiere, *Staff Attorney, Youth Law Center*

Thank you to those who provided thoughtful suggestions on the revisions to the standards, including Christopher Branson, Bernadette Brown, Michael Cohen, Kelly Dedel, Paul DeMuro, Carly Dierkhising, Harvey Doppelt, Bob Fleischner, Julian Ford, Eugene Griffin, Tom Grisso, Will Harrell, Lindsay Hayes, Jane Hudson, Peter Leone, Jody Marksamer, Orlando Martinez, Bob Powitz, Michael Puisis, Lawanda Ravoira, Jamie Rodriguez, Lourdes Rosado, David Roush, Liane Rozzell, Marc Schindler, Terry Schuster, Ron Shansky, Fran Sherman, Diane Smith Howard, Eric Trupin, Michael Umpierre, Andi Weisman, and Shannan Wilber.

Thank you as well to the individuals who helped develop the original detention facility standards, 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, Andi Weisman, and Shannan Wilber. Thank you, too, to officials in JDAI sites who provided feedback and insights, including individuals in Baltimore, Bernalillo County, Cook County, San Francisco, and sites in Delaware, Illinois, New Jersey, and Washington State.

To download a PDF of this Guide, please visit www.jdaihelpdesk.org.

contents

1	SECTION I Introduction	91	SECTION V JDAI Detention Facility Assessment Standards - REVISED JUNE 2014
3	SECTION II About the Revised JDAI Detention Facility Assessment Standards	91	i. Classification and Intake
9	SECTION III Guidelines to Conducting a Facility Assessment	104	ii. Health and Mental Health Care
41	SECTION IV Facility Assessment “How To” Tools	127	iii. Access
		133	iv. Programming
		144	v. Training and Supervision
		157	vi. Environment
		170	vii. Restraints, Room Confinement, Due Process and Grievances
		186	viii. Safety
		193	ix. Glossary



introduction

I

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 expose 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.

Since 2004, officials in JDAI sites have assessed, improved, and monitored conditions in juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation (Foundation). JDAI sites have done so by establishing assessment teams from juvenile justice agencies, other human service systems, youth and families involved in the system, and community-based organizations. These assessment teams receive in-depth training to ensure that they carefully examine all aspects of facility policies, practices, and programs, prepare comprehensive reports on their findings, and monitor the implementation of corrective action plans.

When the Foundation released the juvenile detention facility standards, they constituted the most comprehensive and demanding set of publicly available standards for juvenile detention facilities. Since then, officials in many jurisdictions have used the standards as a tool to improve their detention facilities' policies and operations. The assessment process has also helped to establish local capacity for regular monitoring of conditions and supported facility administrators' requests for new resources and policies. Additionally, several state agencies have incorporated aspects of the standards into their own regulations and licensing practices for facilities that house youth.

The standards have played an important role in ensuring that youth are housed in safe and humane conditions while in juvenile detention facilities. Nevertheless, significant changes in accepted professional practice and legal standards have occurred since the standards were first published. For example, facilities around the country have eliminated or reduced reliance on the use of disciplinary room confinement after heightened awareness of the dangers of the practice and new information on effective alternative behavior management techniques. Experts have generated new recommendations about meeting the needs of family members, youth with trauma histories, youth with limited English proficiency, youth with disabilities, and lesbian, gay, bisexual, transgender, questioning, and intersex youth. And in 2012, the U.S. Department of Justice published regulations for the prevention, detection, and response to sexual misconduct in juvenile facilities as part of its implementation of the Prison Rape Elimination Act (PREA) – regulations that impact the full range of facility operations.



The Foundation has issued this revised version of the standards to acknowledge and incorporate these developments. As was the case in 2006, we have set the bar very high in developing these standards. We have done so because JDAI sites should reflect evolving standards of practice in their facility operations and serve as models for other jurisdictions around the country.

The materials in this volume include detention facility standards, 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 revised standards and assessment methodology are the result of determined efforts by the Youth Law Center (YLC) and the Center for Children’s Law and Policy (CCLP) staff who spent more than a year reviewing changes in statutory requirements and professional standards, consulting with practitioners and experts, researching model practices, and incorporating lessons from JDAI sites’ experiences using the standards. The revised standards also reflect the input of dozens of reviewers who provided valuable insights and recommendations. We deeply appreciate those individuals’ contributions to this effort.

Over the years, stakeholders in JDAI sites and other officials have used the standards to improve conditions, policies, and practices in their facilities. We hope that the revised standards will serve as another important milestone in the efforts to improve the treatment of youth in juvenile detention facilities throughout the country.

Bart Lubow
*Director, Juvenile Justice Strategy Group
 The Annie E. Casey Foundation*

.....

Since 2004, officials in JDAI sites have assessed, improved, and monitored conditions in juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation.

.....

about the revised JDAI detention facility assessment standards



About the Revised JDAI Detention Facility Assessment Standards

The Revision Process

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. As noted in *Improving Conditions of Confinement in Secure Juvenile Detention Centers* (Pathways to Juvenile Detention Reform, Vol. 6), dangerous and inadequate conditions in juvenile facilities expose public officials to liability in civil rights lawsuits and, more importantly, harm the very youth whose care is entrusted to the juvenile justice system.

Beginning in 2004, officials in JDAI sites began assessing, improving, and monitoring conditions in their juvenile detention facilities using a set of standards published by the Annie E. Casey Foundation (Foundation). Staff of the Center for Children's Law and Policy (CCLP) and the Youth Law Center (YLC) developed those standards based on case law, consent decrees, federal statutes, model state laws, professional standards, best practices, and expert opinion. At the time of their release, the standards constituted the most comprehensive and demanding set of publicly available standards for juvenile detention facilities.

Nevertheless, significant changes in accepted professional practice and legal standards have occurred since the standards were first published. Many facilities have eliminated or reduced their reliance on the use of disciplinary room confinement after heightened awareness of the dangers of the practice and new information on effective alternative behavior management techniques. Experts have made new recommendations about meeting the needs of youth with trauma histories, youth with limited English proficiency, youth with disabilities, and lesbian, gay, bisexual, transgender, questioning, and intersex youth. And in 2012, the U.S. Department of Justice published binding regulations for the prevention, detection, and response to sexual misconduct in juvenile facilities as part of its implementation of the Prison Rape Elimination Act (PREA) – regulations that impact a wide range of facility operations.

Over the course of nearly eighteen months during 2013 and 2014, CCLP and YLC staff reviewed changes in laws and professional standards, consulted with practitioners and experts, and researched best practices and lessons from JDAI sites' experiences using the standards, which were used to propose revisions. More than 30 experts and practitioners reviewed the proposed revisions prior to incorporating them into the standards (a list of these reviewers appears in the Acknowledgments section of this guide). The Foundation released the final version of the revised standards in June 2014.

The revised standards incorporate three major types of changes. The first type of change edits the standards to improve clarity and comprehension without changing the substantive content of the

standard. For example, a number of revised standards use clearer language that is easier for assessment teams to understand. Other standards that previously contained several combined requirements now appear as separate individual standards. This means that assessment teams can more easily assess whether a facility conforms or does not conform to a specific requirement. The revised standards also include notations where identical standards appear in more than one place in the standards so that team members who are assessing different aspects of the facility can work together on assessing those standards (denoted as “Also listed at...”). The standards also include notations where a team member can look to other related standards that may be relevant to that standard (denoted as “See also...”).

The second type of change adds detail to standards where assessment teams or other reviewers suggested including additional guidance. For example, the original standards required appropriate accommodations for youth and family members with limited English proficiency. The revised standards contain new provisions that outline the steps facilities should take to assess what the needs for such services are and the types of accommodations that need to be made in each area of facility operations. The revised standards also include definitions of key terms at the beginning of each section, and this guide includes a list of citations to key federal laws and regulations.

The third type of change adds new standards or modifies existing standards to reflect advances in the field. The most significant revisions in this area are the incorporation of the PREA standards’ requirements for juvenile facilities. The revised standards allow teams to assess a facility’s compliance with PREA as part of the assessment process. In some cases, the standards incorporate concepts from the PREA standards, but extend them to situations beyond those involving sexual abuse or sexual harassment. For example, the PREA standards require that facilities establish policies and protocols regarding investigations of alleged sexual abuse and sexual harassment. The revised standards incorporate these requirements, but expand them to investigations of all types of alleged abuse, neglect, and retaliation. The end of this section includes an outline of some of the most significant changes and additions to each area of the standards.

CCLP and YLC revised the documents and tools that accompany the detention facility assessment standards to reflect changes in the standards. These include:

1. This overview document, which provides a summary of the entire facility assessment process from start to finish. The information contained in this document is commonly referred to as the “guidelines.”
2. The set of “How To” documents that provide suggestions for assessing each issue area involved in a facility assessment.
3. A document with the standards themselves, to be used by assessment teams to evaluate whether a facility conforms or does not conform to a particular standard. This document is commonly referred to as the “standards” or “checklist.”

Summary of Major Changes in Each Area of the Standards

This list summarizes major changes in each area of the JDAI facility assessment standards.

CLASSIFICATION AND INTAKE

- Includes new standards designed to ensure that facilities gather information necessary to make housing and programming decisions for special populations, including limited English proficient (“LEP”) youth, youth with physical or intellectual disabilities, youth at risk of sexual victimization, youth at risk of victimizing other youth, and youth who are actually or who are perceived to be lesbian, gay, bisexual, transgender or gender non-conforming, questioning, or intersex (LGBTQI).
- Outlines the steps that facilities must take in order to evaluate and meet the language needs of LEP youth and their families.
- Incorporates PREA’s requirements related to educating youth about sexual misconduct prevention and response upon intake and within ten days of admission.
- Adds a new section on the confidentiality of records and appropriate controls on the dissemination of information within and outside of the facility.

HEALTH AND MENTAL HEALTH

- Reorganizes the standards into distinct issues to help individuals more easily assess conformance with the standards.
- Adjusts the language related to medical, mental health, and dental services to better reflect operations in facilities that do not provide these services on site.
- Updates standards on HIV/AIDS screening and care based on the most recent guidance from the Centers for Disease Control and the National Council on Correctional Healthcare.
- Adds new standards on discharge planning, including continuity of medication and supporting access to health insurance coverage upon release.
- Incorporates PREA’s requirements with respect to provision of medical and mental health care following a youth’s disclosure of alleged sexual abuse.

ACCESS

- Includes standards allowing youth to correspond with incarcerated family members absent a specific and articulable security reason to prevent such correspondence.
- Includes a new section with standards on family engagement.

PROGRAMMING

- Aligns language in existing standards on special education services and accommodations for LEP youth with the language in federal law and guidelines.

- Includes new standards on the appropriate responses to and permissible discipline of youth who engage in disruptive behavior during school inside the facility.
- Revises existing standards on positive behavior management to align with the latest guidance on positive behavior supports and includes additional requirements related to the components of effective positive behavior support systems.
- Includes a dedicated section on accommodations for youth with special needs, including youth with intellectual and physical disabilities and LEP youth.

TRAINING AND SUPERVISION OF STAFF

- Includes more detailed requirements for staff background checks to align the standards with PREA's requirements.
- Consolidates training requirements from other areas of the standards to help assess conformance more easily, incorporates new staff training topics to align with PREA and evolving standards on a range of issues, and groups training requirements into meaningful categories.
- Consolidates standards on reporting of abuse, neglect, and retaliation.
- Incorporates new standards related to quality assurance.

ENVIRONMENT

- Adds detail to the standards on emergency preparedness based on new guidance from the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP).
- Includes a new section prohibiting cross-gender viewing and searches except in very limited circumstances in order to incorporate PREA's requirements.
- Incorporates standards on accessibility of living units and common areas to youth with limited mobility to comply with regulations under the Americans with Disabilities Act.
- Includes additional details on sanitation plans and fire safety, incorporating the latest practices.

RESTRAINTS, ROOM CONFINEMENT, DUE PROCESS, AND GRIEVANCES

- Eliminates the use of the term "isolation" and uses a single term, "room confinement," to describe the involuntary restriction of a youth alone in a cell, room, or other area for any reason.
- Prohibits the use of room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than as temporary response to behavior that threatens immediate harm to a youth or others.
- Eliminates standards on the use of soft restraints, which few if any facilities use.
- Includes new standards requiring regular review of data on the use of physical force, restraints, and room confinement, disaggregated by race, ethnicity, and gender.
- Adds new standards on grievances and reporting procedures to comply with PREA.

SAFETY

- Revises the sections on youth and staff safety to incorporate PREA's requirements.
- Adds a requirement that facility administrators consult staff about safety within the facility and recommended improvements.
- Adds a new section on investigations of abuse, neglect, retaliation, and violation of responsibilities using PREA's requirements as a framework.

Citations to Key Federal Statutes and Regulations

This list contains citations to key federal statutes, regulations, and materials referenced within the revised standards.

Americans with Disabilities Act of 1990 (ADA)

- Statute: 42 U.S.C. § 12101 et seq.
- Regulations: 28 C.F.R. §§ 35, 36 et seq.

Family Educational Rights and Privacy Act (FERPA)

- Statute: 20 U.S.C. § 1232(g) et seq.
- Regulations: 34 C.F.R. § 99 et seq.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- Statute: 42 U.S.C. § 201 et seq.
- Regulations: 45 C.F.R. §§ 160, 162, 164

Individuals with Disabilities Education Act (IDEA)

- Statute: 20 U.S.C. § 1400 et seq.
- Regulations: 34 C.F.R. §§ 300, 301 et seq.

Juvenile Justice and Delinquency Prevention Act (JJDP)

- Statute: 42 U.S.C. § 5601 et seq.
- Regulations: 28 C.F.R. § 115 et seq.

Office of Juvenile Justice and Delinquency Prevention, Emergency Planning for Juvenile Justice Residential Facilities (October 2011)

Prison Rape Elimination Act of 2003 (PREA)

- Statute: 42 U.S.C. § 147 et seq.
- Regulations: 28 C.F.R. § 115 et seq.

Religious Land Use and Institutionalized Persons Act (RLUIPA)

- Statute: 42 U.S.C. § 2000cc et seq.

Section 504 of the Rehabilitation Act of 1973 (Section 504)

- Statute: 29 U.S.C. § 701 et seq.
- Regulations: 34 C.F.R. § 104 et seq.

Title VI of the Civil Rights Act of 1964 (Title VI)

- Statute: 42 U.S.C. § 2000(d) et seq.
- Regulations: 28 C.F.R. § 50.3 et seq.
- Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency, 65 Fed. Reg. 50121 (August 16, 2000).
- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41455 (June 18, 2002).

guidelines for conducting a facility assessment



Guidelines for Conducting a Facility Assessment

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. Sites agree to engage in the facility assessment process, accept the facility assessment team report, develop a corrective action plan to address any deficiencies, and implement needed changes. They also agree to repeat the facility assessment and report every two years.

The JDAI Juvenile Detention Facility Assessment uses 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 are trained 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 Juvenile Detention Facility Assessment has numerous benefits for jurisdictions:

1. Facilities receive objective feedback based on a comprehensive set of standards;
2. The assessment establishes baseline data from which progress can be measured;
3. The assessment identifies and addresses problems and issues before something bad happens or litigation commences, as well as areas of strength within the facility;
4. Administrators can use information from the assessment to leverage additional resources;
5. Local, state, and federal facility regulations and inspections can be improved and strengthened through the JDAI process;
6. Members of the community learn about how the detention center operates, its strengths and challenges, and how they 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 Facility 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, over 20% of youth 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 began 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 response to suicidal behavior. The study could not assess the adequacy of educational and treatment services, and did not fully explore the use of room confinement 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 Centers* (Vol. 6, Pathways to Juvenile Detention Reform).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 individuals, is described in these step-by-step guidelines.

.....

The resulting detention facility assessment, using objective standards and teams of carefully selected and trained individuals, is described in these step-by-step guidelines.

.....

The original standards and guidelines for detention facility assessment, released in 2004 and revised in 2006, were developed by staff from the Youth Law Center (YLC) and the Center for Children’s Law and Policy (CCLP)—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. CCLP and YLC staff designed the standards to embody pertinent constitutional case law, federal statutory law, professional standards, and best practices. The standards and guidelines also incorporated thoughtful input from a wide range of national experts as well as feedback from JDAI sites.

When originally released, the standards represented the most comprehensive and demanding set of publicly available standards for detention facilities. As described in the Introduction, a number of significant changes in legal and professional practices have occurred since the first release of the standards, including the issuance of the Prison Rape Elimination Act (PREA) regulations for juvenile facilities, increased attention to the needs of youth with limited English proficiency, disabilities, and trauma histories, and mounting concerns about the dangers of solitary confinement. Because of these and other developments, the Foundation issued revised detention facility standards in June 2014. These guidelines reference the revised standards.

The JDAI Facility Assessment Materials and Training

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

- I. This overview document that provides a step-by-step summary of the entire JDAI Juvenile Detention Facility Assessment process from start to finish, 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. Additional handouts and materials presented in conjunction with trainings on how to conduct an assessment, available through the available through the JDAI Help Desk,⁶ or Youth Law Center or Center for Children’s Law and Policy.
5. Written materials and publications on specific issues,⁷ available through the JDAI Help Desk,⁸ or through contact with staff at the Youth Law Center or Center for Children’s Law and Policy.
6. Training for JDAI sites, to be arranged through the Site Coordinator and Technical Assistance Team Leader (TATL).
7. The JDAI Detention Facility Assessment Timeline and Checklist for Site Coordinators.

Step One: Planning and Preparing the Facility Assessment

Most sites conduct an assessment of their juvenile detention facilities during Phase One of JDAI, usually the first or second year in JDAI.⁹ 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 facility assessment should be completed more quickly. For example, if there has been a suicide, major violence, identified abuse or other crisis at the facility, an assessment may be an immediate approach to systemically address the crisis. When a jurisdiction is ready to proceed with the assessment, training is provided by the Youth Law Center or the Center for Children’s Law and Policy. Conference calls between the trainers, appropriate members of the site, and technical assistance providers will be arranged in order to plan the training.

Please note that these instructions apply to a site that is conducting its first Juvenile Detention Facility Assessment. Sites that have already conducted an assessment can find information about training opportunities for team members on the JDAI Help Desk.

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 duties prior to the assessment:

1. Assemble an Assessment Team

This is discussed below in section (B).

2. Coordinate Training for the Team

Conference calls to plan a training are conducted with the participation of the Site Coordinator, Technical Assistance Team Leader (TATL), trainers, the Training Coordinator, and 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. Other discussion topics include 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 later in this section.

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 below.

.....

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 below. 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 Facility Assessment Process

After consultation with the trainers available through the JDAI Help Desk, or 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 jurisdictions. 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:

I. 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.

.....

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.

.....

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.

Finally, assessment teams should generally avoid recruiting individuals who are responsible for licensing or regulating the facility that is to be assessed using the JDAI standards, such as an auditor or inspector from a state agency. While these individuals have valuable experience conducting facility inspections, and should be welcome guests at any training on the standards, they may have trouble assessing the facility using the JDAI detention facility standards without being influenced by existing state standards or prior experiences at the facility.

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 and diagnosis, 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 and diagnosis, and mental health services provided to youth.
- *Education and Special Education (a teacher, principal, or education professor who has special education expertise)*
This person will assess compliance with state and federal laws (including IDEA), staffing and credentialing, and the quality of general education and special education services.
- *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.
- *Individuals Who Speak the Primary Language(s) of Youth Within the Facility*
If the facility has a population of youth with limited English proficiency, this person should be capable of speaking the language(s) that youth speak and assessing services for limited English proficient (LEP) youth.
- *Disability Rights Professional*
Because many youth involved in the juvenile justice system have intellectual 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. Others have not focused their work on youth facilities, but their staff may still bring valuable expertise, especially in the areas of special education and mental health services.¹⁰ 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 organizations 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.

- *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. These individuals 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, ombudsperson, 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.

.....

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.”

.....

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. Finally, the team should be racially and ethnically diverse, with an effort to reflect the demographics of youth in the facility.

Also, teams should be selected with realistic attention to the time commitments members will be expected to devote to and the desirability of ongoing involvement in the assessment process. Typical time commitments for various aspects of the assessment process are discussed in section (C)(2) below, 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:

I. 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. 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, as well as areas of strength. Considering differing points of view makes it more likely that the team will be able to achieve that goal.

.....

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.

.....

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 the 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.*
Two 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 does not 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 the Initiative. 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 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.

.....

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.

.....

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. The 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

I. Discuss and Plan Document Request

One of the most important parts of the assessment is a review of the paper and electronic 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 that cannot easily be copied or provided before the site visit, such as unit logbooks.

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;
- The number of admissions of youth during the previous six months by race, ethnicity, gender, language status, and reason for admission;
- Records of the average daily youth population at the facility for the prior six months, as well as the average length of stay for youth in 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, 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 and parent handbooks;
- 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, use of physical force, and restraints, preferably by unit, for the past six months;
- Suicide precaution or close observation 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, including audits for compliance with the Prison Rape Elimination Act standards for juvenile facilities;
- 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;
- Strategic planning reports written by the director of the facility;
- Grievances filed by youth or staff at the facility for the past six months;
- Child abuse, neglect, or retaliation 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 and credentials, evaluation and assessment of youth at admission, educational curricula, class schedules, recent Individualized Education Plans, and transfer of educational records when youth enter and 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;
- Documentation of the facility's policies and procedures with respect to youth with special needs. This may include language access plans for LEP youth and procedures for meeting the needs of youth with disabilities; 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.

• *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 and Mental Health (medical, mental health, dental);
- Access (mail, visits, telephone, legal access, and family engagement);
- Programming (education, exercise, recreation, religion, behavior management);
- Training (and administrative oversight);
- Environment (sanitation, physical plant issues, emergency preparedness, food, crowding, privacy);
- Restraints (use of force, restraints, room confinement, discipline, grievances); and
- Safety.

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.

.....

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 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 expedite the report writing process and ensure consistency of voice in the writing. Examples of reports are available through the JDAI Help Desk.¹¹

- *Addressing Confidentiality and 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. 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 blacked out obscured). Yet another is to obtain 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.

.....

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

.....

- *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 facility inspection process has its strengths, none are as specific or comprehensive as the JDAI standards with respect to certain issues. In particular, some state regulations and professional standards are “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. Other 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.

- *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 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 at the facility. 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.

.....

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.

.....

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 achieve this goal by familiarizing themselves with the assessment instrument, reviewing documents beforehand, establishing responsibilities of the various team members, resolving 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. At the same time, this process uses team members 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 assessment 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
- Areas or rooms used for room confinement
- Restraint rooms
- Visiting areas (for families and for attorneys)

.....

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.

.....

WHAT TO OBSERVE

As the 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-lit? Does it feel unusually hot or cold? Is there trash on the floor, or are there towels or dirty clothing? How does it feel 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 rooms or areas used for room confinement?
- *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? In the classroom, is there any interaction between youth and the teacher or do youth spend their time working on written exercises or worksheets?
- *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 linguistic and cultural competence? Is artwork by youth incorporated into the décor?

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 room confinement and suicide risk status. Individual team members should conduct group interviews with youth during meals and in common areas on the living units, and individual interviews in rooms on the units or 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.* Team members should conduct 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, programs for LEP youth, teaching environment, resources, classroom discipline, credit for work completed, services for youth who have their GED or diploma, 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 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 any 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 useful information. Such people may include the grievance coordinator, head of the special disciplinary unit, volunteer activities coordinator, training coordinator, building maintenance staff, chaplain, programming coordinator, secretaries to facility administrators, and other professionals working with detained youth. Others, 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 safety threat to other youth and staff at the facility? Is there a structured behavioral management 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 whom to interview for each issue area.

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

THE LAST DAY ON SITE

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 particular 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.

.....
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 particular areas of concern.
.....

Step Three: Reporting on the Facility Assessment and Follow Up

COMPLETE THE ASSESSMENT INSTRUMENT

The facility 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. When the facility does not conform to a particular 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 or exceeding particular standards.

PREPARE A NARRATIVE REPORT OF THE ASSESSMENT

Following the facility assessment, the team should prepare a narrative report that summarizes all key 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 use of data and community engagement. Teams may also use the narrative to highlight particularly positive observations or glaring funding and staffing needs, which otherwise may not receive public recognition.

While direct distribution of the report is usually limited, the team should be aware 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 and detention administration 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 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. 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. If there have been previous assessments of the facility, the corrective action plan should note improvements and areas with lack of progress.

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.

.....

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.

.....

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 JDAI sites have invited their state inspectors to participate in facility assessment trainings and to observe the assessment process. In addition, a number of states have used the standards in developing or revising their state regulations and standards for juvenile facilities. The Youth Law Center and the Center for Children's Law and Policy regularly receive inquiries 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.

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 three to five 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.

The following 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 three to five months prior to the actual facility assessment when the Site Coordinator and TATL inform the 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 YLC. 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;
- Identification of a person to be the point person in the site that will host the training;
- Schedule for trainers to get the 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 a 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 trainer, TATL and from the local JDAI Steering Committee, if appropriate, to ensure appropriate team makeup.

TATL(s) should facilitate the planning 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 and at least one month before the training:

- 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 a detention center visit at the 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 contact information and directions to the training 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;
- Projector and screen 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 Classification and Intake (pg. 91); Health and Mental Health (pg. 104); Access (pg. 127); Programming (pg. 133); Training and Supervision (pg. 144); Environment (pg. 157); Restraints, Room Confinement, Due Process and Grievances (pg. 170); and Safety (pg. 186). This may include formation of subgroups to be responsible for one or more areas. 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 the 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 a message to facility staff and youth about the assessment and logistics of the assessment; and
- Identification of 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;
- Ensure the Standards checklist, including appropriate comments on particular items, is complete;
- Complete narrative reports for each section; and
- Circulate draft narrative reports to other members of the group 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 report 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, TATL, 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.

ENDNOTES

1. Charles Puzzanchera and Wei Kang, Easy Access to Juvenile Court Statistics: 2010, available at <http://www.ojjdp.gov/ojstatbb/ezajcs/>.
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. The JDAI Help Desk can be reached online at www.jdaihelpdesk.org. It posts support materials and provides a way to ask specific questions.
7. For example, Sue Burrell, *Moving Away From Hardware: The JDAI Standards on Fixed Restraint* (February 2009).
8. The JDAI Help Desk can be reached online at www.jdaihelpdesk.org.
9. 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.
10. To find a P&A in your region and learn more about the P&A system, visit www.ndrn.org.
11. The JDAI Help Desk may be reached at www.jdaihelpdesk.org.

facility assessment “how to” tools

IV

Facility Assessment “How To” Tools

JDAI “How To” Tools: Classification and Intake

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

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

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

- Are the risk assessment instruments 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.
- Is there evidence that youth who should be excluded from detention – such as status offenders, youth on immigration holds, and child welfare youth – are detained in the facility?
- Is there evidence that youth who otherwise meet the criteria for release are detained because staff cannot adequately communicate with parents or guardians because of language barriers?

Review intake and classification forms.

- Do forms cover the information that staff must gather in sections I(B), (C), and (E)?
- How are the forms used to inform intake, population management, housing and classification decisions?

Review orientation materials.

- Do orientation videos, handbooks, or other information sources cover all topics listed in section I(C)?

- Is the information presented in a way that youth can understand, including youth with disabilities and youth with limited reading abilities?
- What materials are given to parents?

Review language access plans.

- Has the facility completed a language access plan to assess the need for services for limited English proficient (LEP) youth and family members?
- How does the facility assess the number or proportion of LEP youth from each language group in its service area to determine appropriate language assistance services (e.g., LEP enrollment data from local school districts, U.S. Census Bureau data)?
- Does the facility collect and record primary language data from youth when they first have contact with the facility and if they are detained?
- Does the facility staff know how many detained youth are LEP by language spoken? In the last six months how many LEP youth have entered the facility and what are their language groups?
- What type of language assistance services does the facility provide?
- Has the facility identified when and how interpretation services will be made available and in which languages? Are interpretation services made available by qualified interpreters? If youth at the facility or their family members do not speak English or are limited in their ability to speak or read English, are all vital materials translated in all appropriate languages? Are the translations accurate and understandable?
- Has the facility identified which staff are bilingual? How is that determined and is there a process for determining if the staff is qualified to provide language services?
- Are staff trained concerning the availability of language services?
- How does the facility inform youth and their families about the availability of language services?

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, state or federal educational agencies, grand juries, or juvenile justice commissions) for the previous two years.

- Do these reports indicate any problems related to this section? During the assessment, check to see if any problems previously identified have been remedied.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

OBSERVE

Observe intake and admissions area(s).

- One individual from the assessment team should ask to observe at least one intake/admissions interview with a youth. When screening youth, do staff members use the RAI? Are youth told of the reason for intake information? Do staff avoid asking youth to repeat distressing or highly personal information unnecessarily?
- 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 where other staff and youth cannot hear the conversation taking place?
- Are intakes conducted in the primary language of youth who are LEP or non-English speaking?
- Do staff ask youth about disabilities? Do staff know how to obtain any necessary auxiliary aids?
- Are youth offered at least two phone calls, a shower, and storage of personal belongings?
- Are the youth's personal belongings properly inventoried 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 staff provide an opportunity for youth to ask questions/clarify misunderstandings?
- Are forms with confidential information stored in locked file cabinets or left out on desks?

- Does orientation contain all of the topics required by the JDAI standards?
- Do youth receive a comprehensive education program related to sexual misconduct prevention, detection, and response within ten days of admission to the facility?

Observe the living units.

- Do older and younger youth appear to be separated from one another? Bigger and smaller?
- 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)? If so, how are youth assigned to these rooms?
- 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? Has the facility ever detained a youth under the age of 13? 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 youth detained in the facility? Are there youth being held who have not committed an offense? If yes, how many youth and how frequently?
- Are any abused or neglected youth who have not committed an offense detained in the facility? If yes, how many youth and how frequently?
- Do intake or admissions staff have the authority to release or conditionally release youth?
- How do staff obtain sensitive information about youth during the intake process (e.g., sexual orientation, history of sexual abusiveness)?
- 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? On what basis?
- Do classification decisions take into account the presence of mental or physical disabilities? The youth’s risk of suicide? Risk of sexual victimization or abusiveness?

- 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, transgender, or intersex 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?
- What are the limits on the disclosure of confidential information obtained during intake?
- Do staff know how to assess whether a youth needs language assistance?
- Do staff know what interpretation or other language services are available to interview youth who are LEP or non-English speaking or to contact their families?

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 or 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?
- What information did youth receive during orientation to the facility? Was there an opportunity to ask questions about anything that was unclear?
- Do they feel safe in their living units? 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 units 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.

JDAI “How To” Tools: Health and Mental Health Care

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

Team members should recruit individuals with a background in health and mental health care to assist with this part of the assessment.

REVIEW WRITTEN DOCUMENTS

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

- Do these policies 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(s) used for medical, mental health, and suicide screening at admission.

- Does the instrument 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?
- Did youth receive medical, mental health, and suicide screenings at the time of admission?
Did the screenings cover all topics required by the JDAI standards?
- Who performed the intake screenings, and how long after the youth was brought in did they occur?
- 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 services 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 assessment?
- Did youth identified as having significant mental health needs receive a timely professional assessment? Prior to and after full assessment, did youth receive appropriate mental health care? Are there mental health service plans for youth with significant mental health needs that contain 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 30 days of admission?
- Are there records of parents and youth providing informed consent for medical and mental health services?
- Are there medical or mental health discharge plans for youth who have been held past their initial detention hearings and who have significant health or mental health needs?

Review the plan for medical and mental health emergencies at the facility.

- Is the plan adequate to meet medical emergencies?
- Does the facility have a plan for providing medical and mental health services in the wake of a sexual abuse allegation?

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

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

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

- Does the facility's approach conform with the standards for an appropriate quality assurance program?
- Do the quality assurance records identify any problem areas indicating non-conformance with JDAI standards? If so, 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 prevention and response policies at the facility.

- Do these policies 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 or 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, National Commission on Correctional Health Care, 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, check to see if any problems previously identified have been remedied.

OBSERVE

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

- Does the facility provide confidential settings for screening and assessment?
- Are the settings appropriate for these purposes (e.g., designated areas, with appropriate equipment)?

Observe youth on various levels of suicide precautions.

- Are actively suicidal youth on constant, one-on-one observation?
- Are youth integrated to the extent possible in the normal facility routine?
- Are youth at lower risk for suicide placed on close observation or observation consistent with the recommendations of a qualified mental health professional?
- When youth on suicide precautions 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)?
- Are rescue tools available on living units and in other parts of the facility?

Observe the area for medical separation of youth.

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

Observe other medical areas.

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

Observe the storage area for prescription medications.

- Does the prescription medication storage area 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 medical professional without explaining their conditions to non-health care staff? How long did it take before they saw a medical professional and received care?
- Do they know how to obtain mental health services when needed?
- Have they ever been on suicide precautions, or seen anyone who was? What happened? How was it handled?
- Have youth experienced any problems in getting the health and mental health services they need?
- Ask youth if anyone has looked in their mouth to check their teeth. Have they received dental services 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 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 emergency or on-call medical, mental health, and dental services available? What services are regularly available in the evening hours or on weekends?

- How do staff ensure continuity of medication and medical or mental health services that youth may have been receiving in the community prior to their admission?
- Do qualified mental health professionals prepare mental health service plans for youth with significant mental health needs?
- Is insurance and medical information collected? What attempts are made to contact the child's primary doctor in the community?
- Do medical and mental health professionals prepare medical, mental health, or dental discharge plans for youth with continuing needs? How long does a youth need to be in the facility before a discharge plan is done for him or her?
- Are medical and mental health professionals familiar with the suicide prevention and response 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?
- How do medical and mental health professionals obtain informed consent from parents and youth? Who engages in these discussions? In what situations is a youth's consent to services adequate? How do they ensure that youth and parents understand the nature of the services?
- What information do medical and mental health professionals share with direct care staff? When? What are the limits on disclosure of confidential information?
- What type of discharge plans do medical and mental health professionals prepare? Under what circumstances?

Interview unit staff at the facility.

- Ask direct care 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 asthma?" Does the explanation match what is written in policy or procedure? If staff do not know the answer, ask them what they would do if they had a question about how to handle a child with a particular medical need.
- What is their understanding of sick call policies? Can youth see a medical professional without explaining their condition or reason to staff who are not medical professionals?
- Are direct care 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 direct care staff know how to recognize a medical or mental health emergency? Do unit staff understand when and how to contact medical or mental health professionals in such emergencies?
- Are direct care staff familiar with the suicide prevention and response 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 or the door hinge?"

JDAI “How To” Tools: Access

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review policies and procedures for mail, telephone access, visitation, contact with attorneys and public officials, and interactions with family members of youth.

- Do these policies 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?
- Do the materials help youth understand their rights to be free from harm and how to report if they are feeling unsafe?

Review the 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 any 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?
- How many visitors have been denied access within the past two months and for what reason?

Review written materials provided to family members.

- Do the materials provide information in a clear and understandable manner?
- Do they explain how to access the grievance system or other means of reporting problems?
- Are the materials translated for family members with limited English proficiency?
- Do the materials encourage family involvement with the facility?

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 these reports 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 the public to view?
- How are visitors informed about the rules and policies governing visitation?

- Is there a dress code for visitors? Are visitors offered alternative cover-ups if they do not comply with the dress code?
- What type of identification is required to be able to visit and is there an alternative identification process for visitors who do not possess government-issued identification?
- 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?
- Are youth searched after visits? What kind of search is performed?

Observe family outreach activities.

- Does the facility offer parents an orientation to the facility within one week of a youth's admission to the facility?
- Do families have the opportunity to register complaints or ask questions of facility staff?
- Does the facility involve family members in decisions about their children at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge?

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?
- How do staff handle phone calls to attorneys? Where do they take place? Are other individuals able to hear the conversation?

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 what the rules are for receiving packages, and what the rules are for ordering books or magazines 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 is the cost? What happens if you cannot afford it?

Interview staff supervising visits.

- Is staff's 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.

- Did family members receive an orientation within one week of their child's admission to the facility? What type of information did it cover? Did they have any questions that were not covered by the orientation?
- 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 raise concerns or ask questions about their child's treatment at the facility? What concerns have they raised? Do they think there are any good things happening at the facility?
- Do staff provide them with the opportunity to be involved with decisions made about their children at the facility, such as behavior management strategies and medical and mental health services? Are they notified when serious incidents involving their children occur?

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

- Do these attorneys experience any problems getting access to their clients?
- Are meetings held 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 investigators or administrators.

- 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 the facility administrator.

- 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? Does the facility have any process for providing funds to youth and family members who cannot afford the rates?

JDAI “How To” Tools: Programming

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

Education

Team members should recruit individuals with a background in education and special education laws and requirements to assist with this part of the assessment.

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review any staff handbooks, student and parent handbooks, school rules or behavior management plans, curriculum guides, or other documents that reflect or describe the educational policies or programs at the facility.

- Do the written documents comply with JDAI standards?

Review any evaluations, audits, school accreditation reports, school accountability report cards, local, state, or federal compliance reports, or similar documents that assess the educational programs provided and to what degree youth are demonstrating academic achievement in these programs.

- Do these reports indicate any problems related to this section? When you observe the facility, 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 LEP by grade level?
- Are any of the youth identified as migratory students?

Review education screening forms and documentation of school record requests and 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 the facility admission roster to school records.

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

Review special education files.

- Are special education files kept separate from other education files? Do the files contain the required documents, including IEPs, review hearing documentation, and service records?
- Do services provided match the youth's needs? Is there any indication that IEPs have been altered to fit existing services at the facility school?

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?
- How often are teachers absent and is there a process for providing substitute teachers or are youth sent back to their units when teachers are absent?
- 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 there any supplemental instructional staff, such as resource teachers or instructional assistants, available at the school?
- Are any instructors teaching outside their subject areas?
- Determine whether outside substitutes have taught when teachers were on leave, rather than pulling administrators and special service providers from their duties.
- Do students enrolled in school attend regularly? Are excused and unexcused absences recorded with reasons for the absences?

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

- Review randomly selected records of suspended and expelled youth to determine compliance with all state and local requirements and the JDAI standards.
- How many youth have been suspended and on what grounds?
- 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 status?
- 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 Individualized Education Program (IEP), whether a teacher ever pulled a youth out of class to do work one-on-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 proficiency? For example, have youth ever been given any special instruction to teach them English? What is the language most frequently spoken at home? Even though youth may speak English, do education staff determine whether they can read in English?

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)?
- 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?
- Does variation from the schedule result in substantial reduction of education time?

Visit other parts of the facility during school time.

- How are youth disciplined for disruptive behavior?
- If youth are observed not in school during the school day, ask why they are not 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 in good condition?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff responsible for screening, assessment, and placement.

- How soon are youth enrolled in classes at the facility school?
- Are youth placed in classes solely by age or unit, or are they grouped by ability and/or by LEP status?
- If a youth is LEP, are there any education staff who speak the youth's home language and are qualified to interpret? What is the school's approach to providing LEP youth with meaningful access to the school program?
- 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?

- Do staff request educational records from a youth's prior school, including Individual Education Program (IEP) and Section 504 Plans, within 24 hours of the youth's admission or the next business day, whichever is later?
- Do staff conduct an educational assessment within five days of a youth's admission?

Interview school personnel at various levels.

- Is there timely communication of information about youth's work and credits completed as they transfer to a new 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.

- What hours are they in class each day?
- 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 whether the youth received special education before arriving at the facility. Is he or she getting similar services at the facility?
- Do youth have access to the library? Are they allowed to check 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?

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 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 youth with educational disabilities disciplined in the facility school? Does the disciplinary process align with federal requirements and the JDAI standards?
- Are special education services and 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 these policies 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 (e.g., the 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 programs 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 documentation related to the positive behavior management system.

- Does the positive behavior management system align with the JDAI standards?
- Do youth receive incentives for positive behavior in addition to consequences for negative behavior?
- What materials do youth receive about the positive behavior management system? Are they easy to understand?

Review policies and procedures related to youth with special needs.

- Does the facility have policies and protocols on meeting the needs of youth with disabilities, including youth with physical and intellectual disabilities?
- Does the facility have policies and protocols on meeting the needs of LEP youth? Have staff completed a language access plan? Do these policies include making programming other than school accessible to these youth?

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?
- Do staff provide youth with praise for positive behavior throughout the day? How do staff respond to negative behavior?
- Does the facility have spaces and required accommodations for individuals with mobility limitations and physical disabilities?

INTERVIEW YOUTH AND STAFF AT THE FACILITY

Interview staff.

- Are staff 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 provide 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 religious 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?
- Have staff ever encountered youth with physical or intellectual disabilities? How did the facility make appropriate accommodations? What were the accommodations?
- Have staff ever encountered youth with limited English proficiency? How did the facility make appropriate accommodations? What were the accommodations?

Interview youth.

- Do youth report consistent exercise opportunities? How often do they go outside?
- Can they have books in their rooms? Are there reading materials that interest them? What would they want to read that is not available?
- Are there sufficient games and other recreation supplies? Are these supplies shared in a fair manner among youth?
- Do youth report that what you observed during the assessment visit is 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 youth 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? Are the rewards things that youth actually want? Are rewards always available?
- For LEP youth or youth who have family members with limited English proficiency, what type of accommodations has the facility made to address their language needs? Have youth or their family members had access to qualified interpreters? What sort of written translated materials have they been given?
- For youth with disabilities, what type of accommodations has the facility made?

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

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review written job descriptions and requirements for all positions.

- Do the job descriptions 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 these written plans 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 use of force, restraints, and room confinement? Do they conform to the JDAI standards?

- Does the facility offer specialized training to medical staff, mental health staff, and investigators required by PREA and the JDAI standards?
- Does the facility train volunteers and contractors on their obligations under the facility's policies on sexual abuse and sexual harassment prevention, detection, and response?

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?

Review reports of abuse, neglect, retaliation, or violation of responsibilities.

- Is there documentation that facility staff reported incidents to appropriate parties?
- What was the disposition of the investigations? Did administrators discipline staff for substantiated incidents?

Review quality assurance data and plans.

- What type of information does the administrator review on a regular basis?
- Has the facility established performance goals and do administrators gather and analyze data on whether those goals have been met?

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 these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

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 when youth are awake and a 1:16 ratio when youth are asleep?
- 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 of staff?

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

- Are there sufficient staff to provide adequate and continuous supervision of the youth?
- Are 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 area for medical care?

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?

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 abused or harassed 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 are needed?
- Are there sufficient staff available 24-hours? Or are some shifts chronically understaffed?
- How do they decide how often to do room checks on youth at risk of suicide or otherwise in need of heightened supervision?
- 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 staff receive active, constructive supervision from managers?
- Ask 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?
- How do staff report abuse, neglect, harassment, or retaliation? What are their obligations under mandatory reporting laws? Do staff understand what needs to be reported to whom?

Interview training coordinators and management personnel.

- How is ongoing training integrated into the staff schedules? How do they track compliance with ongoing training requirements?
- 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)? What is the process for assuring that there is follow through on such training?
- 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, room confinement)? 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 are the facility's performance goals and how is progress towards those goals measured?
- Has the facility conducted an audit for compliance with the PREA standards? If not, what are the plans to do so?

JDAI “How To” Tools: Environment

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

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 these documents and reports indicate any problems related to this section? When you observe the facility, 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 these reports indicate any problems related to this section? When you observe the facility, 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 janitorial staffing plans and schedules.

- Are there sufficient janitorial and maintenance staff for the size of the facility?
- Do the sanitation plans align with the JDAI standards?

Review food service records, including menus and dietary guidelines.

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

Review the fire and 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 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?
- Are there cleaning supplies and protective gear for youth housekeeping chores?
- 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-lit 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?
- Does the facility have spaces and required accommodations for individuals with mobility limitations and physical disabilities?

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

- Are there provisions to provide youth with privacy when using the toilet and shower?
- Is there mold or mildew in the shower and toilet areas?
- 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.

- Observe 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.

- Are laundering practices sufficient to destroy bacteria in clothing and linens? Check the practices against recommendations from the manufacturer of the laundry equipment.
- 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 voices, 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?
- Do staff of the opposite gender as youth housed on a unit announce their presence when entering the living area?

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? Do they know what to do in an emergency?
- 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 facility's policies and relevant law? Has any search seemed unfair? Why? Have they ever been searched by a staff member of the opposite gender?
- How do showers work? Do they have privacy when engaging in activities such as getting dressed and using the restroom?

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

- Ask 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 happened? Did they ever exit the building?
- What would they do in an emergency? Do they know where they would go and what their responsibilities would be?
- 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?
- How often are youth searched? When, if ever, do staff perform strip searches or body cavity searches? Have staff ever performed or seen cross-gender searches?
- How do showers work? How do staff supervise youth while maintaining privacy when youth are in a state of undress? Do opposite-gender staff ever observe youth who are in a state of undress?

Interview janitorial staff.

- If you have not 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?
- How do they designate special meals for the appropriate individual?
- Are there any persistent problems? How have they been handled?

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

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

Use of Physical Force, Restraints, Chemical Agents, Room Confinement, and Voluntary Time Outs

REVIEW WRITTEN DOCUMENTS AND OTHER MATERIALS

Review the facility’s policies and procedures on use of physical force, restraints, chemical agents, room confinement, and voluntary time outs.

- Do these policies 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, 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, restraints, chemical agents, room confinement, voluntary time out, and, if not prohibited, room confinement used as a form of discipline.

- 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 room confinement)?
- 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 or on weekends?)?

- 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, chemical agents, voluntary room time, or room confinement were used. If disciplinary room confinement is not prohibited, review logs of these incidents as well.

- 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 of injuries to youth and to staff over the past six months.

- Are medical 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 room confinement 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?

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

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

Review discipline and due process reports for individual youth pertaining to incidents of use of physical force, restraints, or room confinement. If disciplinary room confinement is not prohibited at the facility, review any due process reports for disciplinary room confinement.

- Are these reports consistent with the special incident reports on the incidents?
- Do the reports conform to JDAI standards for discipline and due process?
- 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, restraints, chemical agents, and use of room confinement? If disciplinary room confinement is not prohibited at the facility, is there information on this subject as well? 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 the JDAI standards (e.g., Standards V(C))?

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?

Review video recordings of incidents of use of physical force, restraints, chemical agents, and room confinement.

- Did the staff act in accordance with written policies and procedures for use of physical force, restraints, chemical agents, and room confinement?
- Did the staff act in accordance with JDAI standards?

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 room confinement.

- Are youth in their own rooms or in rooms specifically designated for room confinement?
- How are youth in room confinement treated?
- Does their treatment conform to JDAI standards?
- When is room confinement used? Are youth kept in room confinement for set periods of time (e.g., 30 minutes), or released as soon as they regain self-control?
- What happens when youth need to use the bathroom?
- Are staff monitoring youth in room confinement? 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, chemical agents, and room confinement may be used?
- How did they learn about the policies regarding physical force, restraints, chemical agents, and room confinement?
- Do they understand what a youth in room confinement needs to do to be released from room confinement?
- Have they seen (or been personally involved in) any incidents when physical force, restraints, chemical agents, or room confinement 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 direct care staff.

- What is their understanding of when they may use physical force, restraints, chemical agents, and room confinement?

- What training have they had on de-escalation techniques? Do they think the training was sufficient? Effective?
- What training have they had on the use of physical force, restraints, chemical agents, and room confinement? Do they think the training was sufficient? Effective?
- Do they agree with the policies in the facility on de-escalation, use of physical force, restraints, and room confinement?
- Do they understand what a youth in room confinement needs to do to be released from room confinement?
- Do they feel that they can protect themselves adequately while implementing the policies on use of physical force, restraints, and room confinement?
- 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, chemical agents, and room confinement? 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, chemical agents, and room confinement?
- 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 room confinement?
- What reporting do they do on incidents involving use of physical force, chemical agents, restraints, and room confinement?
- 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, chemical agents and room confinement 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, chemical agents, or room confinement? What kind of debriefing does the facility conduct with youth and staff after such incidents?

Due Process, Discipline and Corporal Punishment

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 these policies comply with JDAI standards?
- Do the written guidelines provide consequences that fit the misbehavior?
- What are the consequences other than disciplinary room confinement?

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, 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.

- How do staff discipline youth for misbehavior? Does the facility ever use room confinement? For how long?
- If room confinement is not prohibited at the facility, do staff assign room confinement prior to affording youth an opportunity to be heard? For how long?
- Does documentation reflect compliance with due process protections for the youth in situations involving significant loss of privileges, transfer to a housing unit with greater restrictions on programming or privileges, or use of room confinement if it has not been abolished? When does due process occur in relation to the incident?

- Is the documentation consistent with affording basic rights to the youth? (refer to the basic rights listed in the standards)
- 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 imposed.

- Do the notations in the logbook 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?

OBSERVE

Attend one or more disciplinary hearings.

- Do the hearings show evidence that the facility conforms with the due process protections outlined in the standards?

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?
- If room confinement has not been abolished, what happens in terms of programming, education, and other services when a youth is in room confinement? 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?
- What sanctions other than disciplinary room confinement do staff use to respond to negative behavior?
- What due process protections do youth receive before a significant loss of privileges, before being transferred to a housing unit that imposes greater restrictions on programming or privileges, or before the imposition of disciplinary room confinement if still used at the facility?
- When would they need administrative approval for discipline? 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 discipline involved room confinement, what were they told at the time?
- For youth who were placed in room confinement, how long were they confined to their rooms? Did they get to come out for exercise or recreation or both? 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)
- For youth who were placed in room confinement, did they have any kind of a hearing or due process (e.g., 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)?
- What is the longest any youth has been in disciplinary 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?

Grievance and Reporting Procedures

REVIEW WRITTEN MATERIALS

Review policies and procedures, including any posted materials on grievances and how to file them; review orientation materials given to or shown to youth; review posters and other signs in living units and visitation areas.

- Do these policies comply with JDAI standards?
- Does the grievance form include all the elements in the JDAI standards?
- Do the grievance policies and procedures allow for access to the grievance process by parents, guardians, attorneys, and other third parties?
- Does the facility post signs notifying youth and third parties of their right to file a grievance and explain the ways of doing so?
- Does the facility have at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility? Is the entity able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and willing to allow the youth to remain anonymous upon request?

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?
- Have family members, attorneys, and other third parties filed grievances? What documentation have those individuals received in response to their grievances?
- Is there evidence that grievances may be appealed, and that there is a prompt response to appeals?
- Do staff grant youth's requests 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 these reports indicate any problems related to this section? When you observe the facility, check to see if any problems previously identified have been remedied.

OBSERVE

- Are there locked grievance boxes throughout the facility?
- Are blank grievance forms available without having to ask staff (e.g., hanging in an envelope on the wall)?
- Is there information available for third parties in places where they would be likely to see them explaining how to file grievances and report concerns?

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.

- What is the role of grievance coordinator? What are the successes, failures, and challenges of the grievance system?
- 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?
- 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?

- Does the facility have at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility? Is the entity able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and willing to allow the youth to remain anonymous upon request?
- Is there a procedure for handling emergency grievances?
- What is the process for handling grievances that contain allegations of abuse, neglect, harassment, or retaliation?

Interview youth.

- Is there a grievance process in the facility? How does it work? What are the different ways of filing a grievance? How did they find out about it? Does anyone use 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 the youth appeal? How do they do that? Then what happens?
- Do youth feel that the grievance system is fair? 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?

JDAI “How To” Tools: Safety

NOTE: *Please use this document as a starting point, 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 the areas they are assessing.*

REVIEW WRITTEN DOCUMENTS

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

- Are these policies 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, 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 alleged or actual incidents of sexual abuse or harassment, violence, use of physical force, restraints, chemical agents, and room confinement 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 alleged sexual abuse or harassment, violence, use of force, restraints, chemical agents, or room confinement?

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 chemical agents, restraints, use of physical force by staff, injuries inflicted by youth on youth?)

Review protocols for allegations of sexual abuse and sexual harassment.

- Do protocols outline where allegations of sexual abuse and sexual harassment of youth and staff should be referred for investigation?
- Does the facility have a protocol outlining how to access emergency medical services for youth who report being recently sexually abused?
- Does the facility have a written plan to coordinate investigations and actions taken by staff, first responders, medical and mental health staff, investigators, and facility administrators in the wake of an allegation of sexual abuse?

- Has the facility secured victim advocacy services from a local rape crisis provider for youth victims of sexual abuse? If the facility did not secure outside victim advocates, did the facility document their unavailability and identify and train staff to serve that role?

Review investigations of reports of abuse, neglect, retaliation, and violation of responsibilities.

- Do investigation reports include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?
- What was the disposition of the investigations? Did administrators discipline staff for substantiated incidents?
- Were incidents involving potentially criminal activity referred to law enforcement?
- Is there documentation that facility staff reported incidents to appropriate parties?

Review audits, inspections, or accreditation reports of assessments 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.
- Has the administrator scheduled and completed an audit for compliance with the Prison Rape Elimination Act (PREA) standards for juvenile facilities at least once every three years? Did the audit suggest any areas in need of improvement?

OBSERVE

- When you walk 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 physical force, restraint, and room confinement? Do they feel adequately trained on these issues for the job they are expected to do?
- What training have they received on preventing, detecting, and responding to sexual abuse and sexual harassment? What questions did they have after the training? Was the training effective?
- 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 abused or harassed by another staff? By another 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?
- What type of support does the facility provide for staff in the wake of a major incident or injury?
- 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?
- 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 physical 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 the staff members' response?
- Have they seen other youth hurt or injured while in the facility? What happened, and what was staff members' response?
- Are staff aware of youth who may be bullying, threatening, or assaulting other youth? What about sexual harassment or abuse?
- 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 retaliation? Why?
- Are gay, lesbian, bisexual, transgender, gender non-conforming, and intersex 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 members 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, room confinement)? 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?

Interview investigators.

- What type of training did investigators receive to perform their duties?
- What type of notifications do investigators provide to parents or guardians, family members, and attorneys?
- When do investigators refer allegations to outside entities for investigation or prosecution?
- What are the other entities that may conduct investigations at the facility? How does the investigator coordinate with those other entities?
- How are staff and youth protected from retaliation for participating in an investigation or reporting incidents?

JDAI detention facility assessment standards

v

Classification and Intake

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

Key Definitions

AUXILIARY AIDS OR SERVICES (FOR YOUTH WITH DISABILITIES): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

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

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

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

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

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

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

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

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

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

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

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

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

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

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

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

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

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

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

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

STEP DOWN: Transferred to a less secure setting.

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

UNDOCUMENTED: Not having a lawful immigration status.

A. SPECIFIC DETENTION LIMITATIONS

Standard	Conforms	Does not Conform
1. Admissions criteria limit detention eligibility to youth likely to commit serious offenses pending resolution of their cases, youth likely to fail to appear in court, and youth held pursuant to a specific court order for detention.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility does not detain status offenders unless the youth violated a valid court order and received the due process protections and consideration of less restrictive alternatives as required by the federal Juvenile Justice and Delinquency Prevention Act (see 28 CFR § 31.303(f)).	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has written limitations on lower and upper ages for detention in the facility, and the facility does not hold youth age 12 or under.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility does not detain youth who are not alleged to have committed a delinquent or criminal offense, such as abused or neglected youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff do not ask youth about their immigration status.	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff do not detain youth solely because the youth are undocumented.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff do not detain youth because staff cannot communicate with the youth or his or her parent or guardian in a language that the youth or his or her parent or guardian understands.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff do not detain youth with immigration holds if they have no delinquency cases or charges, or if they would be released under state law (e.g., youth arrested for a delinquent act who are released by the court at a detention hearing, receive a disposition to a non-secure placement, have their cases dismissed, or finish a period of incarceration).	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff do not admit youth with serious medical or mental health needs, or youth who are severely intoxicated, unless and until appropriate qualified medical or qualified mental health professionals clear them. Staff only admit youth transferred from or cleared by outside medical or mental health facilities if the detention center has the capacity to provide appropriate ongoing care (e.g., treatment for youth with gunshot wounds).	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility does not admit youth whose safety cannot be protected.	<input type="checkbox"/>	<input type="checkbox"/>
8. Prior to the admission of a youth with physical disabilities, facility staff document that the physical plant can accommodate the youth and that the facility's programming can adequately address the youth's needs. Where appropriate, facility staff transfer youth to other placements better suited to meet the youth's needs. The facility has preexisting arrangements with appropriate alternative placements to meet the needs of youth with physical disabilities.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
9. All youth admitted to the detention facility meet the legal criteria for detention in the jurisdiction. The facility does not detain youth on the ground that there is no other place to put them (e.g., if a parent refuses to take the youth home).	<input type="checkbox"/>	<input type="checkbox"/>
B. INTAKE		
1. Staff process youth into the facility in a timely manner. Intake for the juvenile justice system is available either on-site or through on-call arrangements twenty-four hours a day, seven days a week.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intake/admissions staff have the authority to release or conditionally release youth, except as specifically limited by state law.	<input type="checkbox"/>	<input type="checkbox"/>
3. Intake/admissions staff use a race- and gender-neutral validated and age appropriate risk assessment instrument (RAI) to determine the appropriate pre-dispositional placement or status necessary to accomplish the purposes of detention (ensuring appearance in court and preventing re-offending). Staff place youth eligible for detention in the least restrictive alternative needed to accomplish those purposes (e.g., a non-secure setting, home supervision, home electronic monitoring).	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility's intake procedures include a process for determining if a youth is limited English proficient (LEP).	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has appropriate and reliable interpretation services available to conduct intake in a timely manner for limited English proficient youth and youth who are deaf or hard of hearing. The facility does not charge for interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff provide intake information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide this information in the primary language used by the youth.	<input type="checkbox"/>	<input type="checkbox"/>
7. During intake and throughout a youth's stay, staff refer to transgender youth by their preferred name and the pronoun that reflects the youth's gender identity for communication within the facility, even if the youth's name has not been legally changed. If staff use a youth's preferred name in communication outside of the facility, they only do so at the youth's request.	<input type="checkbox"/>	<input type="checkbox"/>
C. DETENTION PROCESS		
1. Staff screen youth to identify immediate individual issues that may affect the youth's health or safety, such as intoxication, injury, or suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
2. Intake/admission interviews occur in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff ask youth about any disabilities and any accommodations that the youth thinks may be helpful or necessary. Staff arrange for necessary accommodations, auxiliary aids, or services.	<input type="checkbox"/>	<input type="checkbox"/>
4. The admissions process includes offering youth at least two telephone calls, a shower, and documented secure storage of personal belongings. Staff offer youth food regardless of their time of arrival.	<input type="checkbox"/>	<input type="checkbox"/>
5. During the intake process, youth receive information explaining, in an age appropriate fashion, the facility's policy prohibiting sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
6. At the time of admission or shortly thereafter, youth receive both a written and verbal or video orientation to institutional rights, rules, and procedures including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of key staff and roles.	<input type="checkbox"/>	<input type="checkbox"/>
b. Rules on contraband and facility search policies.	<input type="checkbox"/>	<input type="checkbox"/>
c. The facility's system of positive behavior interventions and supports, including a review of behavior expectations, incentives that youth will receive for complying with facility rules, and consequences that may result when youth violate the rules of the facility. [See also standard IV(D)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
d. The existence of the grievance procedure, the steps that must be taken to use it, the youth's right to be free of retaliation for reporting a grievance, and the name of the person or position designated to resolve grievances.	<input type="checkbox"/>	<input type="checkbox"/>
e. Access to routine and emergency health and mental health care.	<input type="checkbox"/>	<input type="checkbox"/>
f. Housing assignments.	<input type="checkbox"/>	<input type="checkbox"/>
g. Opportunities for personal hygiene, such as daily showers.	<input type="checkbox"/>	<input type="checkbox"/>
h. Rules on visiting, correspondence, and telephone use.	<input type="checkbox"/>	<input type="checkbox"/>
j. Information and communications that are confidential.	<input type="checkbox"/>	<input type="checkbox"/>
k. Access to education, religious services, programs, and recreation.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
l. Policies on use of physical force, restraints, and room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
m. Emergency procedures.	<input type="checkbox"/>	<input type="checkbox"/>
n. The right to be free from physical, verbal, or sexual abuse and harassment by other youth and staff.	<input type="checkbox"/>	<input type="checkbox"/>
o. How to report problems at the facility such as abuse, feeling unsafe, and theft.	<input type="checkbox"/>	<input type="checkbox"/>
p. Nondiscrimination policies and what they mean for youth and staff behavior at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
q. The availability of services and programs in a language other than English.	<input type="checkbox"/>	<input type="checkbox"/>
r. The process for requesting different housing, education, programming, and work assignments.	<input type="checkbox"/>	<input type="checkbox"/>
s. Demonstration of appropriate pat-down and clothing searches. [Also listed at VI(H)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide information in a manner the youth can understand, paying particular attention to language and literacy needs of youth. Staff provide the orientation in the primary language used by the youth. Staff make written materials available in all appropriate languages for limited English proficient youth. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff make alternative arrangements to provide orientation to youth who are deaf, hard of hearing, blind, or who have low vision.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility makes key information about safety and youth rights available and visible to youth through posters, handbooks, or other written formats. Staff make materials available for limited English proficient youth in all appropriate languages. Staff allow youth to retain copies of youth handbooks and other orientation materials in their rooms. [See also standards I(C)(10)-(12) and IV(E)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility assesses the frequency with which youth and parents or guardians who are limited English proficient have contact with the facility by collecting data on the primary language of the youth, the primary language of parents or caregivers, and the language spoken in the youth's home. The facility maintains data that show the number of youth and parents or guardians determined to be LEP by language group, and the placement of each youth by language group. Staff review the language data for the purpose of assessing the language assistance needs of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
II. The facility develops and implements a language access plan to address how it will allocate the resources necessary to address the language needs of limited English proficient youth and parents or caregivers. The plan includes the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of existing facility resources dedicated to the provision of language assistance services and to what extent they are reliable.	<input type="checkbox"/>	<input type="checkbox"/>
b. Identification of all vital documents to be translated and into which languages.	<input type="checkbox"/>	<input type="checkbox"/>
c. Assessment of all signage to be translated, including emergency, exit, and special situation signs for all units and other areas of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
d. Identification of reliable translation services.	<input type="checkbox"/>	<input type="checkbox"/>
e. Identification of reliable and competent interpreters, whether in person, by telephone, or by other means, and in which languages they are available.	<input type="checkbox"/>	<input type="checkbox"/>
f. Assessment of the bilingual capacity of staff and to what degree they are qualified to serve as interpreters or to translate documents.	<input type="checkbox"/>	<input type="checkbox"/>
g. Assessment of the assignment of bilingual staff and to what degree their language capacity is properly used.	<input type="checkbox"/>	<input type="checkbox"/>
h. Identification of all other available language services and in which languages they are available, and how staff can obtain those services.	<input type="checkbox"/>	<input type="checkbox"/>
i. How the facility will inform LEP youth and their parents or caregivers about the language services available.	<input type="checkbox"/>	<input type="checkbox"/>
j. How the facility provides appropriate and meaningful language access in connection with intake, orientation, health care and mental health services, visitation, educational programming, and other programming for LEP youth and, when appropriate, their parents or caregivers.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff review language data periodically to determine if the bilingual staffing, translation and interpretation needs of the facility have changed and if the facility's language access plan needs to be updated.	<input type="checkbox"/>	<input type="checkbox"/>
13. In addition to the information given at intake, within 10 days of admission, staff provide and document comprehensive age-appropriate education to youth either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Staff provide youth education on sexual abuse and sexual harassment in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to youth who have limited reading skills.	<input type="checkbox"/>	<input type="checkbox"/>

D. POPULATION MANAGEMENT

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that when the institutional population approaches or reaches its rated capacity, appropriate youth are released or stepped down to non-secure settings.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to ensure that staff review the institutional population on a daily basis to make sure that youth who no longer need secure confinement are promptly released, are stepped down to less restrictive settings, or transferred to other settings.	<input type="checkbox"/>	<input type="checkbox"/>
3. The agency responsible for operating the detention facility regularly collects, reviews, ensures the accuracy of, and reports the following data, disaggregated by race, ethnicity, gender, and status as limited English proficient:	<input type="checkbox"/>	<input type="checkbox"/>
a. The number of youth brought to detention by each agency (e.g., police, school police, group home).	<input type="checkbox"/>	<input type="checkbox"/>
b. The offenses charged or other reasons for detention such as failure to appear or violation of probation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Risk assessment instrument (RAI) scores and overrides.	<input type="checkbox"/>	<input type="checkbox"/>
d. Admissions to detention.	<input type="checkbox"/>	<input type="checkbox"/>
e. Releases from detention.	<input type="checkbox"/>	<input type="checkbox"/>
f. Average daily population in detention.	<input type="checkbox"/>	<input type="checkbox"/>
g. Average length of stay.	<input type="checkbox"/>	<input type="checkbox"/>

E. CLASSIFICATION DECISIONS

1. Upon admission, staff make housing, bed, programming, education, and work assignments in accordance with written classification policies. Staff provide youth with heightened supervision until they have collected the information necessary to fully classify youth. The facility administrator or designee regularly reviews the process and any decisions that depart from established policies.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Standard	Conforms	Does not Conform
2. As part of the classification process, within 72 hours, staff consider the following information with the goal of keeping all youth safe and promoting youth's physical and emotional well-being:	<input type="checkbox"/>	<input type="checkbox"/>
a. Age;	<input type="checkbox"/>	<input type="checkbox"/>
b. Gender;	<input type="checkbox"/>	<input type="checkbox"/>
c. History of violent behavior;	<input type="checkbox"/>	<input type="checkbox"/>
d. Level of emotional and cognitive development;	<input type="checkbox"/>	<input type="checkbox"/>
e. Current charges and offense history;	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical size and stature;	<input type="checkbox"/>	<input type="checkbox"/>
g. Status as limited English proficient and the availability of bilingual staff and other interpretation services;	<input type="checkbox"/>	<input type="checkbox"/>
h. Presence of intellectual or developmental disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
i. Physical disabilities;	<input type="checkbox"/>	<input type="checkbox"/>
j. Presence of mental health needs or history of trauma;	<input type="checkbox"/>	<input type="checkbox"/>
k. The youth's perception of his or her vulnerability;	<input type="checkbox"/>	<input type="checkbox"/>
l. Suicide risk;	<input type="checkbox"/>	<input type="checkbox"/>
m. Prior sexual victimization or abusiveness; [See also standard II(A)(5)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
n. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex; and	<input type="checkbox"/>	<input type="checkbox"/>
o. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth (mere affiliation with a gang without more specific information does not qualify).	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>3. Staff gather information used for classification through conversations with youth during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Staff avoid questioning youth about sensitive information, such as prior sexual victimization or abusiveness, when the information can be ascertained through other means. If the facility must obtain sensitive information (such as prior sexual victimization or abusiveness) by questioning youth, qualified mental health professionals ascertain the information.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff ask all youth about their sexual orientation, gender identity, and gender expression. Staff ask youth how they want information about their sexual orientation, gender identity, and gender expression recorded and with whom staff can discuss that information. Staff do not make assumptions about a youth's sexual orientation, gender identity, or gender expression.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff make all classification and housing decisions on a case-by-case basis. Staff do not automatically house youth with disabilities and youth with mental illness in special handling units or other specialized settings.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Staff do not base housing or programming decisions on race or ethnicity.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Staff do not automatically house gay, lesbian, bisexual, questioning, or intersex youth on the basis of their sexual orientation. Staff make any housing or programming decisions for such youth on an individual basis in consultation with the youth and document the reasons for such decisions.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Staff do not automatically house transgender youth according to their birth sex. In deciding whether to assign a transgender or intersex youth to a facility or unit for males or females and in making housing and other programming decisions, staff consider, on a case-by-case basis, whether the placement will ensure the youth's health and safety, whether the placement will present management or security problems, the youth's perception of where he or she will be most secure, and any recommendations from the youth's health care provider. Staff document the reasons for such decisions and the facility administrator or designee reviews each decision. Such decisions are reassessed at least every 60 days to review youth's safety and physical and emotional well-being.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. Staff do not require vulnerable youth at the facility to wear wristbands, different clothing, or other identifying markings.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Staff do not consider lesbian, gay, bisexual, transgender, or intersex identification or status or a youth's gender non-conformity as an indicator of whether a youth is or is likely to be sexually abusive.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>II. The facility develops and implements written policies, procedures, and actual practices to ensure that youth with disabilities receive appropriate accommodations in accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitative Act of 1973, and any applicable state laws.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The facility does not exclude youth with temporary or permanent mobility impairments from the general population for that reason except by order from a physician.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. When necessary, staff develop individualized plans to provide for the safety of particular youth. Staff do not use room confinement as a means of ensuring their safety.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. The facility has a process through which youth may request different housing, programming, education, and work assignments.</p>	<input type="checkbox"/>	<input type="checkbox"/>
F. CONFIDENTIALITY		
<p>1. The facility implements appropriate controls on staff's dissemination within the facility of responses to information gathered during intake and classification in order to ensure that confidential information is only disclosed on a need to know basis and is not exploited to the youth's detriment by staff or other youth. Staff do not disclose confidential information on particular youth to other detained youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Staff do not disclose information about a youth's sexual orientation or gender identity to anyone, including the youth's parents, without obtaining the youth's consent, unless disclosure is required by law or court order.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff treat youth's case records, law enforcement records, and social records as confidential. Staff do not disclose such records to any outside person or agency unless required by law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff do not disclose information about youth to the media without the consent of the youth and his or her parent or guardian unless required by law or court order.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff document disclosures of confidential information in writing, including the staff member disclosing the information, the person inspecting or receiving the information, the type of information disclosed, and the date of the disclosure.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility maintains the security of documents in its possession that contain confidential youth information, including any information stored electronically.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know, consistent with applicable state and federal laws. [See also standard II(I)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Apart from reporting to designated supervisors or officials and designated state or local services agencies, staff do not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions, as specified in agency policy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Administrators discipline staff members who breach rules and policies on the disclosure of confidential youth information.	<input type="checkbox"/>	<input type="checkbox"/>
10. Written policy, procedure, and actual practices ensure that facility staff inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's records prior to disclosing the records.	<input type="checkbox"/>	<input type="checkbox"/>

Health and Mental Health Care

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

Key Definitions

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

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

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

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

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

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

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

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

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

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

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

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

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

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

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

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

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

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

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

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

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

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

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

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

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

A. SCREENINGS AND REFERRALS

Standard	Conforms	Does not Conform
I. A qualified medical professional conducts a medical screening designed to detect any urgent health needs and to identify ongoing health concerns that require immediate attention. Qualified medical professionals conduct the screening in a confidential setting immediately upon the youth's admission. Female health professionals are available to conduct the screening for girls.	<input type="checkbox"/>	<input type="checkbox"/>
a. The medical screening includes questions about:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Current medical, dental, and mental health problems or complaints.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Recent injuries or physical trauma.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Current medications needed for ongoing conditions and other special health needs.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Allergies to medicines, foods, insects, and other aspects of the environment, as well as any special health requirements (e.g., dietary needs).	<input type="checkbox"/>	<input type="checkbox"/>
(5) Current infectious and communicable diseases, including symptom screening for tuberculosis and other communicable illnesses.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Recent engagement in illegal use of drugs or alcohol, drug or alcohol withdrawal symptoms, and any recent hiding of drugs in the youth's body.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Current gynecological problems and pregnancies.	<input type="checkbox"/>	<input type="checkbox"/>
(8) Names and contact information for physicians and clinics treating youth in the community.	<input type="checkbox"/>	<input type="checkbox"/>
(9) The name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(H)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
(10) Whether the youth has any current medical problems he or she would like to talk to a doctor about.	<input type="checkbox"/>	<input type="checkbox"/>
b. Observation of:	<input type="checkbox"/>	<input type="checkbox"/>
(i) State of consciousness, sweating, or difficulty breathing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(2) Signs of recent physical trauma, injuries, or other physical problems.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Signs of alcohol or drug intoxication or withdrawal.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Mood, general appearance, awareness of surroundings, difficulties communicating, and other signs of mental health problems or suicide risk, including emotional distress, signs of post-traumatic stress, evidence of self-injury (e.g., cutting), crying, or rocking.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Physical disabilities, including vision, hearing, or mobility limitations.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Signs of intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Condition of skin, including evidence of trauma, bruises, lesions, jaundice, rash, infestation (e.g., lice, scabies), and needle marks or other indications of drug use.	<input type="checkbox"/>	<input type="checkbox"/>
2. A qualified medical professional conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(F)(l).]	<input type="checkbox"/>	<input type="checkbox"/>
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether the youth has ever attempted or considered suicide.	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input type="checkbox"/>	<input type="checkbox"/>
g. Whether the youth is thinking of hurting or killing himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input type="checkbox"/>
i. Whether the youth's physical appearance suggests a risk of suicide, such as evidence of self-injury, crying, or rocking.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff conduct a standardized mental health screening (such as the MAYSI-2) that is validated for the population being screened to identify youth who may need prompt mental health services. Staff conduct the mental health screening in a confidential setting upon the youth's admission.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth who are limited English proficient receive screenings by qualified medical professionals and staff who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
5. After screenings described above, staff or qualified medical professionals promptly refer the following youth for needed services in the time frames noted below.	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth who are unconscious, semiconscious, bleeding, mentally unstable, intoxicated or withdrawing from drugs or alcohol, actively suicidal or self-injurious, report having recently swallowed or ingested illegal drugs, or otherwise in need of urgent care are referred immediately for and receive timely care.	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth who are identified as having significant medical needs are immediately referred for and receive an expedited medical follow-up within 24 hours or sooner if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth who have any obvious or gross dental abnormalities, dental pain, or other acute dental conditions that may have an adverse effect on the youth's health are immediately referred to a dentist and receive prompt dental care.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff immediately place youth identified as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(F)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
e. Youth who are identified as requiring additional medical or mental health follow-up for reasons other than significant medical or mental health needs or suicide risk are immediately referred for and receive an assessment by a qualified medical or qualified mental health professional, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
f. Youth who are identified upon initial screening or at a later date as having experienced prior sexual victimization or who previously perpetrated sexual abuse are offered a meeting with a qualified mental health professional within 72 hours. [See also standard I(E)(2)(m).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. Youth on prescription medications have their medications continued without interruption unless a qualified medical professional determines that continuing the medication is clinically inappropriate after consultations with the youth's treating physician and the parent and youth about the reasons that he or she believes that the medication may be inappropriate. Medication continuity decisions are made through a same-day evaluation by a physician or psychiatrist or appropriate phone consultation between a nurse and a physician or psychiatrist, or sooner if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff document:	<input type="checkbox"/>	<input type="checkbox"/>
a. Disposition of the youth, such as referral to emergency medical or mental health services, or referral to non-emergency health or mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
b. The date and time screenings are completed, and the signature and title of the person(s) completing the screening.	<input type="checkbox"/>	<input type="checkbox"/>
c. Any information provided to facility staff on the youth's medical or mental health needs intended to inform housing, programming, or supervision decisions.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility develops and implements written policies, procedures, and actual practices, in conjunction with the health authority, that ensure sufficient supervision of youth identified with potential medical problems (e.g., diabetes, asthma) until youth receive full health assessments.	<input type="checkbox"/>	<input type="checkbox"/>
9. If youth or staff identify a potential need for medical or mental health care, staff refer youth for evaluation by qualified medical or qualified mental health professionals before the end of their shift.	<input type="checkbox"/>	<input type="checkbox"/>
B. FULL HEALTH ASSESSMENTS		
1. All youth receive a full health assessment soon after admission, and in no case later than one week after admission.	<input type="checkbox"/>	<input type="checkbox"/>
2. A registered nurse, nurse practitioner, physician's assistant, or physician performs the full health assessment, with physician co-signature as required by law. Female medical staff are present during a physical examination of a girl.	<input type="checkbox"/>	<input type="checkbox"/>
3. The full health assessment includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Review of screening results and collection of additional data to complete medical, dental, and mental health histories.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
b. Review with the parent or guardian (by phone or in person) of the health and mental health needs of the youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Recording of height, weight (and body mass index), pulse, blood pressure, temperature, and results of other tests and examinations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Full medical examination, including vision and hearing exams and observations of any signs of physical abuse or injury.	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance of screening and lab tests consistent with age and gender specific recommendations of the American Association of Pediatrics, the Guidelines for Adolescent Preventive Services (GAPS) program from the American Medical Association and the U.S. Preventive Services Task Force (USPSTF), and other tests and examinations as appropriate (consistent with state law regarding HIV testing).	<input type="checkbox"/>	<input type="checkbox"/>
f. Review of immunization history and scheduling or provision of needed updates in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy tests for sexually active females and gynecological exams for females when clinically indicated by an assessment by a qualified medical professional and conversation with the youth.	<input type="checkbox"/>	<input type="checkbox"/>
h. Testing for sexually transmitted infections (STIs), subject to the limitations on gynecological examinations outlined above. [See also standard II(B)(3)(g).]	<input type="checkbox"/>	<input type="checkbox"/>
i. History of potentially preventable risks to life and health including smoking, illegal use of drugs and alcohol, and unsafe sex practices.	<input type="checkbox"/>	<input type="checkbox"/>
j. History of services for intellectual, developmental, or learning disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
k. History of psychiatric hospitalization and outpatient treatment (including all past mental health diagnoses).	<input type="checkbox"/>	<input type="checkbox"/>
l. History of current and previous use of psychotropic medications.	<input type="checkbox"/>	<input type="checkbox"/>
m. History of traumatic brain injury or seizures.	<input type="checkbox"/>	<input type="checkbox"/>
n. Inquiry about symptoms of post-traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
o. Inquiry about recent injuries or exposure to physical trauma.	<input type="checkbox"/>	<input type="checkbox"/>
p. Inquiry into current self-harming behavior and suicidal ideation.	<input type="checkbox"/>	<input type="checkbox"/>
q. Identification of medical needs related to a youth's identification as transgender or intersex.	<input type="checkbox"/>	<input type="checkbox"/>
r. Review of the results of medical examinations and tests by a qualified medical professional, and initiation of treatment as indicated.	<input type="checkbox"/>	<input type="checkbox"/>
s. Contact with the youth's qualified medical professional(s) in the community as needed to ensure continuity of medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth who are limited English proficient receive health assessments by qualified medical professionals who are linguistically and culturally competent to conduct such screenings. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff refer youth identified through the assessment as needing mental health follow-up to a qualified mental health professional. A qualified mental health professional sees the youth within 24 hours or sooner if necessary to provide appropriate assessments and treatment as needed. Staff never place youth who demonstrate a risk of self-harm in room confinement unless approved by a qualified mental health professional.	<input type="checkbox"/>	<input type="checkbox"/>
C. MEDICAL SERVICES		
1. Qualified medical professionals provide evaluation and treatment for potential needs discovered during the screening and assessment of youth, and for youth with potential medical needs that arise after admission. Evaluation and treatment meet or exceed the community level of care.	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualified medical professionals develop service plans for youth with identified medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth have 24-hour access to emergency medical care, including transportation to those services, through on-site staff, by contract, or by way of other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Physicians who have residency training in managing general internal medical conditions (internal medicine, family practice, pediatrics) provide chronic disease care. Youth with HIV receive care from a physician with special training in HIV or from a physician's assistant or advanced practice nurse who is overseen by a physician with special training in HIV. [See also standard II(C)(18)(g).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth have the opportunity to consult with a qualified medical professional every day.	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth may request to be seen without disclosing the medical reason to non-medical staff, and without having non-medical staff evaluate the legitimacy of the request.	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth requesting consultation with a health professional see a qualified medical professional in a space designated for medical evaluations.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(G)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has sufficient service hours of qualified medical professionals to timely meet the needs of youth in the facility, including scheduled on-site services.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has private areas for medical examinations and youth with special medical needs.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has designated areas and policies for separating youth from the general population for medical reasons.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility does not use health care beds to handle overcrowding.	<input type="checkbox"/>	<input type="checkbox"/>
10. Female health professionals are available for health services for detained girls, including transgender girls.	<input type="checkbox"/>	<input type="checkbox"/>
11. Youth housed in a facility infirmary are admitted only by a qualified medical professional, and the infirmary has 24-hour staffing by qualified medical professionals, with 24-hour on-call physician staffing.	<input type="checkbox"/>	<input type="checkbox"/>
12. Facility staff provide notification to and obtain consent from parents or guardians for treatment of youth with serious medical or psychological problems, consistent with state law. If youth are admitted to a hospital, written policies, procedures, and actual practices ensure that staff notify parents or guardians within one hour of the hospitalization.	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff allow parents or guardians to visit youth who are hospitalized absent specific security reasons.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
14. Youth receive comprehensive, evidence-based, medically accurate, and confidential family planning services (including services pertaining to abortion), consistent with state law, including counseling and referral to community providers. Qualified medical professionals offer youth victims of sexual abuse timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
15. Pregnant girls receive prompt prenatal care, including physical examinations, nutrition guidance, child birth and parenting education, counseling, and provisions for follow up care. Qualified medical professionals develop a plan for pregnant girls that includes direct communication of medical information and transfer of medical records regarding prenatal care to the obstetrician who will be providing prenatal care and delivery in the community. Unless mandated by state law, birth certificates and registries do not list the detention facility as the place of birth.	<input type="checkbox"/>	<input type="checkbox"/>
16. Youth receive regular health education and training in self-care skills, including family planning, personal hygiene, nutrition, preventive health care, sexually transmitted infections (STIs) and STI prevention, stress and post-traumatic stress management, drug/alcohol/tobacco education, and physical fitness. All youth receive health education relevant to their particular health needs from qualified individuals.	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that youth receive education about, detection of, and treatment for STIs, subject to the limitations on gynecological examinations outlined above. [See also standards II(B)(3)(g) and II(B)(3)(h).]	<input type="checkbox"/>	<input type="checkbox"/>
18. The facility, in consultation with the local public health authority, develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Upon entry to the facility, all youth receive information on HIV/AIDS and HIV testing.	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified medical professionals screen youth for HIV only after notifying the youth that an HIV test will be performed unless he or she declines (opts-out). HIV testing is voluntary and free from coercion. Staff obtain any consents from parents or guardians where required by law.	<input type="checkbox"/>	<input type="checkbox"/>
c. Qualified medical professionals provide HIV test results in a confidential and timely manner. Qualified medical professionals communicate results in a manner similar to other serious diagnostic or screening tests. Qualified medical professionals clearly explain test results to the youth. Youth with positive results receive notification in person in a private setting.	<input type="checkbox"/>	<input type="checkbox"/>
d. Qualified medical professionals follow all applicable state and local laws and regulations related to reporting of HIV/AIDS cases.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff do not automatically segregate youth with HIV.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
f. Staff limit the sharing of confidential information regarding youth with HIV to those who need the information to provide for the safety, security, health, treatment, and continuity of care for youth, consistent with state law.	<input type="checkbox"/>	<input type="checkbox"/>
g. A physician or other advanced level provider with special training in HIV manages youth with HIV, initiating and changing therapeutic regimens as medically indicated. Youth receive appropriate treatment for HIV/AIDS, including HIV prevention counseling; referral for mental health support; a medical evaluation; referral to an HIV provider or specialist, where indicated; expedited care in special clinical circumstances; access to antiretroviral medications; scheduled assessment and routine follow-up with a provider who has experience with HIV; and linkages with community-based resources upon release. [See also standard II(C)(4).]	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff allow youth to wear their own eyeglasses or contact lenses unless the eyeglasses or contact lenses pose a threat to the security of the facility. If staff do not allow youth to wear their own eyeglasses or contact lenses, medical staff provide youth with replacements. Medical staff also provide eyeglasses or contact lenses to youth if a vision examination indicates the need for them and a youth does not already have eyeglasses or contact lenses.	<input type="checkbox"/>	<input type="checkbox"/>
20. For youth who have long-term stays at the facility who have substance abuse problems, qualified medical professionals provide screening and psychoeducation and arrange for youth to receive the care they need.	<input type="checkbox"/>	<input type="checkbox"/>
21. The facility develops and implements written policies, procedures, and actual practices to ensure that youth who are or have been victims of sexual abuse receive appropriate services. These services may include the collection of evidence, pregnancy testing, provision of timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, testing for STIs, evaluation for counseling and referral to the rape crisis medical staff at the local hospital, referral for ongoing counseling from a provider trained in supporting sexual abuse survivors, reporting to the facility administrator, and reporting to child protective authorities. The facility develops and implements written policies, procedures, and actual practices to ensure that staff understand and respond sensitively to the psychological impact of sexual abuse. Female medical staff are available to examine girls in these situations.	<input type="checkbox"/>	<input type="checkbox"/>
22. The facility develops and implements written policies, procedures, and actual practices to ensure that qualified medical professionals question youth reporting to the health unit outside of hearing of other staff or youth, regarding the cause of any injury. If the qualified medical professional suspects abuse, the provider immediately takes steps to preserve evidence of the injury, documents any injury in the youth's medical record, and follows applicable mandatory reporting laws.	<input type="checkbox"/>	<input type="checkbox"/>
23. Physical evaluation occurs in private and in a room with an examination table, adequate space and adequate light, and equipment that is necessary in order to perform clinical examinations.	<input type="checkbox"/>	<input type="checkbox"/>
24. Staff provide transgender youth with access to medical and mental health care providers who are knowledgeable about the health care needs of transgender youth and appropriate medical and mental health treatment. Medical staff consult with the youth's medical providers and continue to provide the youth with transition-related therapies and treatments that are medically necessary according to the youth's provider and accepted professional standards.	<input type="checkbox"/>	<input type="checkbox"/>

D. MENTAL HEALTH SERVICES

Standard	Conforms	Does not Conform
1. Qualified mental health professionals provide services for significant mental health needs discovered during the screening and assessment of youth and for youth with significant mental health needs that arise after admission. Services meet or exceed the community level of care and are tailored to be appropriate for the length of time the youth is expected to stay in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth who may have significant mental health needs (e.g., youth who have been identified as needing further evaluation by the facility's mental health screening) receive an assessment by a qualified mental health professional. The facility provides ongoing mental health services in accordance with a service plan appropriate to a detention setting. The service plan includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Identification of the mental health needs to be addressed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Any medication or medical course of action to be pursued.	<input type="checkbox"/>	<input type="checkbox"/>
c. Planned activities to monitor the efficacy of any medication or the possibility of side effects using standardized measures or checklists.	<input type="checkbox"/>	<input type="checkbox"/>
d. A description of any behavioral management plan or strategies to be undertaken and the specific goals of the intervention(s).	<input type="checkbox"/>	<input type="checkbox"/>
e. A description of any counseling or psychotherapy to be provided.	<input type="checkbox"/>	<input type="checkbox"/>
f. A determination of whether the type or level of services can be provided in the detention center, and, if services cannot be provided, a plan for securing such services or transferring the youth to a different setting.	<input type="checkbox"/>	<input type="checkbox"/>
g. A plan for monitoring the course of services, including consultation with the youth's family members about the youth's progress.	<input type="checkbox"/>	<input type="checkbox"/>
h. Any necessary modifications to the standard use of force, restraint, and room confinement procedures (e.g., a youth who has been sexually abused or experienced other trauma may need to be restrained differently than other youth).	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth have 24-hour access to emergency mental health services and transportation to those services through on-site staff, by contract, or by way of other immediately available services.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has sufficient service hours of qualified mental health professionals to timely meet the needs of youth in the facility, including scheduled on-site services and the ability to provide timely telephone and in-person response to youth who have been placed on room confinement.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Qualified mental health professionals have training on and are knowledgeable about the assessment of mental health disorders, trauma, and suicide risk among adolescents and age-appropriate interventions.	<input type="checkbox"/>	<input type="checkbox"/>
6. Qualified mental health professionals develop individual mental health treatment plans for youth with significant mental health needs who are under the care of a mental health provider prior to their admission.	<input type="checkbox"/>	<input type="checkbox"/>
7. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law (e.g., screening interviews), the responsible mental health authority for the facility approves such staff and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at V(C)(10).]	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified mental health professionals work with direct care staff and other non-clinical staff in the facility, providing guidance, insight, and direction on managing the needs and understanding the behavior of youth with disabilities, post-traumatic stress, mental illness, or behavioral health disorders, on a need-to-know basis consistent with the requirements of patient-provider confidentiality.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has a documented agreement with one or more community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. If such services are unavailable in the community, the facility maintains documentation of its attempts to locate and arrange for such services.	<input type="checkbox"/>	<input type="checkbox"/>
E. DENTAL SERVICES		
I. Youth receive a full dental examination within 30 days of admission by a licensed dentist (and every six months thereafter) unless the facility obtains information that the youth received a dental examination within the previous six months. The examination includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Taking or reviewing the dental history.	<input type="checkbox"/>	<input type="checkbox"/>
b. Charting teeth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Examining hard and soft tissue in the dental cavity with a mouth mirror and explorer.	<input type="checkbox"/>	<input type="checkbox"/>
d. Taking X-rays needed for diagnostic purposes.	<input type="checkbox"/>	<input type="checkbox"/>
e. Documenting the exam in a uniform dental record.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. The facility provides youth with a full range of services that in the dentist's judgment are necessary for proper dental health, including use of topical fluorides, fillings, and extractions.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has sufficient service hours of dental services to timely meet the needs of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth have 24-hour access to medical care for emergency dental conditions and transportation to those services, through on-site staff, by contract, or by way of other immediately available services. Services include prompt pain control and immediate referral to a dentist.	<input type="checkbox"/>	<input type="checkbox"/>
5. Dental professionals conduct examinations in an appropriately equipped area of the facility, or the facility transports youth to another site in the community for dental services.	<input type="checkbox"/>	<input type="checkbox"/>
6. Dental professionals or dentally-trained health professionals provide oral hygiene instruction and education to youth within two weeks of admission.	<input type="checkbox"/>	<input type="checkbox"/>
F. SUICIDE PREVENTION AND RESPONSE		
I. The facility conducts a screening to identify youth who may be at risk of suicide in a confidential setting upon the youth's admission. The screening determines the following: [Also listed at II(A)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
a. Whether the youth was a medical, mental health, or suicide risk during any prior period of confinement.	<input type="checkbox"/>	<input type="checkbox"/>
b. Whether the arresting or transporting officer has any information that indicates the youth is a medical, mental health, or suicide risk.	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether the youth has ever attempted or considered suicide.	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the youth is or has been treated for mental health or emotional problems.	<input type="checkbox"/>	<input type="checkbox"/>
e. Whether the youth has recently experienced a significant loss (relationship, death of family member/close friend, job, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether the youth has a family member or close friend who has ever attempted or completed suicide.	<input type="checkbox"/>	<input type="checkbox"/>
g. Whether the youth is thinking of hurting or killing himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>
h. Whether the youth feels like there is nothing to look forward to in the immediate future.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>2. Staff immediately place youth identified in the admissions screen as needing further evaluation for suicide risk or other acute mental health conditions on constant observation until they can be formally assessed by a qualified mental health professional. Staff promptly contact a qualified mental health professional in order to develop an emergency intervention plan for such youth, and a qualified mental health professional conducts an assessment within 24 hours. Only a qualified mental health professional may remove a youth from constant observation. [Also listed at II(A)(5)(d).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Staff refer all incidents of self-harm or attempted self-harm (e.g., cutting) to qualified medical and mental health professionals. Following any incident of attempted or actual self-harm, qualified mental health professionals prepare a detailed care and support plan for the youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff investigate all incidents of actual and attempted self-harm and institute remedial measures to prevent similar occurrences in the future.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Staff encourage youth who are at risk of self-harm to participate in activities and programs unless staff cannot manage their behavior safely.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. The facility develops and implements written policies, procedures, and actual practices to ensure that:</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. All staff working with youth receive pre-service and annual training on recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at V(C)(4)(g)(3).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. The admissions screening addresses suicide risk through interview questions and observation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Qualified mental health professionals evaluate suicide risk.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Youth at risk of suicide receive prompt evaluation and frequent follow-up by qualified mental health professionals, including a determination of whether hospitalization is necessary.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Staff document contemporaneously the monitoring of youth on suicide precautions in a suicide precaution log or some other centralized record.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Staff place actively suicidal youth on constant observation or transfer youth to a mental health facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
g. Staff place youth on close observation if they are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan), if the youth has a recent prior history of self-destructive behavior, or if a youth denies suicidal ideation or does not threaten suicide but demonstrates other concerning behaviors indicating the potential for self-injury.	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental health professionals provide clear, current information about the status of youth on suicide precautions to staff supervising youth.	<input type="checkbox"/>	<input type="checkbox"/>
i. Staff do not substitute supervision aids, such as closed circuit television or placement with roommates, for close or constant observation.	<input type="checkbox"/>	<input type="checkbox"/>
j. Staff engage youth at risk of suicide in social interaction and do place them in room confinement. Youth on all levels of suicide precautions have an opportunity to participate in school and activities (e.g., with the one-on-one staff person).	<input type="checkbox"/>	<input type="checkbox"/>
k. Youth on suicide precautions are not clothed or housed in degrading, embarrassing, or uncomfortable garments or environments, or left naked. Youth are not clothed in garments that identify the youth as being on suicide precautions when they are outside of their rooms. Qualified mental health professionals make individualized determinations about the appropriate circumstances for youth on suicide precautions, including any use of special clothing.	<input type="checkbox"/>	<input type="checkbox"/>
l. Staff do not automatically strip search youth on suicide precautions unless the youth is being changed into a safety smock.	<input type="checkbox"/>	<input type="checkbox"/>
m. Only a qualified mental health professional releases a youth from suicide precautions or lowers a youth's level of precautions. Mental health professionals return youth to normal activity as soon as it is possible and safe to do so.	<input type="checkbox"/>	<input type="checkbox"/>
n. Youth released from suicide precautions have an individualized plan of care developed by a qualified mental health professional that is followed by qualified mental health professionals and all staff who come into contact with the youth. Staff provide enhanced or heightened supervision required by the plan.	<input type="checkbox"/>	<input type="checkbox"/>
o. Staff notify parents or guardians and attorneys of record any time a youth is placed on constant observation as a suicide precaution within 24 hours of the youth being placed on constant observation.	<input type="checkbox"/>	<input type="checkbox"/>
p. Staff encourage youth on suicide precautions to visit with family members and other supportive individuals. Staff do not deprive youth on suicide precautions of visitation opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
7. Rescue tools are available on each living unit. Staff can quickly access the rescue tool and are trained in its use.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. Written policies, procedures, and actual practices provide that staff document and conduct a mortality-morbidity review and debriefing for every completed suicide and suicide attempt.	<input type="checkbox"/>	<input type="checkbox"/>
G. ADMINISTRATION OF PRESCRIPTION MEDICATIONS		
1. Qualified medical or mental health professionals regularly monitor and document observations of youth on psychotropic or other regular medications.	<input type="checkbox"/>	<input type="checkbox"/>
2. Only such personnel as are authorized by state law and who have been properly trained administer medications to youth.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff administer medications under circumstances that protect the youth's medical confidentiality (i.e., not in a public space).	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth have immediate access to necessary medications such as asthma inhalers and epinephrine autoinjectors, if medically ordered. [Also listed at II(C)(5)(d).]	<input type="checkbox"/>	<input type="checkbox"/>
5. The medical authority complies with state and federal regulations regarding procuring, prescribing, dispensing, administering, and disposing of pharmaceuticals. The facility develops and implements written policies, procedures, and actual practices to cover:	<input type="checkbox"/>	<input type="checkbox"/>
a. Development and regular updating of a list of drugs intended to be kept in stock on site for immediate use when needed.	<input type="checkbox"/>	<input type="checkbox"/>
b. Procurement, dispensing, distribution, accounting, administration, and disposal of pharmaceuticals.	<input type="checkbox"/>	<input type="checkbox"/>
c. Maintenance of records needed to ensure control of and accountability for medications.	<input type="checkbox"/>	<input type="checkbox"/>
d. Secure storage of and accountability for DEA-controlled substances, needles, syringes, and other abusable items.	<input type="checkbox"/>	<input type="checkbox"/>
e. Methods for notifying the responsible practitioner of impending expiration of drug orders to facilitate review and continuity of medication.	<input type="checkbox"/>	<input type="checkbox"/>
f. Requirement of an order by an authorized professional for administration of medication.	<input type="checkbox"/>	<input type="checkbox"/>
g. Clear statement that drugs are not to be administered in the facility as a means of disciplinary control.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
h. 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).	<input type="checkbox"/>	<input type="checkbox"/>
i. Elimination of outdated, discontinued, or recalled medications from drug storage and medication areas.	<input type="checkbox"/>	<input type="checkbox"/>
j. Continuity of medication when youth enter and leave the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. Psychiatrists evaluate youth who are prescribed psychotropic medications shortly after admission, after any change in psychotropic medications, and at least every 30 days. Psychiatrists advise other service providers within the facility, as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff store medications in proper environmental conditions (e.g., temperature, light, moisture, ventilation), with attention to safety (separation of medications for external versus internal use) and security. Staff store medications requiring refrigeration in a refrigerator dedicated solely to medication.	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified medical professionals maintain an adequate supply of easily accessible emergency medications (e.g., autoepinephrine injectors). Staff have easy access to information about what to do in case of overdoses or toxicological emergencies (e.g., the phone number of poison control).	<input type="checkbox"/>	<input type="checkbox"/>
H. INFORMED CONSENT		
1. At admission, staff obtain the name and contact information of an adult family member or guardian who can provide information about a youth's health and mental health history, Medicaid and health insurance information, and consent to medical treatment for the youth, if necessary. [Also listed at II(A)(3)(a)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical and mental health examination and services conform to state laws for informed consent and the right to refuse treatment. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Qualified medical and qualified mental health professionals obtain informed consent from youth and/or parents or guardians as required by law, and honor refusals of treatment.	<input type="checkbox"/>	<input type="checkbox"/>
b. Qualified medical and qualified mental health professionals obtain informed consent from youth who are above the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Where qualified medical or mental health professionals believe that involuntary treatment is necessary, the treatment is conducted in a hospital and not at the facility after compliance with legal requirements.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff responsible for obtaining informed consent understand who can consent to what procedures depending on the type of care and the age of the child, including situations in which youth are allowed to consent to certain medical and mental health services on their own (e.g., reproductive health services).	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff document the youth and parents' or guardians' consent or refusal, and counseling with respect to treatment, in youth's medical records.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility staff obtain informed consent using a language that is understandable to the youth and his or her parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>
4. In jurisdictions where youth need parental consent to obtain an abortion, medical staff inform youth about the requirement and any alternative ways of satisfying the requirement (e.g., having the youth's attorney seek judicial permission to proceed without parental consent).	<input type="checkbox"/>	<input type="checkbox"/>
I. CONFIDENTIALITY		
1. The facility develops and implements written policies, procedures, and actual practices to ensure that access to confidential information is limited to those staff with a demonstrable need to know consistent with applicable state and federal laws. The facility develops and implements written policies, procedures, and actual practices to ensure that staff share information where appropriate to provide for safety, security, health, services, and continuity of care for youth. If the facility is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the facility complies with HIPAA's laws and regulations. [See also standard I(F)(7).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff record medical, mental health, substance abuse, and dental information in individual health and mental health records. Staff treat such information as confidential.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff advise youth about the limits of confidentiality prior to initiating any medical or mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff keep medical, mental health, substance abuse, and dental records separately from confinement records. Medical, mental health, substance abuse records are not used for the purposes of making a finding of delinquency under any circumstances. Such records are only used for determining an appropriate disposition with the consent of the youth and his or her parent after the youth has the opportunity to consult with his or her attorney.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Staff maintain a record for each child that includes screening forms, assessment records, findings, diagnoses, services, prescribed medications and records of administration, lab test records, consent or refusal forms, insurance information, discharge summaries, and reports from other health providers (e.g., dental or psychological).	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a written policy that it will inform the youth and his or her attorney upon receipt of a subpoena or court order for the youth's medical or mental health records prior to disclosing the records in response to the subpoena or court order.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides youth and parents or guardians with access to a youth's health and mental health records where youth and parents or guardians are entitled to access them under applicable state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>
J. HEALTH AND MENTAL HEALTH ADMINISTRATION		
1. There is a responsible health authority accountable for health and mental health services pursuant to a contract or job description. If the health authority is not led by a physician, the health authority ensures that licensed medical professionals make all clinical medical decisions. If the facility's mental health services are under a different authority than that the authority for medical services, a psychiatrist, psychologist, or psychiatric social worker is responsible for clinical mental health services at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. The health authority develops, approves, reviews, and revises at least annually, the written policies, procedures, and actual practices regarding medical and mental health care to ensure compliance with federal and state law and generally accepted professional practices, as well as to resolve any barriers at the facility that may impede access to care.	<input type="checkbox"/>	<input type="checkbox"/>
3. There are adequate qualified medical and mental health professionals who are linguistically and culturally competent to address the specific needs of limited English proficient youth. If such individuals are not available, the facility obtains interpretation or translation services.	<input type="checkbox"/>	<input type="checkbox"/>
4. Written job descriptions define the duties and responsibilities of personnel providing health and mental health services in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Qualified medical and qualified mental health professionals are professionally licensed or certified as required by state law to perform the functions required in their respective positions.	<input type="checkbox"/>	<input type="checkbox"/>
6. The health authority employs a quality assurance and continuous quality improvement program that evaluates the quality of medical and mental health services offered using assessments of both process and outcomes. The health authority develops corrective action plans to address any identified deficiencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Facility administrators and the health authority consider grievances related to health care and mental health services as part of ongoing quality improvement activities.	<input type="checkbox"/>	<input type="checkbox"/>
8. The health authority and facility administrator approve a written plan for medical and mental health emergencies, and review the plan at least annually.	<input type="checkbox"/>	<input type="checkbox"/>
9. All newly qualified medical and qualified mental health professionals who provide services to youth in the facility receive an immediate basic orientation prior to any patient contact that covers, at a minimum, relevant security and health services policies and procedures, response to facility emergency situations, the staff member's functional position description, and youth-staff relationships. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
10. Within 90 days of employment, all full-time qualified medical and qualified mental health professionals who provide services to youth in the facility complete an in-depth orientation that includes, at a minimum, all health services policies not addressed in basic orientation, health, gender- and age-specific needs of the youth population, infection control, including the use of universal safety precautions, and confidentiality of records and health information. Completion of the orientation program is documented and kept on file.	<input type="checkbox"/>	<input type="checkbox"/>
11. All qualified medical and qualified mental health professionals who provide services at the detention facility receive continuing education of at least 12 hours annually in courses relevant to their positions (and as required by state law), and those with patient contact are current with CPR training.	<input type="checkbox"/>	<input type="checkbox"/>
12. All full- and part-time medical and mental health professionals have been trained in:	<input type="checkbox"/>	<input type="checkbox"/>
a. How to detect and assess signs of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
b. How to preserve physical evidence of sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
c. How to respond effectively and professionally to juvenile victims of sexual abuse, sexual harassment, and sex trafficking.	<input type="checkbox"/>	<input type="checkbox"/>
d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
13. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at V(C)(II).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
14. To the extent that the facility's medical or mental health professionals are responsible for investigating allegations of sexual abuse, they follow a developmentally appropriate and uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	<input type="checkbox"/>	<input type="checkbox"/>
15. Qualified medical and mental health professionals receive the training mandated for staff or for contractors and volunteers in the Training and Supervision section of the standards, depending upon their status at the agency. (Additional detail on PREA compliance at 28 CFR § 115.335.)	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility offers medical and mental health services to youth free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility does not employ or contract with medical or mental health providers that attempt to change a youth's sexual orientation or gender identity.	<input type="checkbox"/>	<input type="checkbox"/>
18. The facility employs Universal Safety Precautions to prevent the transmission of bloodborne pathogens and pathogens from other bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>
K. DISCHARGE PLANNING		
1. Qualified medical or qualified mental health professionals prepare discharge plans and provide follow-up or liaison services for youth who have been held past their initial detention hearing and who have significant health or mental health needs to ensure that youth leaving custody receive continuity of care for ongoing illnesses or conditions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Qualified medical or qualified mental health professionals ensure that the youth and his/her family understand the importance of continuing the current medication regimen upon the youth's release from the facility. Youth on psychotropic medications who require continuing care upon release are linked to community-based resources for ongoing oversight and care. Staff provide youth with enough medication upon discharge to ensure continuity of services until the youth connects with a community-based resource.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff take necessary steps to resume the youth's health insurance (e.g., Medicaid) if it is interrupted because of detention.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff enroll eligible youth in Medicaid if they are not already enrolled when they enter the facility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written policies, procedures, and actual practices ensure that staff transfer medical and mental health records and medications with youth between facilities or placements so youth receive consistent and timely medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>

Access

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

Key Definitions

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

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

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

A. MAIL

Standard	Conforms	Does not Conform
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility staff only open envelopes containing mail for a youth in the presence of the youth in order to inspect for contraband or pursuant to (2) above.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility develops and implements written policies, procedures, and actual practices to ensure that staff, youth, and families understand any limitations on persons with whom youth may correspond. The facility permits youth to correspond with incarcerated family members absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility permits youth to receive reasonable numbers of books and magazines, which may be inspected for contraband.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff log incoming and outgoing mail. Staff forward mail to youth who have been released or transferred to another facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff make accommodations for youth with disabilities who cannot communicate via mail by making arrangements for other communication methods.	<input type="checkbox"/>	<input type="checkbox"/>

B. TELEPHONE

1. Facility staff provide youth with reasonable access to telephones, and staff do not listen in on or record youth's conversations absent individualized reasonable suspicion of criminal activity or a threat to the security of the facility. The facility informs youth if telephone calls may be monitored.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Standard	Conforms	Does not Conform
2. Telephone calls are a minimum of 10 minutes in length after a connection is established, at least twice a week. Staff do not deprive youth of these phone calls as a disciplinary sanction, although staff may use additional phone calls as an incentive as part of the facility's positive behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
3. Calls are available free of charge.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth can use the telephone at times that are arranged in advance and that will be convenient to staff and the recipient of the call.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility arranges for youth with incarcerated family members to speak with them by phone or other appropriate means absent a specific and articulable security reason.	<input type="checkbox"/>	<input type="checkbox"/>
7. Youth with hearing impairments or speech disabilities, and youth who wish to communicate with parents or guardians who have such disabilities, have access to a relay service, text telephone (TTY device), or other comparable equipment. Telephones with volume control are available for youth with hearing impairments.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth are able to speak with family members via phone even if staff members at the facility do not speak the family member's language.	<input type="checkbox"/>	<input type="checkbox"/>
C. VISITATION		
1. Staff permit youth to visit with parents or guardians, siblings, other family members, the parents of a youth's child, mentors, community-based service providers, educators, and clergy members, and other supportive adults. Written policies clearly describe the approval procedure for visitation, and staff communicate visitation policies to family members. Staff encourage visitation with youth's own children through visitation in child-friendly visiting spaces, telephone, and mail.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written policies, procedures, and actual practices provide for a process to approve visitation from individuals not listed above.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff treat all visitors in a professional manner and with respect.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility allows visitors to provide alternative forms of identification so that youth are not denied visits based on the immigration status of their family members, relatives, or friends.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Family visiting occurs on several days of the week, including both weekends and weekdays, and is not limited to normal business hours. Youth have the opportunity to have visits from family members at least twice per week. Staff post a schedule of visiting hours and rules in English and other appropriate languages.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility informs family members that they may schedule visits at other times with permission from the facility administrator or designee. Written policies clearly describe procedures for special visits.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides alternative ways of visiting for family members and others who cannot easily travel to the facility (e.g., Skype or FaceTime). These alternatives complement, but do not replace, in-person visitation opportunities.	<input type="checkbox"/>	<input type="checkbox"/>
8. Visits are at least one hour in length and are contact visits. Staff impose noncontact visits only when there is a specific risk to the safety and security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff do not deprive youth on disciplinary status of visits as a punishment. The facility permits youth on disciplinary status to have visits unless such visits would pose an immediate threat to the safety and security of the facility. If staff deny youth visitation, they inform the individuals who plan to visit the youth in advance of the visitation period.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility does not deny family members visitation solely on the basis of previous incarceration or a criminal record.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff supervise the visiting area but do not listen in on conversations absent reasonable suspicion that a crime, escape, or threat to safety or security is likely to occur.	<input type="checkbox"/>	<input type="checkbox"/>
12. If staff conduct searches of youth following visits, they use the least intrusive measure to protect against the introduction of contraband into the facility. Written policy and procedure clearly describe the facility's practice. [See also standard VI(H)(2)(b).]	<input type="checkbox"/>	<input type="checkbox"/>
13. The facility develops and implements written policies, procedures, and actual practices to ensure that searches of visitors, beyond routine security such as metal detectors, are limited to cases where there is reasonable suspicion that the person is bringing in contraband. Staff post the search policies in English and other appropriate languages so visitors are aware of the rules.	<input type="checkbox"/>	<input type="checkbox"/>
14. Entrances, visitation areas, and restrooms used by the public are accessible by individuals with limited mobility.	<input type="checkbox"/>	<input type="checkbox"/>
D. ACCESS TO COUNSEL, THE COURTS, AND PUBLIC OFFICIALS		
I. Mail to and from attorneys, the courts, or public officials is privileged. Staff do not open or read such mail.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
2. Staff allow visits from attorneys, paralegals, and other legal support staff such as investigators, experts, and defense team members at all reasonable times during hours that youth are awake and do not limit such visits to visitation hours. Staff allow attorneys to bring in materials that assist them in representing their clients (e.g., laptops, legal files).	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff allow attorneys to meet with their clients without delay.	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorneys other than the youth's delinquency attorney may visit with the consent of the youth. Staff allow youth to access legal assistance (e.g., pro bono lawyers, law students, paralegals) and legal research materials both pre- and post-adjudication.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility provides a private room or area that allows for confidential attorney visits.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth are able to make and complete free and confidential phone calls to attorneys. Staff do not limit the frequency or length of legal phone calls. Staff assist youth in obtaining the phone numbers of their attorneys, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
7. Written policies, procedures, and actual practices outline protocols for interviews of youth by law enforcement and prosecutors, and the protocols incorporate youth's right to counsel.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility provides records to a youth's attorney upon written consent of the youth or a court order appointing the attorney as the youth's counsel.	<input type="checkbox"/>	<input type="checkbox"/>
E. FAMILY ENGAGEMENT		
1. The facility offers parents and guardians a verbal, written, audio-visual, or group orientation within seven days of a youth's admission to the facility. The facility makes orientation materials available in the primary language spoken in the household, or the facility makes other accommodations to ensure that parents and guardians who are limited English proficient understand how the facility operates.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written materials for family members, such as handbooks and pamphlets, are clearly written and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>
3. Facility administrators provide a way for parents and guardians, including individuals who are limited English proficient, to ask questions about the facility and its programs and ensure that those questions are answered.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. Parents and guardians receive contact information for a staff member who they can contact to obtain information about their child and his or her adjustment to the facility. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility staff encourage contact between youth and family members through mail, telephone, visitation, and other means.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff make efforts to involve family members in decisions about their child at the facility, including identifying behavior management strategies, making decisions about education, medical, and mental health services, and planning for the youth's discharge, when feasible.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility does not bill the youth or his or her family for days in detention or services provided at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
8. Parents, guardians, and other family members are able to register complaints about the treatment of youth. Facility administrators promptly reply to such complaints. The facility makes appropriate arrangements to receive complaints from parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
9. There are regular forums at which families of detained youth may voice issues of concern, offer suggestions for improvement, and obtain needed information about institutional policies and practices. The facility makes appropriate arrangements to communicate with parents or guardians who are limited English proficient.	<input type="checkbox"/>	<input type="checkbox"/>
10. Administrators help family members arrange for transportation to and from the facility if the facility is not otherwise accessible via public transportation.	<input type="checkbox"/>	<input type="checkbox"/>
II. The facility involves family members when revising policies that relate to family members' access to the facility, including policies on grievances, visitation, and access to telephone and mail.	<input type="checkbox"/>	<input type="checkbox"/>

Programming

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

Key Definitions

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

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

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

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

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

A. EDUCATION

Standard	Conforms	Does not Conform
1. School and facility administrators develop and implement written policies, procedures, and actual practices to facilitate communication and coordination between educators and detention staff to ensure that all youth in the facility have access to an appropriate educational program.	<input type="checkbox"/>	<input type="checkbox"/>
2. At the time of admission, youth receive a brief educational history screening with respect to their school status, the last school they attended, special education status, grade level, grades, and whether they have limited English proficiency or meet the definition of a migratory student. Staff use this information to inform initial placement in the facility's educational program.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth attend the facility school at the earliest possible time but no later than the next school day after admission to the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff request a youth's educational records from his or her prior school, including Individual Education Program (IEP) and 504 plans, within 24 hours of the youth's admission or the next business day, whichever is later.	<input type="checkbox"/>	<input type="checkbox"/>
5. Within five days of admission to the facility, education staff complete a comprehensive assessment of youth's general educational functioning to facilitate placement in an appropriate program. The assessment includes data from multiple sources, including standardized tests, informal measures, observations, student self-reports, parent reports, progress monitoring data, and educational records from the youth's prior school.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility school complies with state and local education laws governing the minimum number of minutes in a school day and ensures that each student receives the required number of minutes of educational instruction. Detention staff ensure that procedures to move youth to and from their educational program do not interfere with the minimum number of minutes in a school day.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility school operates twelve months a year with scheduled breaks. The facility provides additional elective and special activities for programming during breaks and school holidays.	<input type="checkbox"/>	<input type="checkbox"/>
8. School classes are held in dedicated classroom spaces that are conducive to teaching and learning and that accommodate the needs of youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility provides educational resources and materials comparable to those available to public school students, including but not limited to textbooks, art materials, writing materials, computers, and other education-related technology, except where security concerns make it unsafe to use those materials at the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>10. The facility school has an adequate number of staff members to meet youth's educational needs. Teacher-student ratios are at least 1:12 in the general education program and at least 1:8 in programs for students with intensive learning needs. Administrators timely replace teachers who retire or transfer. Instructional staff are qualified and hold appropriate credentials, including any specialized credentials necessary for providing special education programming or instruction for limited English proficient (LEP) youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. The facility school has a procedure to identify LEP youth. Staff provide LEP students with an appropriate educational program that addresses their language needs and that provides meaningful access to the curriculum in accordance with state and federal law.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. The facility has adequate substitute teaching staff to cover teaching duties of staff who are on vacation, sick, or otherwise not available. Staff do not deny youth school or class time based on the failure to provide a substitute teacher.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. The agency operating the facility school has a quality assurance system in place to assess the quality of the school's educational services, including special educational services, and to ensure compliance with state and federal education laws. School administrators review the findings of the assessments and address any deficiencies.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. An accreditation or oversight entity such as a state board of education annually reviews and evaluates the facility's school, and school administrators review the findings and address any deficiencies.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. The facility school provides the curricula required by the state for graduation from high school (e.g., English/language arts, social sciences, science, health, mathematics, fine arts, foreign language, and physical education), including preparation for any required state examinations.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. The facility school accepts and awards credit (including partial credit) for work completed. The facility school informs the youth's receiving school of all credits earned upon the youth's release.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. The facility school complies with federal special education law (e.g., the Individuals with Disabilities Education Act, or IDEA) and comparable state requirements for students with disabilities.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. The facility school has procedures to determine which youth have previously been identified as having disabilities and are in need of special education and related services, and to promptly obtain special education records for such students.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
b. The facility school has procedures in place to identify and assess youth who may have a disability, but who have not been previously identified, in conformity with state and federal requirements for special education, including the Child Find provisions of the IDEA.	<input type="checkbox"/>	<input type="checkbox"/>
c. A current IEP is in place for each student with identified disabilities. Students entering with an existing IEP receive services comparable to those described in the IEP until such time as the school adopts the IEP or develops and implements a new IEP that is consistent with federal and state law. Modifications to the IEP are based on the needs of the student, not on the convenience of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
d. The process for developing or modifying IEPs at the facility school is the same as that used in regular public school settings, including compliance with the parental notice and parental participation requirements under the IDEA.	<input type="checkbox"/>	<input type="checkbox"/>
e. The facility school provides special education students with a full continuum of general education classes, special classes, and supplementary services. Special education students participate in general education classes and programs to the maximum extent possible.	<input type="checkbox"/>	<input type="checkbox"/>
f. Special education staff at the school are certified or credentialed by the state for the services they provide.	<input type="checkbox"/>	<input type="checkbox"/>
g. The facility school holds teachers accountable for teaching to a youth's IEP goals and monitoring progress toward achieving those goals.	<input type="checkbox"/>	<input type="checkbox"/>
h. The facility school provides related services required by the IEP, including such services as speech pathology, audiology, physical therapy, occupational therapy, in-school counseling and psychological services, and school health.	<input type="checkbox"/>	<input type="checkbox"/>
i. The facility school provides transition services that facilitate a student's movement from school to post-school activities as required by a youth's IEP. Post-school activities include, but are not limited to, employment, postsecondary education, vocational training, continuing and adult education, and independent living.	<input type="checkbox"/>	<input type="checkbox"/>
j. Parents or guardians receive required notices of and participate in decisions regarding special education of their youth, and facility staff are flexible in scheduling or using telephone, visual, or internet conferencing to facilitate parent or guardian involvement. School staff provide notices to parents or guardians that are understandable and in the parent or guardian's primary language, unless it is not feasible to do so.	<input type="checkbox"/>	<input type="checkbox"/>
k. The facility school secures parent surrogates when parents or guardians are unavailable to participate in special education decisions. Parent surrogates are not employees of the school or the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
l. The facility school complies with legally required timelines for assessment and IEP development and implementation.	<input type="checkbox"/>	<input type="checkbox"/>
m. The facility school complies with all IDEA requirements for notice and due process.	<input type="checkbox"/>	<input type="checkbox"/>
n. Facility staff and school personnel do not inappropriately discipline youth for behaviors that are manifestations of their disabilities. Facility staff and school personnel follow disciplinary procedures that provide for manifestation determination reviews and functional behavioral assessments for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
18. Students entering with an existing 504 plan receive services that match the plan as closely as possible.	<input type="checkbox"/>	<input type="checkbox"/>
19. The facility school encourages youth to work toward a high school diploma. The facility also provides General Education Development (GED) programs, preparation, and testing. If testing is not available on site, facility staff arrange for students to be transported off grounds to a local testing center.	<input type="checkbox"/>	<input type="checkbox"/>
20. All youth attend the regular facility school unless they pose a continuing danger to other youth or staff.	<input type="checkbox"/>	<input type="checkbox"/>
21. School and facility staff follow the school's disciplinary procedures and do not impose the facility's disciplinary sanctions for behaviors that can be handled in class.	<input type="checkbox"/>	<input type="checkbox"/>
22. Staff develop behavior intervention plans for youth whose behavior interferes with their school attendance and progress.	<input type="checkbox"/>	<input type="checkbox"/>
23. Youth who do not attend the regular facility school because of safety or medical reasons receive an education program comparable to youth in other units in the facility in the least restrictive environment possible. Dropped off packets of work without adequate instruction, follow-up, and grading are not sufficient to meet this standard.	<input type="checkbox"/>	<input type="checkbox"/>
24. Suspensions and expulsions from the facility school comply with all state and local requirements.	<input type="checkbox"/>	<input type="checkbox"/>
a. School officials and facility staff use alternative means of responding to disruptive behavior instead of imposing a suspension. School officials do not expel youth from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
b. If staff suspend youth, they only do so for activity that takes place at school.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. In lieu of returning suspended students back to their units, staff accommodate students, whenever possible, in supervised suspension classrooms where students can complete all school work and assignments for the duration of the suspension.	<input type="checkbox"/>	<input type="checkbox"/>
d. If staff suspend a student, they afford the student the opportunity to complete school work during the suspension. Youth have appropriate space to complete such assignments and school work.	<input type="checkbox"/>	<input type="checkbox"/>
e. The facility complies with all state and federal special education laws if a student with a disability is removed from the facility school.	<input type="checkbox"/>	<input type="checkbox"/>
25. School and facility administrators develop and implement policies, procedures, and actual practices that assure that youth can complete any assigned homework.	<input type="checkbox"/>	<input type="checkbox"/>
26. The facility offers educational activities and programs for youth who have already received diplomas or GEDs and youth who are beyond the age of compulsory education. Programs may include, but are not limited to, vocational and technical training, on-site job training, college preparatory classes, college credit classes, and English language development for LEP youth. The facility offers vocational programming to all eligible students equally, regardless of gender.	<input type="checkbox"/>	<input type="checkbox"/>
27. The facility school assists youth in their transition to the next educational placement upon discharge from the facility. This includes, but is not limited to, the proper transfer of the youth's educational records, including credits and grades; assessment of any credit deficiencies in order to graduate; and other steps necessary to facilitate youth's immediate enrollment in another appropriate educational placement upon release from the facility.	<input type="checkbox"/>	<input type="checkbox"/>
28. The facility school provides parents or guardians with the same notifications and progress reports that they would receive from a school based in the community, including notification of progress toward a youth's IEP goals.	<input type="checkbox"/>	<input type="checkbox"/>
29. The parents or guardians of detained youth have the same access to educational records and an explanation of those records as parents and guardians of youth who are not detained. Parent and guardian access to educational records is consistent with federal, state, and local laws and policies regarding access to educational records.	<input type="checkbox"/>	<input type="checkbox"/>
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. Youth with physical disabilities have the opportunity to participate in recreational activities. [See also standard IV(E)(5).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Facilities that house 50 or more youth have a qualified, full-time recreation director who plans and supervises all recreation programs. Facilities that house fewer than 50 youth have a staff member trained in recreation or who has relevant experience to plan and supervise recreation programming.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. The facility offers youth a range of choices for recreational activities in dayrooms or common areas. These may include, but are not limited to, reading, listening to the radio, watching television or videos, board games, drawing or painting, listening to or making music, and letter writing.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility maintains an adequate supply of games, cards, and writing and art materials for use during recreation time.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff, volunteers, contractors, and community groups provide additional structured programming reflecting the interests and needs of various racial, ethnic, and cultural groups within the facility. The facility provides opportunities for youth to provide input into the programming at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility offers a range of activities such as art, music, drama, writing, health, hygiene skills, fitness, meditation/yoga, substance abuse prevention, mentoring, and voluntary religious or spiritual groups. When possible, programming is provided by community-based organizations that offer the opportunity for continuity once the youth is released.	<input type="checkbox"/>	<input type="checkbox"/>
7. Equivalent gender-responsive programming exists for female and male youth in the facility. Facilities do not limit access to recreation and vocational opportunities on the basis of gender. "Equivalent" does not mean that programming for males and females is identical, but that male and female youth have reasonable opportunities for similar activities and an opportunity to participate in programs, physical activities, and recreational opportunities of comparable quality.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility offers special programming for youth who are pregnant and youth who are parents.	<input type="checkbox"/>	<input type="checkbox"/>
9. Youth in the facility, including youth on disciplinary or restricted status, receive at least one hour of large muscle exercise every weekday and at least two hours of large muscle exercise each weekend day in a space outside of their own room. Large muscle exercise can be accomplished through the facility school's physical education class so long as the one-hour minimum requirement is met.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff take youth outside for their hour of exercise, weather permitting (e.g., not too hot or too cold).	<input type="checkbox"/>	<input type="checkbox"/>
11. Youth have the opportunity to express recommendations and requests for changes to the facility programming to the administrator in-person or through student councils, focus groups, or other meetings.	<input type="checkbox"/>	<input type="checkbox"/>
12. Youth are out of their rooms except during sleeping hours and for brief periods of transition, such as shift changes. For the majority of time that youth are out of their rooms, youth participate in structured recreational, cultural, or educational activities. Staff provide youth with some unstructured free time as well.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
13. The facility has outdoor recreation areas large enough to permit youth to engage in large muscle exercise. Outdoor recreation spaces ensure that youth have access to fresh air and a view of the sky.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility has sufficient games, balls, and athletic equipment to provide a variety of physical education activities.	<input type="checkbox"/>	<input type="checkbox"/>
15. The facility develops and implements written policies, procedures, and actual practices to ensure that limitations on reading materials are reasonably related to the security of the facility, or the health and development of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility has a library that contains reading materials that are geared to the diverse reading levels, interests, gender, sexual orientation, socio-economic, cultural, racial, and ethnic backgrounds, experiences, and primary languages of confined youth. Staff can also make appropriate reading material available for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
17. Staff allow youth to keep reading materials in their rooms	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff allow youth to access the library at least once per week.	<input type="checkbox"/>	<input type="checkbox"/>
C. RELIGION		
1. The facility permits youth to gather for religious services. Staff and individuals who provide religious programming do not compel youth to participate in religious activities, nor do they pressure youth to adopt a particular faith, religion, or religious practice. Staff do not confine youth who decide not to participate in religious services to their rooms during that time, but allow youth to engage in some alternative recreational activity.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth have the opportunity to meet with religious leaders of their choice.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth receive special diets to accommodate sincerely held religious beliefs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff permit youth to have religious books and reading materials in their rooms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff do not restrict religious practices and materials absent a compelling governmental interest.	<input type="checkbox"/>	<input type="checkbox"/>

D. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

Standard	Conforms	Does not Conform
1. The facility has a system of positive behavior interventions and supports that provides a set of systemic and individualized strategies for achieving social and learning outcomes for youth while preventing problem behavior.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility's system of positive behavior interventions and supports reflects the following principles:	<input type="checkbox"/>	<input type="checkbox"/>
a. The system outlines expectations clearly and using specific examples of positive and negative behavior.	<input type="checkbox"/>	<input type="checkbox"/>
b. The system rewards youth for positive behavior with incentives that are meaningful enough to motivate youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff responses to positive behavior are immediate, fair, and proportionate to the behavior.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff model positive behaviors and mentor and coach youth on demonstrating positive behaviors, focusing on building youth's sense of self-efficacy, self-concept, and self-esteem.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff responses to negative behaviors are immediate, fair, and proportionate to the behavior. Consequences related to negative behavior bear a relationship to the type of negative behavior demonstrated by the youth.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff use therapeutic approaches to respond to negative behaviors, not confrontational or antagonistic approaches. Staff respond to negative behavior with the goal of reducing anxiety and re-traumatization of youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff work with youth who demonstrate negative behaviors to understand why the problem behavior is occurring and to identify alternatives to those behaviors.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff implement positive behavior interventions and supports throughout the entire facility, including in housing, recreation, education, and other programming. Points or status follow the youth when he or she is transferred from one unit or classroom to another.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff explain the behavior management system to youth upon admission, both verbally and in writing, at a level that staff reasonably expect youth to understand. [See also standard I(C)(6)(c).]	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff are trained in the use of the behavior management system and implement it fairly and consistently.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. The facility has a mechanism for quality assurance and oversight of the facility's behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
7. The culture of the institution emphasizes rewarding success in lieu of focusing on or punishing failure.	<input type="checkbox"/>	<input type="checkbox"/>
E. YOUTH WITH SPECIAL NEEDS		
1. The facility develops and implements written policies, procedures, and actual practices that prohibit discrimination on the basis of disability in the provision of programs and services.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth with disabilities have an equal opportunity to participate in or benefit from all aspect of the facility's programs, activities, and services.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility ensures that written materials are provided in formats or through methods that ensure effective communication with youth with disabilities, including youth who have intellectual or developmental disabilities, limited reading skills, or who are blind or have low vision.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has a designated staff person who is knowledgeable about and who is responsible for making legally required accommodations for youth with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth with physical disabilities have the opportunity to participate in recreational activities. The facility makes modifications to extracurricular activities or provides aids to allow youth with disabilities to participate in activities alongside youth without disabilities, except in the rare circumstance when doing so would fundamentally alter the nature of the program. When it is not possible for youth with physical disabilities to participate in regularly scheduled recreation activities, the facility provides alternative recreational opportunities that are equal in the potential challenge and benefit for the youth with the disability as those offered to youth without disabilities. [See also standard IV(B)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility makes appropriate auxiliary aids and services available for youth with hearing impairments in all areas of programming and services, including intake, medical and mental health services, educational and recreational programming, and discipline. The facility gives primary consideration to the youth's request for particular types of auxiliary aids or services.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides qualified sign language interpreters for youth whose primary means of communicating is sign language and qualified oral interpreters for youth who rely primarily on lip reading. The facility maintains a current list of companies or organizations offering these services in the geographic area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. Televisions or other audio-visual equipment for recreational or other purposes have the built-in capability to display captions, or staff make closed captioning decoders available to youth with hearing impairments.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility takes steps to ensure meaningful access to all aspects of the facility's programs, activities, and services for limited English proficient youth. This includes steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. [See also standards 1(C)(9)-(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility has appropriate and reliable interpretation services available to communicate with parents or guardians of limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff do not rely on youth interpreters to communicate with youth or family members except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties, or the investigation of a youth's allegation of abuse.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility does not charge for interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>

Training and Supervision of Employees

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

Key Definitions

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

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

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

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

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

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

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A. QUALIFICATIONS FOR INSTITUTIONAL STAFF POSITIONS

Standard	Conforms	Does not Conform
1. The facility hires staff to serve as positive role models for youth. Employees are qualified for their positions by education, experience, and ability to relate to young people, with minimum qualifications including 2 years of college, or a high school diploma or equivalent and 2 years experience working with youth.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written job descriptions and requirements exist for all positions in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility recruits and hires a diverse staff and administrators to meet the needs of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
4. Employees who have direct contact with youth receive a physical examination, including screening for infectious and contagious diseases prior to job assignment, in accordance with state and federal laws.	<input type="checkbox"/>	<input type="checkbox"/>
5. Before hiring new employees, the facility ensures that staff responsible for screening new hires:	<input type="checkbox"/>	<input type="checkbox"/>
a. Perform a criminal background records check.	<input type="checkbox"/>	<input type="checkbox"/>
b. Consult any child abuse registry maintained by the state or locality in which the employee has worked or would work.	<input type="checkbox"/>	<input type="checkbox"/>
c. Consistent with federal, state, and local law, staff make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual harassment or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. (Additional detail on PREA compliance at 28 CFR § II5.317(f)-(h).)	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff perform a criminal background records check and consult child abuse registries where the employees have worked or would work, before enlisting the services of any contractor who may have contact with youth.	<input type="checkbox"/>	<input type="checkbox"/>
7. Facility hiring staff conduct criminal background records checks of current employees and contractors who may have contact with youth at least every five years or have in place a system for otherwise capturing such information for current employees.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
8. The facility does not hire or promote anyone who may have contact with youth, and does not enlist the services of any contractor who may have contact with youth who:	<input type="checkbox"/>	<input type="checkbox"/>
a. Has engaged in sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
b. Has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; sexual abuse; child abuse; domestic violence; stalking; or elder abuse.	<input type="checkbox"/>	<input type="checkbox"/>
c. Has been civilly or administratively adjudicated to have engaged in the activity described above.	<input type="checkbox"/>	<input type="checkbox"/>
9. Facility hiring staff ask all applicants and employees who may have contact with youth directly about previous misconduct described in (8) above. Facility hiring staff do so in written applications and interviews for hiring or promotions, as well as any interviews or written self-evaluations conducted as part of reviews of current employees.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility imposes a continuous affirmative duty upon employees to disclose any of the misconduct described in (8) above.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.	<input type="checkbox"/>	<input type="checkbox"/>
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 access to school programming and other scheduled activities.	<input type="checkbox"/>	<input type="checkbox"/>
2. There is at least a 1:8 ratio of direct care staff to youth during the hours that youth are awake. There are sufficient available staff (on-site or on-call) beyond the 1:8 ratio to provide safe and appropriate supervision for youth with special needs or special security concerns. The ratio is calculated based on the number of direct care staff supervising the general population. Direct care staff are stationed inside living units where they can directly see, hear, and speak with youth. The ratio does not include staff supervising youth from control centers or via video monitoring. Staffing in specialized care units, such as medical, mental health, and special handling units that generally require more intensive staffing is not factored into these calculations. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. There is at least a 1:16 ratio of direct care staff to youth during the hours that youth are asleep. In addition to the required number of direct care staff, there is always at least one other staff member inside the facility who can assist in an emergency or provide relief to direct care staff. The facility does not depart from these staffing levels except in exigent circumstances, which are documented.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility uses cameras or other video technology to monitor living units and other areas of the facility. Cameras and other video technology supplement, but do not replace, direct staff supervision.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has developed, implemented, and documented a staffing plan. The facility reviews the plan at least annually. The staffing plan includes a replacement factor that accurately accounts for staff training, foreseeable vacancies, staff vacation, family and medical leave, and other absences. The plan provides sufficient staff to avoid involuntary double-shifts and mandated overtime. If the facility routinely relies upon mandated overtime, administrators re-evaluate and revise the staffing plan to address the problem. (Additional detail on PREA compliance at 28 CFR §§ 115.313(a), (d).)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility complies with its staffing plan except during limited and discrete exigent circumstances, and staff document any deviations from the plan during such circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff do not sleep while on duty.	<input type="checkbox"/>	<input type="checkbox"/>
8. Backup staff support is immediately available to respond to incidents or emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
9. At least one female staff member is on duty in living units housing girls, and at least one male staff member is always on duty in living units housing boys. Staffing levels of same-gendered staff are sufficient so that staff can avoid viewing youth of the opposite gender in a state of undress, except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility has adequate staff to provide required direct supervision of youth during times when some staff are in other areas of the facility, such as the visitation area.	<input type="checkbox"/>	<input type="checkbox"/>
II. 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.	<input type="checkbox"/>	<input type="checkbox"/>

C. TRAINING FOR INSTITUTIONAL STAFF

Standard	Conforms	Does not Conform
1. Staff possess the information and skills necessary to carry out their duties.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to ensure that all categories of personnel meet training requirements. Training for staff with youth care and supervision duties includes at least 40 hours of training prior to assuming any job duties, an additional 120 hours of training during the first year of employment, and 40 hours annually thereafter. Training for all other facility staff includes at least 40 hours of training prior to assuming any job duties and an additional 40 hours of training annually. On the job or "shadowing" types of training, while valuable, do not count toward the hours of required training.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility designates a person who is responsible for coordinating staff training activities at the facility. That person has skills in providing or procuring staff training.	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility staff, including but not limited to direct care staff, qualified medical professionals, and qualified mental health professionals receive training on policies and practices regarding:	<input type="checkbox"/>	<input type="checkbox"/>
a. Basic rights of incarcerated youth, including the legal rights of youth, grievance procedures and the right to be free of retaliation for making a complaint.	<input type="checkbox"/>	<input type="checkbox"/>
b. Background characteristics of youth.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Adolescent development for girls and boys, including sexual health and sexual development.	<input type="checkbox"/>	<input type="checkbox"/>
(2) The physical, sexual, and emotional abuse histories of youth and how to understand post-traumatic stress reactions and effectively interact with youth with those histories and trauma-related reactions.	<input type="checkbox"/>	<input type="checkbox"/>
(3) The impact of traumatic events such as exposure to or witnessing severe violence, death, or life-threatening accidents or disasters, on youth development. This includes the impact of incarceration, and how to recognize and respond to youth whose behavior is affected by post-traumatic stress.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Working with specific populations.	<input type="checkbox"/>	<input type="checkbox"/>
(1) The facility's non-discrimination policy and working with youth in a respectful and non-discriminatory manner.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Signs of physical, intellectual, and developmental disabilities, the needs of youth with such disabilities, and the ways to work and communicate effectively with youth with those disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Signs of mental illness and the needs of and ways of working with youth with mental illness.	<input type="checkbox"/>	<input type="checkbox"/>
(4) The facility's language access policies and plans, including how to access language assistance services for limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Information on the racial and ethnic backgrounds of youth in custody and how to work with youth in a culturally responsive manner.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Gender-specific needs of youth in custody, including special considerations for boys and girls who have experienced trauma, pregnant girls, and health protocols for both boys and girls.	<input type="checkbox"/>	<input type="checkbox"/>
(7) How to work and communicate with lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) youth, as well as how to recognize, prevent, and respond to harassment of LGBTQI youth.	<input type="checkbox"/>	<input type="checkbox"/>
d. Positive behavior management, de-escalation techniques, and conflict management.	<input type="checkbox"/>	<input type="checkbox"/>
(1) The facility's positive behavior management system.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Appropriate sanctions for negative behavior.	<input type="checkbox"/>	<input type="checkbox"/>
(3) How to communicate effectively and professionally with youth.	<input type="checkbox"/>	<input type="checkbox"/>
(4) Conflict management, de-escalation techniques, and management of assaultive behavior. [Also listed at VII(A)(1)(a).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(5) Access to mental health and crisis intervention services for youth.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Alternatives to and the appropriate use of physical force, mechanical restraints, and room confinement. [Also listed at VII(A)(l)(b).]	<input type="checkbox"/>	<input type="checkbox"/>
e. Response to and reporting of child abuse, neglect, and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
(l) Signs and symptoms of child abuse and neglect.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Handling disclosures of victimization in a sensitive manner.	<input type="checkbox"/>	<input type="checkbox"/>
(3) How to comply with relevant laws related to mandatory reporting to outside authorities.	<input type="checkbox"/>	<input type="checkbox"/>
(4) The right of youth and staff to be free from retaliation for reporting abuse, neglect, and violation of staff responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexual abuse and sexual harassment prevention, detection and response. (Additional detail on PREA compliance at 28 CFR § 115.331(a).)	<input type="checkbox"/>	<input type="checkbox"/>
(l) The facility's policy prohibiting sexual abuse and sexual harassment.	<input type="checkbox"/>	<input type="checkbox"/>
(2) The dynamics of sexual abuse and sexual harassment in juvenile facilities, including common reactions of victims and how to detect and respond to signs of threatened and actual sexual abuse.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(4) How to distinguish between consensual sexual contact and sexual abuse between youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical and mental health needs of youth.	<input type="checkbox"/>	<input type="checkbox"/>
(l) Proper administration of CPR and first aid and appropriate use of automated external defibrillators (AEDs). [Also listed at VI(E)(l6).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(2) Universal safety precautions and response to high-risk bodily fluid spills.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Recognition of behavioral and verbal cues indicating vulnerability to suicide, and what to do in case of suicide attempts or suicides (e.g., the use of a rescue tool for youth hanging). [Also listed at II(F)(5)(a).]	<input type="checkbox"/>	<input type="checkbox"/>
(4) Signs and symptoms of medical emergencies, including acute manifestations of chronic illnesses (e.g., asthma, seizures) and adverse reactions to medication.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Signs and symptoms of mental illness and emotional disturbance.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Signs and symptoms of chemical dependency, including withdrawal from drugs and alcohol.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Procedures for appropriate referrals of health and mental health needs, including transportation to medical or mental health facilities.	<input type="checkbox"/>	<input type="checkbox"/>
h. Facility operations and facility emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
(1) Staff code of conduct.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Facility operations, security procedures, and safety procedures.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Action required in emergencies, including referral and evacuation policies and procedures. [Also listed at VI(E)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
(4) Fire procedures, including the use of fire extinguishers.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Facility rules on contraband and prohibited items.	<input type="checkbox"/>	<input type="checkbox"/>
(6) Appropriate search techniques, including professional and respectful searches of transgender and intersex youth and cross-gender pat-down searches under exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
(7) Effective report writing.	<input type="checkbox"/>	<input type="checkbox"/>
(8) Confidentiality of records and limitations on disclosure of confidential information.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
5. Training staff document, through employee signature or electronic verification, that employees received required training.	<input type="checkbox"/>	<input type="checkbox"/>
6. Trainings include proficiency testing to document that employees understand the training they have received.	<input type="checkbox"/>	<input type="checkbox"/>
7. Where staff are expected to engage youth in skill building, discussion groups, recreational activities, and other structured programming, the facility provides the tools and training necessary for staff to perform these functions effectively.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility provides training to volunteers and contractors as necessary to prepare them for their roles and to prevent victimization of youth. (Additional detail on PREA compliance at 28 CFR § 115.332.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at VIII(D)(12).]	<input type="checkbox"/>	<input type="checkbox"/>
10. If the facility relies on staff who are not qualified mental health professionals to provide any mental health service otherwise permitted by state law, the responsible mental health authority for the facility approves such staff, and ensures that they have received adequate training in identifying and interacting with individuals in need of mental health services. [Also listed at II(D)(7).]	<input type="checkbox"/>	<input type="checkbox"/>
11. The health authority ensures that staff who conduct mental health admission screenings are properly trained to fulfill those duties. [Also listed at II(J)(13).]	<input type="checkbox"/>	<input type="checkbox"/>
12. Training personnel incorporate recommendations and concerns from youth, parents or guardians, staff, management, and quality assurance personnel, as well as audits and other sources, into training plans and curricula.	<input type="checkbox"/>	<input type="checkbox"/>
D. SUPERVISION OF STAFF		
1. The facility administrator regularly tours living units to monitor institutional operations and provide guidance to staff.	<input type="checkbox"/>	<input type="checkbox"/>
2. Supervisors conduct and document unannounced rounds on all shifts. Staff are prohibited from warning other staff members that supervisory rounds are occurring.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff receive regular evaluations for performance, and facility administrators take action in appropriate circumstances either to address deficient performance or terminate employment. Facility administrators also recognize staff for exemplary performance and ingenuity in promoting a positive environment for youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Administrators regularly review logbooks; special incident reports; records of use of physical force, restraints and room confinement; grievances; and recreation records. Administrators provide positive feedback to staff on exemplary performance. Administrators advise staff of any areas of concern and take appropriate action with respect to particular staff members, such as re-training.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility administrator annually reviews all facility operating procedures and updates them as needed.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility administrator regularly schedules meetings or provides other opportunities for staff to propose and discuss new policies or issues of concern, as well as to offer suggestions for improvement of the facility or programs.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility develops and implements written policies, procedures, and actual practices to ensure that staff model social skills for youth and do not use profanity, threats, discriminatory comments, intimidation, humiliation, or have inappropriate physical contact or personal relationships with youth. Facility management addresses violations of standards of conduct through corrective action.	<input type="checkbox"/>	<input type="checkbox"/>
8. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at VIII(D)(2I).]	<input type="checkbox"/>	<input type="checkbox"/>
9. Administrators develop and implement policies, procedures, and actual practices that establish a standard of fair and equitable treatment of all youth.	<input type="checkbox"/>	<input type="checkbox"/>
E. REPORTS OF ABUSE, NEGLECT, RETALIATION, VIOLATION OF RESPONSIBILITIES; INCIDENT REPORTS; AND COMPLAINTS		
1. The facility has a clear, understandable, confidential, and accessible means for youth and staff to report suspected child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities. [See also standards VIII(D).]	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility requires staff at the facility to report knowledge, suspicion, or information that they receive regarding child abuse, neglect, sex trafficking, retaliation against youth or staff who reported an incident, and violation of staff responsibilities to appropriate child protective services and law enforcement agencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. Staff and youth do not experience retaliation for making complaints or reports of child abuse.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility director reports any allegations of child abuse to parents or guardians (unless the facility has official documentation showing that parents or legal guardians should not be notified), the child welfare system caseworker (if applicable), and the child's attorney or other legal representative. (Additional detail on PREA compliance at 28 CFR § 115.361(e)(3).)	<input type="checkbox"/>	<input type="checkbox"/>
5. Administrators reassign staff who are under investigation for behavior that would constitute sexual harassment, sexual abuse, or child abuse or neglect to a position where they have no contact with youth pending the outcome of an investigation. (Additional detail on PREA compliance at 28 CFR § 115.366.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility develops and implements written policies, procedures, and actual practices to ensure that the facility administrator or designee advises those making complaints of the results of the complaints or child abuse reports that they file.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has a code of conduct requiring staff to report misconduct of other staff members. Staff who fail to adhere to the code of conduct face appropriate discipline.	<input type="checkbox"/>	<input type="checkbox"/>
8. If youth report abuse, neglect, or retaliation at a previous placement, staff report that abuse to the appropriate authorities and to the head of the facility where the alleged incident took place. (Additional detail on PREA compliance at 28 CFR § 115.363.)	<input type="checkbox"/>	<input type="checkbox"/>
F. QUALITY ASSURANCE		
1. The facility administrator or his or her designee collects and analyzes accurate and uniform data and reports on major incidents such as violence, use of restraints, use of room confinement, use of physical force, sexual abuse, sexual harassment, attempted and completed escapes, attempted and completed suicides, and serious disease outbreaks. (Additional detail on PREA compliance at 28 CFR §§ 115.387 and 115.389.)	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility administrator or his or her designee reviews the data and reports listed above on a regular basis, at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility administrator convenes a committee to set performance goals and develop quality assurance and improvement plans for the facility. Administrators review and update performance goals and plans on an ongoing basis after major incidents, but no less frequently than once a year. (Additional detail on PREA compliance at 28 CFR § 115.388.)	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility administrator establishes performance goals and collects and analyzes data on whether those goals are met.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility administrator schedules and completes an audit for compliance with the Prison Rape Elimination Act standards for juvenile facilities at least once every three years and takes any corrective actions necessary to address findings of "does not meet standard." (Additional detail on PREA compliance at 28 CFR §§ 115.401-404.)	<input type="checkbox"/>	<input type="checkbox"/>

Environment

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

Key Definitions

CLOTHING SEARCH: Feeling inside pockets and cuffs without removal of clothing from the body.

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

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

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

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

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

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

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

PAT-DOWN SEARCH: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

PHYSICAL BODY CAVITY SEARCH: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

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

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

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

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

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

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

VISUAL BODY CAVITY SEARCH: A visual inspection of the anal or vaginal cavity of an individual.

A. POSITIVE INSTITUTIONAL ATMOSPHERE

Standard	Conforms	Does not Conform
I. All persons in the facility are treated with respect.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility develops and implements written policies, procedures, and actual practices to prohibit use of slurs, name-calling, and other disrespectful behavior by youth and staff. Implementation includes enforcement of these policies by administrators.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff demonstrate a consistent level of tolerance of normal adolescent behavior in their day-to-day work with youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Furnishings and other decorations reflect a home-like, non-penal environment supportive of boys and girls to the maximum extent possible.	<input type="checkbox"/>	<input type="checkbox"/>
5. The buildings and grounds are well maintained.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff allow youth to decorate and personalize their own living space.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff recognize and celebrate important holidays, birthdays, and other dates of significance to youth.	<input type="checkbox"/>	<input type="checkbox"/>
8. The décor and programming acknowledge and value the diverse population and interests of youth in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
9. Staff wear appropriate attire or casual uniforms, not law enforcement or military-style garb.	<input type="checkbox"/>	<input type="checkbox"/>
10. Youth are allowed to speak in their primary language, with an exception in emergency situations if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
II. The facility does not shave youth's hair off or require youth to adopt a particular hairstyle.	<input type="checkbox"/>	<input type="checkbox"/>

B. SANITATION

Standard	Conforms	Does not Conform
1. The facility complies with all local, state and federal health and sanitation codes, and has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff encourage, enable, and expect youth to keep themselves, their rooms, and communal areas clean. In order to achieve this, staff give youth instruction, supervision, and supplies (including necessary protective gear) to carry out these tasks.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility has and implements sanitation plans to maintain a clean, sanitary environment. The facility updates the plan annually to ensure compliance with best practices in environmental health and safety. The plan includes:	<input type="checkbox"/>	<input type="checkbox"/>
a. A schedule for cleaning common areas, bathrooms, and showers.	<input type="checkbox"/>	<input type="checkbox"/>
b. Identification of staff person(s) responsible for conducting and documenting weekly sanitation inspections.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of antimicrobial treatment agents to clean areas where bacteria may grow.	<input type="checkbox"/>	<input type="checkbox"/>
d. Implementation and documentation of training of staff and youth on the use of standard hygienic practices, such as hand washing.	<input type="checkbox"/>	<input type="checkbox"/>
4. Rooms, bathrooms, and common areas are cleaned on a daily basis and are free of mold and debris.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth perform the kinds of housekeeping tasks they might be expected to do at home, but are not substitutes for professional janitorial staff.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth do not perform dangerous tasks (e.g., blood spill cleanup, floor stripping, or roofing).	<input type="checkbox"/>	<input type="checkbox"/>
7. Youth receive points, higher status or other compensation for performing tasks that go beyond routine housekeeping tasks (e.g., helping with laundry or kitchen duty). The facility provides youth with disabilities with reasonable accommodations so that they can perform tasks that go beyond routine housekeeping.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth do not perform housekeeping or other tasks that require them to miss school or interfere with normal sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>9. The facility provides functioning toilets at a minimum ratio of at least one for every eight youth. (Urinals may be substituted for up to one half of the toilets in male units.) All housing units with five or more youth have a minimum of two toilets. Youth in “dry” rooms (without toilets) have immediate access to toilets (no longer than a 5 minute delay after a youth request).</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Youth have access to operable sinks with hot and cold running water in the housing units at a minimum ratio of one basin for every six youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Youth have access to operable showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight youth. Water for showers is thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>12. Youth have adequate time to conduct appropriate hygiene practices.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. The facility is free of insect and rodent infestation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Staff allow youth to take showers every day.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Staff allow youth to brush their teeth after breakfast and dinner.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Youth and staff wash their hands before meals and after activities that may cause the spread of germs.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Staff provide youth with the opportunity to groom themselves before court and other important events.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>18. Staff provide youth with clean underclothing and socks daily. Staff provide youth with clean outer clothing, except footwear, not less than twice a week. Staff wash clothes at temperatures and for lengths of time that allow for disinfection of clothing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>19. Staff provide youth with clean bed linens at least once weekly, including two sheets, a pillow and a pillowcase, a mattress, and sufficient blankets to provide reasonable comfort. Staff provide youth with clean towels daily. Staff do not remove these items as a form of discipline.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>20. Staff disinfect mattress covers before a new youth uses the mattress. Staff repair or remove from circulation any mattresses with holes or cracks since such mattresses cannot be properly disinfected.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
21. Staff sanitize storage spaces that hold youth's personal and court clothes, including garment bags, after each use.	<input type="checkbox"/>	<input type="checkbox"/>
22. Furnishings are in good repair and appropriate for their expected use (e.g., mattresses are of sufficient quality and thickness for sleeping).	<input type="checkbox"/>	<input type="checkbox"/>
C. FOOD		
I. The facility's food services comply with applicable local, state and federal sanitation and health codes, and the facility has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
2. Youth receive at least three meals daily, of which two are hot meals, with no more than 12 hours between the evening meal and breakfast. Youth receive healthy snacks in the evenings.	<input type="checkbox"/>	<input type="checkbox"/>
3. Youth in the facility receive a wholesome, appetizing, and nutritionally adequate diet. Youth have an opportunity to provide input into the menu and, where possible, food reflects the cultural backgrounds of youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. If staff eat meals with youth, youth and staff receive the same meals. If staff bring in food to eat from outside of the facility, staff do not eat the food in front of youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility provides meals stored and served at safe temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility provides meals for youth with special dietary requirements (e.g., youth with allergies, pregnant girls, youth with dental problems, and youth with religious beliefs that require adherence to religious dietary laws or special timing of meals).	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility adheres to youth's religious dietary laws and special timing of meals.	<input type="checkbox"/>	<input type="checkbox"/>
8. There is no infestation of insects or rodents in food, food preparation and storage areas, the kitchen, or the dining area(s).	<input type="checkbox"/>	<input type="checkbox"/>
9. Youth may obtain second servings of food.	<input type="checkbox"/>	<input type="checkbox"/>
10. Youth eat meals in a cafeteria or common area.	<input type="checkbox"/>	<input type="checkbox"/>
II. Youth have a reasonable time, no fewer than 20 minutes, for each meal.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
12. Youth may talk during meals absent immediate and temporary safety or security reasons.	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff do not withhold food for discipline. The facility does not serve deliberately unappetizing meals to youth.	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff follow up with youth who do not eat the meal to determine the reasons. If appropriate, staff initiate a medical or mental health referral.	<input type="checkbox"/>	<input type="checkbox"/>
D. TEMPERATURE, VENTILATION, AND NOISE		
1. Temperatures in indoor areas are appropriate to summer and winter comfort zones, with no unhealthy extremes. Staff provide additional blankets or clothing to youth who are cold.	<input type="checkbox"/>	<input type="checkbox"/>
2. There is adequate ventilation in indoor areas.	<input type="checkbox"/>	<input type="checkbox"/>
3. Noise levels in the facility are comfortable and appropriate at all times.	<input type="checkbox"/>	<input type="checkbox"/>
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 emergencies, and medical emergencies. The plan covers:	<input type="checkbox"/>	<input type="checkbox"/>
a. A floor plan indicating the primary exit for each area of the facility and alternate exits and egress routes for each area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. The identification of key personnel and their specific responsibilities during an emergency or disaster situation, including designation of key personnel on all shifts.	<input type="checkbox"/>	<input type="checkbox"/>
c. Agreements with other agencies or departments.	<input type="checkbox"/>	<input type="checkbox"/>
d. Means of transportation to pre-determined evacuation sites and evacuation routes.	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation of essential medications for youth and other supplies, including food and drinking water, first-aid supplies, flashlights, and batteries.	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication protocols among staff, as well as with outside agencies.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
g. Agreements with outside agencies that can provide medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
h. Notification to families.	<input type="checkbox"/>	<input type="checkbox"/>
i. Meeting the needs of youth with mental illness or physical, intellectual, or developmental disabilities.	<input type="checkbox"/>	<input type="checkbox"/>
j. Meeting the needs of limited English proficient youth.	<input type="checkbox"/>	<input type="checkbox"/>
k. Immediate release of youth from locked areas in case of an emergency, with clearly delineated responsibilities for unlocking doors.	<input type="checkbox"/>	<input type="checkbox"/>
l. Documentation that the local fire authority has reviewed the evacuation procedures.	<input type="checkbox"/>	<input type="checkbox"/>
2. The facility trains all staff on their responsibilities under the emergency evacuation plan and has documentation of such training. [Also listed at V(C)(4)(h)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
3. All occupied areas of the facility have at least two means of egress.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility has identification and lighting of all exits, including during emergencies.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility complies with all local, state, and federal fire codes and regulations and has documentation demonstrating such compliance.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a working automated fire detection system that is wired so that it sounds throughout the building when a fire alarm in one area of the building sounds.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility has smoke alarms in appropriate locations and in working condition.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has a sprinkler system in appropriate locations and in working condition.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has fire extinguishers in appropriate locations and in working condition. Staff regularly check and service fire extinguishers, and document the servicing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
10. Staff are trained to use fire extinguishers and have documentation of such training.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility has an evacuation plan that staff conspicuously post in each area of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff regularly conduct and document fire drills, at least monthly and on a rotating basis among all shifts. The plan for conducting fire drills includes	<input type="checkbox"/>	<input type="checkbox"/>
a. Documentation of how long it takes to unlock doors and complete the drill process.	<input type="checkbox"/>	<input type="checkbox"/>
b. Practice with different scenarios so that each drill is not the same (e.g., a kitchen fire, a fire on a unit, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff identification of emergency keys to unlock doors by touch and by sight.	<input type="checkbox"/>	<input type="checkbox"/>
d. Practice clearing youth from the building at least one time per year.	<input type="checkbox"/>	<input type="checkbox"/>
13. The administrator requests that the local fire marshal or fire authority attend fire drills to identify any concerns and make recommendations. The facility creates and implements a corrective action plan if the local fire marshal identifies any concerns.	<input type="checkbox"/>	<input type="checkbox"/>
14. The administrator requests that the local fire marshal or fire authority conduct an annual inspection of the facility. The facility retains documentation of the request and any inspection.	<input type="checkbox"/>	<input type="checkbox"/>
15. First aid kits are immediately available and fully stocked with non-expired items.	<input type="checkbox"/>	<input type="checkbox"/>
16. The facility has an automated external defibrillator (AED) on site and staff trained to use it. [Also listed at V(C)(4)(g)(l).]	<input type="checkbox"/>	<input type="checkbox"/>
17. The facility has a plan for handling exposure to high-risk bodily fluids.	<input type="checkbox"/>	<input type="checkbox"/>
18. Staff properly store and secure potentially hazardous or flammable items.	<input type="checkbox"/>	<input type="checkbox"/>

F. LIGHTING

Standard	Conforms	Does not Conform
1. Individual rooms have adequate lighting, sufficient for reading.	<input type="checkbox"/>	<input type="checkbox"/>
2. The lights in youth's rooms are turned out at night (or adequately darkened for sleep), unless the youth requests otherwise, or for individual security, health, or mental health reasons.	<input type="checkbox"/>	<input type="checkbox"/>
3. Dayroom and common areas used for recreation are adequately lit for activities conducted in the area.	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility allows youth to wear clothing appropriate to their gender identity, including bras and underwear.	<input type="checkbox"/>	<input type="checkbox"/>
4. Youth receive outerwear that is appropriate to the season.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth may keep a reasonable number of personal items in their rooms. Staff do not confiscate a youth's personal items absent specific safety or security concerns.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility housing units have lockers or other storage for youth's clothing and personal items.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides adequate and culturally appropriate hair and skin care products, services, and supplies for youth. Rules about hair and skin care are gender and culturally sensitive (e.g., youth are not required to shampoo their hair at a frequency that is damaging to their hair).	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth have access to adequate personal hygiene and toiletry supplies, including hygiene supplies specific for girls if girls are detained in the facility. Staff do not require youth to share items that could allow for spread of germs (e.g., common toothpaste tube, tub of deodorant).	<input type="checkbox"/>	<input type="checkbox"/>

H. SEARCHES

Standard	Conforms	Does not Conform
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. [See also standard VIII(C)(I).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Written procedures address each of the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Intake searches include pat-downs, metal detector, or clothing searches. If the facility permits strip searches upon intake or visual body cavity searches, staff conduct them in accordance with applicable law.	<input type="checkbox"/>	<input type="checkbox"/>
b. When staff search youth who are returning from court, school, another facility, visits on the premises, or who have otherwise been continuously supervised, they do so by a pat-down, metal detector, or clothing search. Staff conduct strip or visual body cavity searches in such circumstances only with prior supervisory approval, upon reasonable suspicion that a youth is in possession of a weapon or contraband, and in accordance with applicable law. [See also standard III(C)(I2).]	<input type="checkbox"/>	<input type="checkbox"/>
c. If the facility conducts physical body cavity searches, only qualified medical professionals conduct the searches. Staff notify parents or guardians if a youth is subjected to a physical body cavity search. Female medical staff are present during physical body cavity searches of girls. Male medical staff are present during physical body cavity searches of boys.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff conducting pat-down searches and clothing searches are of the same gender as the individual being searched except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff conducting strip searches, visual body cavity searches, or collecting urine samples are of the same gender as the youth being searched except when such searches are performed by medical practitioners.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff conducting strip searches, visual body cavity searches, or collecting urine samples perform such searches in a private setting and only search one youth at a time.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff document and provide written justification for all cross-gender searches.	<input type="checkbox"/>	<input type="checkbox"/>
i. Staff do not search or physically examine transgender or intersex youth for the sole purpose of determining the youth's genital status. (Additional detail on PREA compliance at 28 CFR § 115.315(e).)	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff demonstrate appropriate pat-down and clothing searches for youth during orientation. [Also listed at I(C)(6)(s).]	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. Staff conduct facility and individual room searches when needed with the least amount of disruption and with respect for youth's personal property.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff search visitors by pat down or metal detector (or other searches as permitted by applicable law) to ensure the safety, security, and sound operation of the facility.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff do not conduct searches of youth, youth rooms, or visitors as harassment or for the purpose of punishment or discipline.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility provides staff with lockers away from the living units for staff to store their personal items. The facility posts a list of items that may and may not be taken into the facility. Staff are personally searched if there is probable cause that the staff member is in possession of a weapon or contraband.	<input type="checkbox"/>	<input type="checkbox"/>
I. CROSS-GENDER VIEWING AND PRIVACY		
1. The facility enables youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff of the opposite gender of the youth living there announce their presence when entering housing units.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff provide transgender and intersex youth with the opportunity to shower separately from other youth.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff make accommodations for youth whose physical or emotional state warrants additional privacy when showering, performing bodily functions, or changing clothing.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility allows youth to shower individually or employs a means of affording youth privacy during showers while also allowing staff to ensure the youth's safety (e.g., a curtain that allows the staff member to view a youth's head and feet but nothing in between).	<input type="checkbox"/>	<input type="checkbox"/>
J. OVERCROWDING AND ADEQUATE LIVING SPACE		
1. The total population of the facility and the population per unit do not exceed maximum rated capacity.	<input type="checkbox"/>	<input type="checkbox"/>
2. Living units are primarily designed for single occupancy sleeping rooms. If the facility has multiple occupancy rooms, those multiple occupancy rooms do not exceed 20 percent of the bed capacity of the unit.	<input type="checkbox"/>	<input type="checkbox"/>
3. Rooms are not occupied by more youth than the rated capacity allows.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
4. The dayroom and common areas have sufficient chairs and tables to accommodate recreational activities conducted in those rooms.	<input type="checkbox"/>	<input type="checkbox"/>
5. Sleeping rooms are large enough to provide comfortable movement for in-room activities and hygiene for the number of youth in the room.	<input type="checkbox"/>	<input type="checkbox"/>
6. Youth with limited mobility have accessible routes to parts of the facility where programming, education, visitation, and other activities occur.	<input type="checkbox"/>	<input type="checkbox"/>
7. Visual alarms are provided in addition to audible alarms.	<input type="checkbox"/>	<input type="checkbox"/>
8. The facility has toilets, sinks, and showers accessible for youth with limited mobility, either in the youth's own sleeping room or in an area of the facility easily accessible to youth with limited mobility. These accommodations include:	<input type="checkbox"/>	<input type="checkbox"/>
a. Toilets that have side and rear grab bars that permit transfers to and from wheelchairs while ensuring that nothing can be tied onto them.	<input type="checkbox"/>	<input type="checkbox"/>
b. Adequate floor space to permit access to the toilet.	<input type="checkbox"/>	<input type="checkbox"/>
c. Flush valves and faucets that are operable without tight grasping, pinching, or twisting.	<input type="checkbox"/>	<input type="checkbox"/>
d. Shower spray units with a hose that can be used as a hand-held shower or a fixed shower head mounted lower to the floor.	<input type="checkbox"/>	<input type="checkbox"/>
e. Sinks with sufficient space for use by a youth in a wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility has sleeping rooms for youth with limited mobility. Such rooms contain the following features:	<input type="checkbox"/>	<input type="checkbox"/>
a. Doorways that are wide enough to permit entry by youth in a wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>
b. Floor space that permits movement about the sleeping room and access to each of the room's features.	<input type="checkbox"/>	<input type="checkbox"/>
c. A desk with space for use by a youth in a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
d. A bed of a height that facilitates transfers to and from wheelchairs.	<input type="checkbox"/>	<input type="checkbox"/>
e. If provided, grab bars that are designed with adequate gripping surfaces while ensuring that nothing can be tied onto them.	<input type="checkbox"/>	<input type="checkbox"/>

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

Restraints, Room Confinement, Due Process, and Grievances

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

Key Definitions

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

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

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

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

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

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

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

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

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

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

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

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

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

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

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

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

USE OF PHYSICAL FORCE OR RESTRAINT INCIDENT: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

VOLUNTARY TIME-OUT: A brief period of time in a youth's room or other space at the request of the youth.

A. USE OF PHYSICAL FORCE, RESTRAINTS, AND CHEMICAL AGENTS

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Facility staff receive regular training in conflict management, de-escalation of confrontations, crisis intervention techniques, management of assaultive behavior, minimizing trauma involved in the use of physical force and mechanical restraints, and the facility's continuum of methods of control. [Also listed at V(C)(4)(d)(3).]	<input type="checkbox"/>	<input type="checkbox"/>
b. Facility staff receive regular training on situations in which use of physical force or mechanical restraints is or is not justified, permitted methods of physical force and restraints, appropriate techniques for use of physical force and restraints, and guidance to staff in deciding what level of physical force or restraints to use if that becomes necessary. [Also listed at V(C)(4)(d)(6).]	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff follow a graduated set of interventions that avoid the use of physical force or mechanical restraints, employ a range of interventions or actions before using physical force or restraints, and permit only the least restrictive measures in order to prevent physical harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
d. Only staff specifically trained in the use of physical force and mechanical restraints are permitted to use such techniques or devices. Staff only use approved techniques or devices.	<input type="checkbox"/>	<input type="checkbox"/>
2. Written policies and procedures in the facility set forth the principles below for use of physical force and mechanical restraints:	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff only use approved physical force techniques when a youth's behavior threatens imminent harm to the youth or others. Staff may use approved physical force techniques when a youth is engaging in property destruction that involves an imminent threat to the youth's safety or the safety of others.	<input type="checkbox"/>	<input type="checkbox"/>
b. The only mechanical restraints that staff may use in the facility are handcuffs.	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff only use physical force or mechanical restraints by employing the least restrictive appropriate means and only for the amount of time necessary to bring the situation under control. As soon as a youth regains self-control, staff stop using physical force or mechanical restraints.	<input type="checkbox"/>	<input type="checkbox"/>
d. During transportation (inside or outside of the facility), staff may use handcuffs to prevent injury or escape. In the rare instances that staff need additional restraints during transportation, such as belly belts/chains or leg shackles, staff must provide particularized reasons for their use and obtain approval by the facility administrator. Staff do not use belly belts/chains or leg shackles on pregnant girls. Staff do not handcuff youth together during transportation, or restrain youth to the vehicle.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
e. During facility emergencies or when a youth is out of control, staff may use handcuffs to prevent injury or escape. Staff remove handcuffs promptly after the youth is placed in his or her room, or is otherwise in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>
f. Staff never leave youth who are sleeping in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff never leave youth who are in restraints alone.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility develops and implements written policies, procedures, and actual practices to prohibit:	<input type="checkbox"/>	<input type="checkbox"/>
a. The use of any kind of mechanical restraint device other than handcuffs while youth are in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. The use of any kind of restraint device other than handcuffs or belly belts/chains and leg shackles during transportation.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of chemical agents, including pepper spray, tear gas, and mace.	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of chemical or medical restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of pressure point control and pain compliance techniques at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
f. Hitting youth with a closed fist, throwing youth into a wall or the floor, kicking or striking youth, pulling a youth's hair, or using chokeholds or blows to the head on youth.	<input type="checkbox"/>	<input type="checkbox"/>
g. Use of four- or five-point restraints, straightjackets, or restraint chairs.	<input type="checkbox"/>	<input type="checkbox"/>
h. Hogtying youth or placing youth in restraints in other uncomfortable positions.	<input type="checkbox"/>	<input type="checkbox"/>
i. Restraining youth to fixed objects, including beds or walls.	<input type="checkbox"/>	<input type="checkbox"/>
j. Restraining youth in a prone position and putting pressure on the youth's back, or restraining youth in a position that may restrict their airway.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
k. Using physical force or mechanical restraints for punishment, discipline, retaliation, or treatment.	<input type="checkbox"/>	<input type="checkbox"/>
l. Use of belly belts/chains or leg shackles on pregnant girls.	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility staff document all use of physical force or restraint incidents, including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of youth.	<input type="checkbox"/>	<input type="checkbox"/>
b. Date and time physical force or restraints were used on youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Date and time youth were released from restraints.	<input type="checkbox"/>	<input type="checkbox"/>
d. The person authorizing placement of the youth in restraints.	<input type="checkbox"/>	<input type="checkbox"/>
e. A description of the circumstances leading up to the use of physical force or restraints.	<input type="checkbox"/>	<input type="checkbox"/>
f. The staff involved in the incident.	<input type="checkbox"/>	<input type="checkbox"/>
g. Any youth or staff witnesses.	<input type="checkbox"/>	<input type="checkbox"/>
h. The alternative actions attempted and found unsuccessful or reasons alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>
i. The type of physical force or restraints used and a description of how they were applied.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals or contacts with qualified medical and qualified mental health professionals, including the date and time such persons were contacted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff ensure that all youth who are the subject of a use of physical force or restraint incident see a qualified medical professional within one hour of the use of physical force or restraint.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>6. Qualified medical and qualified mental health professionals document all contact with youth who are the subject of a use of physical force or restraint incident. This document includes the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, any statements from the youth or others regarding injuries sustained during the incident, as well as photographic or other documentation of any observed injuries, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>7. Staff and youth involved in use of physical force or restraint incidents undergo a debriefing process with supervisory staff and qualified mental health professionals to explore what might have prevented the need for force or restraint and alternative ways of handling the situation.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Staff notify the youth's parents or guardians and the youth's attorney or guardian ad litem of all use of force or restraint incidents by the end of the next business day following the use of physical force or restraint incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency for individuals with disabilities within 24 hours of the restraint incident.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>9. The facility administrator regularly reviews and maintains a file in his or her office, for a period of at least one year after the incident, of reports on all use of physical force or restraint incidents, including the amount of time that youth are restrained and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(B)(1).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. A restraint review committee, which includes the facility administrator or designee, training staff, qualified mental health professionals, and line staff, regularly reviews all use of force and restraint incidents to identify departures from policy and issues needing policy clarification, to develop targeted training, and to provide feedback to staff on effective crisis management.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. Mental health providers for the facility review incidents, discipline, and room confinement of youth under their care to evaluate the effectiveness and appropriateness of behavioral management techniques and staff's response to youth behavior. Mental health providers offer feedback on needed adjustments to care plans for youth and offer feedback for staff on how to manage the behaviors of youth.</p>	<input type="checkbox"/>	<input type="checkbox"/>

B. ROOM CONFINEMENT

Standard	Conforms	Does not Conform
I. Written policies and procedures in the facility set forth the following principles for the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
a. Staff only use room confinement as a temporary response to behavior that threatens immediate harm to the youth or others. Staff may use room confinement when a youth is engaging in property destruction that threatens immediate harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff never use room confinement for discipline, punishment, administrative convenience, retaliation, staffing shortages, or reasons other than a temporary response to behavior that threatens immediate harm to a youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
c. Prior to using room confinement, staff use less restrictive techniques, including talking with youth to de-escalate the situation and bringing in staff, qualified mental health professionals, or other youth to talk with the youth. Prior to using room confinement or immediately after placing a youth in room confinement, staff explain to the youth the reasons for the room confinement, and the fact that he or she will be released upon regaining self-control.	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff do not place youth in room confinement for fixed periods of time. Staff return youth to programming as soon as the youth has regained self-control and is no longer engaging in behavior that threatens immediate harm to the youth or others.	<input type="checkbox"/>	<input type="checkbox"/>
e. During the time that a youth is in room confinement, staff engage in crisis intervention techniques and one-on-one observation.	<input type="checkbox"/>	<input type="checkbox"/>
f. While youth are in room confinement, staff follow a protocol that:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Requires staff to secure the approval of a unit supervisor for the use of room confinement shortly after placing the child in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
(2) Requires staff to secure the approval of increasingly senior administrators as the length of time in room confinement increases.	<input type="checkbox"/>	<input type="checkbox"/>
(3) Clearly describes how and when to involve qualified medical and qualified mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
(4) Clearly describes the expectations for in-person visits of youth in room confinement by qualified medical and mental health professionals, supervisors, and administrators.	<input type="checkbox"/>	<input type="checkbox"/>
(5) Requires staff to develop a plan that will allow youth to leave room confinement and return to programming.	<input type="checkbox"/>	<input type="checkbox"/>
g. Staff do not place youth in room confinement for longer than four hours. After four hours, staff return the youth to the general population, develop a special individualized programming for the youth, or consult with a qualified mental health professional about whether a youth's behavior requires that he or she be transported to a mental health facility. [See also standard VII(B)(2).]	<input type="checkbox"/>	<input type="checkbox"/>
h. If at any time during room confinement, qualified medical or qualified mental health professionals believe the level of crisis service needed is not available in the current environment, the youth is transported to a location where those services can be obtained (e.g., medical unit of the facility, hospital).	<input type="checkbox"/>	<input type="checkbox"/>
i. Youth in room confinement have reasonable access to water, toilet facilities, and hygiene supplies.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff develop special individualized programming for youth with persistent behavior problems that threaten the safety of youth or staff or the security of the facility. Staff do not use room confinement as a substitute for special individualized programming. Special individualized programming includes the following:	<input type="checkbox"/>	<input type="checkbox"/>
a. Development of an individualized plan to improve the youth's behavior, created in consultation with the youth, mental health staff, and the youth's family members.	<input type="checkbox"/>	<input type="checkbox"/>
b. The plan identifies the causes and purposes of the negative behaviors, as well as concrete goals that the youth understands and that he or she can work toward to be removed from special programming.	<input type="checkbox"/>	<input type="checkbox"/>
c. In-person supervision by and interaction with staff members.	<input type="checkbox"/>	<input type="checkbox"/>
d. In-person provision of educational services.	<input type="checkbox"/>	<input type="checkbox"/>
e. Involvement of the youth in other aspects of the facility's programming unless such involvement threatens the safety of youth or staff or the security of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
f. A guarantee that the youth will not be denied any of his or her basic rights. [See also standard VII(E)(6).]	<input type="checkbox"/>	<input type="checkbox"/>
g. Daily review with the youth of his or her progress toward the goals outlined in his or her plan.	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff keep designated areas used for room confinement clean, appropriately ventilated, and at comfortable temperatures.	<input type="checkbox"/>	<input type="checkbox"/>
4. Designated areas used for room confinement are suicide-resistant and protrusion-free.	<input type="checkbox"/>	<input type="checkbox"/>
5. Facility staff document all incidents in which a youth is placed in room confinement, including:	<input type="checkbox"/>	<input type="checkbox"/>
a. Name of the youth.	<input type="checkbox"/>	<input type="checkbox"/>
b. Date and time the youth was placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
c. Name and position of the person authorizing placement of the youth in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
d. The staff involved in the incident leading to the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
e. Documentation of required checks of youth at regular but staggered intervals, including the youth's behavior and temperament at each interval.	<input type="checkbox"/>	<input type="checkbox"/>
f. Date and time the youth was released from room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
g. Description of the circumstances leading to the use of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
h. The alternative actions attempted and found unsuccessful, or reason alternatives were not possible.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
i. The incident reports describing the incident that led to the period of room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
j. Referrals and contacts with qualified medical and qualified mental health professionals, including the date, time and person contacted.	<input type="checkbox"/>	<input type="checkbox"/>
6. Staff and youth involved in incidents involving room confinement undergo a debriefing process with supervisory staff and qualified mental health professionals as soon as possible following the youth's release from room confinement to explore what might have prevented the need for room confinement and alternative ways of handling the situation.	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff provide notice to parents or guardians and the youth's attorney or guardian ad litem of the use of room confinement by the end of the next business day following the use of room confinement and ask for input and support on ways to prevent future incidents involving the youth. In the case of youth with disabilities or mental illness, the facility provides written notice to the protection and advocacy agency within 24 hours of the youth being placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
8. Qualified medical and qualified mental health professionals document all contacts with youth in room confinement, including the name and position of qualified medical or qualified mental health professionals, the date and time of initial contact, all subsequent monitoring, pertinent findings, instructions to staff, and follow up to the incident.	<input type="checkbox"/>	<input type="checkbox"/>
9. Facility administrators and qualified mental health staff members have a mechanism for identifying youth who receive multiple periods of room confinement and develop strategies to reduce the use of room confinement for those youth.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility administrator regularly reviews the use of room confinement to ensure that staff only use it as a temporary response to behavior that threatens immediate harm to the youth or others. The facility administrator maintains a file in his or her office for a period of at least one year after the incident, of reports on all incidents in which youth are placed in room confinement.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility administrator regularly compiles and reviews data on the use of room confinement, including the amount of time that youth are in room confinement and whether the youth had an identified mental health disorder or developmental or intellectual disability. The administrator or his or her designee disaggregates the data by race, ethnicity, gender, special education status, and limited English proficient status. [See also standard VII(A)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility administrator, in conjunction with qualified mental health professionals, reviews all uses of room confinement to identify departures from policy and provide feedback to staff on effective crisis management.	<input type="checkbox"/>	<input type="checkbox"/>

C. VOLUNTARY TIME OUTS

Standard	Conforms	Does not Conform
1. Staff allow youth to have a voluntary time out under staff supervision for a short period of time at the youth's request. Youth are not locked in their room or another room when taking a voluntary time out.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff document voluntary time outs in the unit log and in other internal reports. During the time that youth are taking a voluntary time out, staff verify the youth's safety and welfare at least every 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>

D. DUE PROCESS AND DISCIPLINE

1. Staff post the rules of the institution in all living units.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff have a graduated array of options to respond to negative behaviors, including the loss of points or incentives as part of the facility's positive behavior management system. [See also standards IV(D).]	<input type="checkbox"/>	<input type="checkbox"/>
3. Staff provide youth with due process protections before any of the following occur. Due process protections include notice of and reasons for the proposed action, an opportunity for the youth to present his or her side of the story to a decision maker who was not directly involved in the incident or issue, and an opportunity to appeal the decision to at least one other individual who was not directly involved in the incident or issue.	<input type="checkbox"/>	<input type="checkbox"/>
a. Significant loss of privileges, such as temporarily suspending a youth's ability to advance to a higher level in the facility's behavior management program or limiting his or her ability to enjoy certain privileges for a period of time.	<input type="checkbox"/>	<input type="checkbox"/>
b. Transfer of a youth to a unit that imposes greater restrictions on programming or privileges.	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of room confinement for discipline, if it has not yet been abolished.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff consider whether a youth's disability, mental illness, special education status, or limited English proficient status contributed to his or her behavior when assigning consequences for violations of the facility's rules. Staff consult with appropriate professionals, such as qualified mental health professionals, when making that decision.	<input type="checkbox"/>	<input type="checkbox"/>
5. Staff make accommodations to due process procedures to ensure that youth with disabilities, mental illness, or limited English proficiency can advocate effectively for their interests.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
6. Under no circumstances do staff deprive youth of their basic rights as part of discipline. Basic rights for each youth include: [See also standard VII(B)(2)(f).]	<input type="checkbox"/>	<input type="checkbox"/>
a. A place to sleep (e.g., a mattress, pillow, blankets and sheets).	<input type="checkbox"/>	<input type="checkbox"/>
b. Full meals and evening snacks.	<input type="checkbox"/>	<input type="checkbox"/>
c. A full complement of clean clothes.	<input type="checkbox"/>	<input type="checkbox"/>
d. Visits with approved visitors and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal hygiene items.	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily opportunity for exercise.	<input type="checkbox"/>	<input type="checkbox"/>
g. Telephone contacts with approved individuals and the youth's attorney.	<input type="checkbox"/>	<input type="checkbox"/>
h. The right to receive and send mail.	<input type="checkbox"/>	<input type="checkbox"/>
i. A regular daily education program.	<input type="checkbox"/>	<input type="checkbox"/>
j. Access to medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
k. An opportunity for a daily shower and access to toilet and drinking water as needed.	<input type="checkbox"/>	<input type="checkbox"/>
l. An opportunity to attend religious services and obtain religious counseling of the youth's choice.	<input type="checkbox"/>	<input type="checkbox"/>
m. Clean and sanitary living conditions.	<input type="checkbox"/>	<input type="checkbox"/>
n. Access to reading materials.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Staff do not use group punishment as a sanction for the negative behavior of individual youth.	<input type="checkbox"/>	<input type="checkbox"/>
E. CORPORAL PUNISHMENT		
1. Staff do not use corporal punishment, or cruel or degrading punishment, either physical or psychological, at the facility.	<input type="checkbox"/>	<input type="checkbox"/>
F. GRIEVANCES AND REPORTING PROCEDURES		
1. The facility provides more than one way to report abuse, neglect, harassment, and retaliation by other youth or staff within the facility.	<input type="checkbox"/>	<input type="checkbox"/>
2. The agency provides at least one way for youth to report abuse, neglect, harassment, or retaliation to a public or private entity or office that is not part of the agency that operates the facility. Such entity is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials and allows the youth to remain anonymous upon request. (Additional detail on PREA compliance at 28 CFR § 115.351(b).)	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility's opportunities for reporting abuse, neglect, harassment, and retaliation include ways to report verbally, in writing, anonymously, and by third parties.	<input type="checkbox"/>	<input type="checkbox"/>
4. Staff provide all youth with access to a grievance procedure that provides an opportunity for a fair consideration and resolution of complaints about any aspect of the facility, including medical and mental health services.	<input type="checkbox"/>	<input type="checkbox"/>
5. Youth understand how to use the grievance process and can obtain and submit grievance forms confidentially. Staff provide youth with writing implements to fill out the forms.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility's grievance system is accessible to all youth, including youth with limited literacy, limited English proficient youth, and youth with intellectual or developmental disabilities. Staff ensure that:	<input type="checkbox"/>	<input type="checkbox"/>
a. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive oral explanations of the grievance process that they can understand.	<input type="checkbox"/>	<input type="checkbox"/>
b. Grievance forms use easy-to-understand language and are simple in their design.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
c. Youth are able to report grievances verbally and in writing.	<input type="checkbox"/>	<input type="checkbox"/>
d. Youth with intellectual disabilities, developmental disabilities, or limited literacy or English proficiency receive assistance in using the grievance process.	<input type="checkbox"/>	<input type="checkbox"/>
7. The facility places locked boxes for grievances in areas of facility where youth can access to them, such as living units, classrooms, and the cafeteria. Only the grievance coordinator and his or her designee have access to the contents of the locked boxes, which the grievance coordinator or his or her designee check each business day.	<input type="checkbox"/>	<input type="checkbox"/>
8. Grievances are submitted to the facility administrator or designee. Grievances are handled by an individual who can independently investigate the issues raised in the grievance and recommend corrective action to the administrator. Youth are permitted to submit a grievance without submitting it to a staff member who is the subject of the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility offers an emergency grievance procedure for youth who are at risk of imminent harm. The emergency grievance procedure allows for rapid response to needs identified through emergency grievances.	<input type="checkbox"/>	<input type="checkbox"/>
10. The facility does not include time limits on when youth can file grievances.	<input type="checkbox"/>	<input type="checkbox"/>
11. Staff do not discipline youth for filing a grievance, even if an investigation does not establish sufficient evidence to substantiate the complaint.	<input type="checkbox"/>	<input type="checkbox"/>
12. The facility permits third parties, including family members, attorneys, and outside advocates, to file grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>
13. The facility provides information to third parties on how to submit grievances on behalf of youth.	<input type="checkbox"/>	<input type="checkbox"/>
14. The facility permits youth to request staff assistance to complete the grievance form if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
15. Facility administrators ensure that youth receive no reprisals for using grievance procedures.	<input type="checkbox"/>	<input type="checkbox"/>
16. Facility staff, administrators, ombudspersons, or other personnel fully investigate all grievances, including interviewing the youth who filed the grievance and any youth or staff members mentioned by the youth. Staff alleged to be involved in the grievance do not conduct the investigation.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
17. Facility staff, administrators, ombudspersons, or other personnel provide prompt written notice to the youth of the results of the investigation within three business days. If the investigation cannot be completed in that time, youth receive notification of the date by which they can expect a response.	<input type="checkbox"/>	<input type="checkbox"/>
18. Youth receive responses to their grievances that are respectful, legible, and that address the issues raised.	<input type="checkbox"/>	<input type="checkbox"/>
19. Staff provide youth with an opportunity to appeal the decision regarding the grievance. Administrators charged with handling appeals respond to appeals promptly and fairly.	<input type="checkbox"/>	<input type="checkbox"/>
20. If staff find a grievance to be valid, facility administrators take appropriate action, and when staff actions are involved, provide for counseling, retraining, reprimand, discipline, or termination of the employee, and, in an appropriate case, for the filing of child abuse or criminal charges.	<input type="checkbox"/>	<input type="checkbox"/>
21. Facility staff, administrators, ombudspersons, or other personnel fully document grievances and the results of grievance investigations.	<input type="checkbox"/>	<input type="checkbox"/>
22. Facility administrators regularly gather and review data on grievances (granted and denied) by race, ethnicity, gender, developmental and intellectual disability, mental illness, special education status, and limited English proficient status for patterns or trends.	<input type="checkbox"/>	<input type="checkbox"/>
23. Staff do not require youth to use an informal grievance process or otherwise attempt to resolve alleged incidents of abuse, harassment, or retaliation with the staff member who is the subject of the grievance.	<input type="checkbox"/>	<input type="checkbox"/>

Safety

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

Key Definitions

CRISIS INTERVENTION: A means of managing emergency situations.

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

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

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

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

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

A. YOUTH SAFETY

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators conduct a review at the conclusion of major incidents at the facility. The review is conducted by a team comprised of upper-level management, line staff, medical and mental health staff, and investigators, as appropriate. (Additional detail on PREA compliance at § 115.386.)	<input type="checkbox"/>	<input type="checkbox"/>
2. All staff, including qualified medical professionals, qualified mental health professionals, contractors, and volunteers report information about suspected or actual abuse, neglect, and maltreatment according to relevant mandatory reporting laws and agency policy.	<input type="checkbox"/>	<input type="checkbox"/>
3. If no qualified medical or mental health professionals are on duty at the time a report of recent abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health professionals.	<input type="checkbox"/>	<input type="checkbox"/>
4. Written policies, procedures and actual practices ensure that employees observe professional boundaries between themselves and youth. The facility:	<input type="checkbox"/>	<input type="checkbox"/>
a. Requires that staff notify the facility administrator whenever a relative or friend is admitted to the facility.	<input type="checkbox"/>	<input type="checkbox"/>
b. Prohibits any contact or correspondence with current or formerly detained youth or their family members, except when required by official duties.	<input type="checkbox"/>	<input type="checkbox"/>
c. Requires that staff members notify the facility administrator whenever a formerly detained youth contacts them, except when the formerly detained youth is a family member of the staff member.	<input type="checkbox"/>	<input type="checkbox"/>
d. Establishes a policy on the appropriate response to any communication received by staff from formerly detained youth.	<input type="checkbox"/>	<input type="checkbox"/>
5. Written policies, procedures, and actual practices prohibit all forms of sexual abuse and sexual harassment. The facility has a written policy that outlines the facility's approach to preventing, detecting, and responding to such conduct.	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a compliance manager who has sufficient time and authority to coordinate the facility's efforts to comply with the Prison Rape Elimination Act standards for juvenile facilities.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
7. Youth feel safe from victimization by staff and youth, including abuse, threats of violence, bullying, theft, sexual abuse, sexual harassment, and assault.	<input type="checkbox"/>	<input type="checkbox"/>
8. Youth can report incidents of threats or harm by staff and youth without fear of reprisal. Staff not involved in the incident promptly take effective action to protect youth from threats or harm and follow the facility's policies regarding investigations.	<input type="checkbox"/>	<input type="checkbox"/>
9. The facility provides youth with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. Staff enable reasonable communication between youth and these organizations and agencies, in as confidential a manner as possible.	<input type="checkbox"/>	<input type="checkbox"/>
10. Staff inform youth, prior to giving them access to outside victim advocates, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	<input type="checkbox"/>	<input type="checkbox"/>
11. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, workers compensation claims, child abuse reports, and other indicia of intimidation or physical or sexual abuse/harassment (including medical reports).	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff conduct room checks when youth are in their rooms at intervals not to exceed 15 minutes, including at times when youth are asleep or have requested a time out. Staff conduct room checks more frequently when required to do so (e.g., for youth on suicide precautions).	<input type="checkbox"/>	<input type="checkbox"/>
13. Staff address the behavior of youth who threaten or victimize others through appropriate means including the youth's individual behavior management plan.	<input type="checkbox"/>	<input type="checkbox"/>
14. Staff regularly survey youth regarding their perception of safety of themselves and other youth within the facility and provide youth with opportunities to provide input on how the facility can be made safer.	<input type="checkbox"/>	<input type="checkbox"/>
15. Youth are not transported to and from the facility in the presence of adults alleged to have committed, or who have been convicted of, a crime.	<input type="checkbox"/>	<input type="checkbox"/>

B. STAFF SAFETY

Standard	Conforms	Does not Conform
1. The facility develops and implements written policies, procedures, and actual practices to ensure that facility administrators regularly review, and appropriately respond to, incident reports, grievances, worker's compensation claims, child abuse reports, and other indicia of physical or sexual abuse (including medical reports), by youth on staff.	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff feel equipped to handle assaultive behavior by youth, and believe that backup support will be available if necessary.	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility provides training and other employee assistance resources to help staff anticipate and respond to trauma and job stress in a healthy way.	<input type="checkbox"/>	<input type="checkbox"/>
4. The facility offers support services to staff who have been injured on the job.	<input type="checkbox"/>	<input type="checkbox"/>
5. Administrators regularly survey staff members regarding their perception of safety of themselves, other staff members, and youth within the facility. Administrators provide staff members with opportunities to provide input on how the facility can be made safer.	<input type="checkbox"/>	<input type="checkbox"/>

C. WEAPONS AND CONTRABAND

1. The facility has adequate security measures to ensure that youth, staff, and visitors cannot bring weapons or contraband into the facility. [See also standards VI(H).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff properly store and secure objects that can be used as weapons (e.g., kitchen utensils, chemicals, maintenance equipment).	<input type="checkbox"/>	<input type="checkbox"/>

D. INVESTIGATIONS

1. The facility's written policies, procedures, and actual practices ensure that an administrative or criminal investigation is completed for all allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities. [See also standards V(E).]	<input type="checkbox"/>	<input type="checkbox"/>
2. Staff notify parents or guardians and the youth's attorney of any investigations into abuse, neglect, retaliation, and neglect or violation of responsibilities that involves their child, as well as any investigations into their child's behavior within 24 hours of learning of the information. If a youth is under the guardianship of the child welfare system, staff notify the youth's caseworker within 24 hours of learning of the information. Staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
3. The facility's written policies, procedures, and actual practices ensure that allegations of sexual abuse or harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. (Additional detail on PREA compliance at 28 CFR § 115.322.)	<input type="checkbox"/>	<input type="checkbox"/>
4. For allegations of sexual abuse, the facility transports youth to a location that (Additional detail on PREA compliance at 28 CFR § 115.321):	<input type="checkbox"/>	<input type="checkbox"/>
a. Offers forensic medical examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).	<input type="checkbox"/>	<input type="checkbox"/>
b. Employs a uniform evidence collection protocol that is developmentally appropriate for youth.	<input type="checkbox"/>	<input type="checkbox"/>
c. Provides youth with victim advocacy services to support the youth through the medical examination and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.	<input type="checkbox"/>	<input type="checkbox"/>
5. The facility has written policies, procedures, and actual practices that ensure that staff know what to do if they are the first responders to a crime in order to preserve evidence and protect youth. (Additional detail on PREA compliance at 28 CFR § 115.364.)	<input type="checkbox"/>	<input type="checkbox"/>
6. The facility has a written plan to coordinate actions taken in response to alleged sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility administrators.	<input type="checkbox"/>	<input type="checkbox"/>
7. When facility staff conduct their own investigations, they do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. (Additional detail on PREA compliance at 28 CFR § 115.371.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Staff alleged to be involved in an incident do not conduct the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Investigators gather and preserve direct and circumstantial evidence; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of abuse involving the suspected perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
10. Facility investigators do not terminate an investigation solely because the source of the allegation recants the allegation or because the alleged abuser or victim departs from the employment or control of the facility.	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
11. When an allegation involves alleged criminal activity, facility investigators conduct compelled interviews of staff only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	<input type="checkbox"/>	<input type="checkbox"/>
12. Staff at the facility who are assigned to conduct internal investigations receive training in conducting investigations of subject matter they are likely to encounter in confinement settings. (Additional detail on PREA compliance at 28 CFR § 115.334.) [Also listed at V(C)(9).]	<input type="checkbox"/>	<input type="checkbox"/>
13. Facility investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the person's status as youth or staff. Investigators do not require youth to submit to a polygraph examination or other similar examination as a condition for proceeding with the investigation of such an allegation.	<input type="checkbox"/>	<input type="checkbox"/>
14. Investigations include an effort to determine whether staff actions or failures to act contributed to abuse, neglect, retaliation, or neglect or violation of responsibilities. This includes a failure to report observed misconduct involving these situations by coworkers.	<input type="checkbox"/>	<input type="checkbox"/>
15. Facility investigators document findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	<input type="checkbox"/>	<input type="checkbox"/>
16. When outside agencies investigate sexual abuse, staff cooperate with outside investigators, and administrators remain informed about the progress of the investigation.	<input type="checkbox"/>	<input type="checkbox"/>
17. The agency does not impose a higher standard than a preponderance of the evidence in determining whether allegations of abuse, neglect, retaliation, and neglect or violation of responsibilities are substantiated.	<input type="checkbox"/>	<input type="checkbox"/>
18. A qualified mental health professional or trained staff member conducts a debriefing with all witnesses to and individuals directly affected by incidents resulting in the death or serious physical injury of youth or staff to promote youth and employee safety, provide a structured process for staff to communicate among themselves about the incident, and to communicate with youth about the facts and the steps taken to prevent future incidents.	<input type="checkbox"/>	<input type="checkbox"/>
19. Following an investigation, staff inform the youth and the individual who filed the complaint (if not the youth himself or herself) as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within 24 hours of learning of the information. If the individuals listed above are not at the facility, staff attempt to make contact with the individuals listed above by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the individuals listed above after making such attempts, staff mail a letter to the individuals at their last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.373.)	<input type="checkbox"/>	<input type="checkbox"/>

Standard	Conforms	Does not Conform
<p>20. Following a youth's allegation that a staff member has committed sexual abuse against the youth, staff inform the youth (unless the agency has determined that the allegation is unfounded) whenever: (1) the staff member is no longer posted within the youth's unit; (2) the staff member is no longer employed at the facility; (3) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21. Administrators discipline staff, contractors, and volunteers for behavior that harms or creates the possibility of harm to youth. Termination is the presumptive disciplinary sanction for substantiated cases of abuse and neglect. (Additional detail on PREA compliance at 28 CFR §§ 115.376, 115.377.) [Also listed at V(D)(8).]</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>22. Following a youth's allegation that he or she has been sexually abused by another youth, staff inform the youth complainant (unless the agency has determined that the allegation is unfounded) whenever: (1) the agency learns that the youth has been indicted on a charge related to sexual abuse within the facility; or (2) the agency learns that the youth has been convicted on a charge related to sexual abuse within the facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. The facility has written policies, procedures, and actual practices that protect from retaliation all youth and staff who report abuse, neglect, retaliation, and neglect or violation of responsibilities or who cooperate with investigations. Staff notify the youth within 24 hours of learning of the information. If the youth is no longer housed at the facility, staff attempt to make contact with the youth by phone on at least three occasions, documenting the date, time, and result of each attempt. If staff cannot reach the youth after making such attempts, staff mail a letter to the youth at his or her last known address and document the mailing. (Additional detail on PREA compliance at 28 CFR § 115.367.)</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>24. The facility has a quality assurance process for its investigations and a system of continuous quality improvement.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Glossary

AUXILIARY AIDS OR SERVICES (FOR YOUTH WITH DISABILITIES): Supports to allow youth with disabilities to participate in the programs and activities of the facility. Examples include qualified interpreters, note takers, transcription services, written materials, telephone handset amplifiers, and assistive listening devices.

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

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

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

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

CLOTHING SEARCH: Feeling inside pockets and cuffs without removal of clothing from the body.

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

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

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

CRISIS INTERVENTION: A means of managing emergency situations.

DE-ESCALATION TECHNIQUES: Techniques other than use of force or room confinement that are designed to prevent or defuse confrontations or other incidents.

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

DIRECT CARE STAFF: Staff who are responsible for providing in-person supervision of and interacting with youth in housing units, recreational areas, dining areas, and other program areas of the facility.

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

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

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

GENDER NONCONFORMING: A person whose appearance or manner does not conform to traditional societal gender expectations.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PAT-DOWN SEARCH: An inspection by running the hands over the clothed body of an individual by a staff member to determine whether he or she possesses contraband.

PHYSICAL BODY CAVITY SEARCH: A manual inspection of the anal or vaginal cavity of an individual conducted by means of any instrument, apparatus, finger, or object.

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

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

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

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

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

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

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

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

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

ROOM CONFINEMENT: The involuntary restriction of a youth alone in a cell, room, or other area.

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

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

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

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

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

STEP DOWN: Transferred to a less secure setting.

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

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

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

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

UNDOCUMENTED: Not having a lawful immigration status.

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

USE OF PHYSICAL FORCE OR RESTRAINT INCIDENT: Any situation involving the use of physical force, the use of chemical agents, the use of chemical or medical restraints, or the use of mechanical restraints beyond routine restraints that occur during transportation.

VISUAL BODY CAVITY SEARCH: A visual inspection of the anal or vaginal cavity of an individual.

VOLUNTARY TIME-OUT: A brief period of time in a youth's room or other space at the request of the youth.



THE ANNIE E. CASEY FOUNDATION

701 ST. PAUL STREET BALTIMORE, MD 21202 410.547.6600 WWW.AECF.ORG